PEOPLE COMMITTEE

Minutes of Meeting Held on 26 November 2021, 11.30am – 1.30pm

Virtual Meeting via MS Teams

Marcine Waterman (MW)	Non-Executive Director (chair)
Jane Dale (JD)	Non-Executive Director
Andy Field (AF)	Chairman
David Fluck (DF)	Medical Director
Andrea Lewis (AL)	Chief Nurse
Louise McKenzie (LMcK)	Director of Workforce Transformation
Suzanne Rankin (SR)	Chief Executive
Tom Smerdon (TS)	Director of Strategy & Sustainability

IN ATTENDANCE

Pami Bains (PB)	Assistant Director of HR, HR Business Partnering
Kate Clarke (KC)	Head of Medical Workforce
Pardeep Gill (PG)	Guardian of Safe Working
Claire LeBrasse (CLeB)	HR Business Partner
Gemma Puckett	Head of Midwifery
Melanie Smith (MS)	Assistant Director of HR, Corporate Services
Karen Uttley (KU)	Assistant Director of HR, Learning & OD
Natalie Van Staden	Head of Workforce Transformation Programmes

I.		Action
II.	**Welcome, Introductions & Apologies** 1. MW chairing as DA now on Maternity Leave, Melanie Smith and Natalie Van Staden were introduced to the committee as first-time attendees from the workforce team. 2. Apologies were received from Ellen Bull, Chris Kane and James Thomas.	
III.	**Minutes of Last Meeting** 3. The minutes of the meeting of 24/09/2021 were approved for Board.	
IV.	**Matters Arising (Action Log)** 4. Concern raised by MW around apparent inconsistency with process for approval / tracking of medical revalidation process. Discussion around timelines for report and committee assurance. Process to be improved for future reports. 5. All other actions due to be reported on the agenda.	
V.	**Strategic Risks – Board Assurance Framework & Metrics** 6. Conversation around several areas of the BAF in current form with commentary not matching actions. • Turnover currently recording issues around Covid, which feels outdated. • Lowest vacancy rate for some time. The Committee discussed the limitations to assess vacancy according to gaps against establishment as it is clear that the organisation has been operating at beyond establishment for some time. • Commentary around use of PPE and empowerment needs to include the CQC inspection evidence. • Need to include positive staff stories and evidence e.g. response to issuing of Covid star.	MS/ LMcK

	Scores to be reviewed at the end of the meeting.	
VI.	**Strategy – People Objective as part of Trust strategy refresh** 7. LMcK presented a paper outlining the review which had been undertaken into the People Objectives as part of the strategy refresh. Significant consideration has been given to how assurance could be gained whilst linking local objectives to that of the national strategies, NHS Architecture launch and the imminent launch of the HR and OD in the NHS programme. The paper seeks to consider the wider context of the community in which ASPH is based and how we can inform workplace planning going forward considering our responsibilities as an anchor institution in the population health and health benefits that we know employment brings. 8. The committee noted that as part of our engagement there was a sense that the Trust was not always meeting employee's expectations, whilst not fully understanding what those expectations are. 9. Further consideration needs to be given to the improvement of quality of care given by a better satisfied workforce and collaboration with the high level plans around inclusion, addressing inequalities and a physically and psychologically safe workplace. 10. Discussion from committee members around the engagement of our team members and "You said we did" feedback. Each subcommittee had been asked to examine their own areas which has led to a depth and breadth of consideration of issues to be included in the paper contributing to the strategy refresh. There is a new and different focus in this paper addressing staff experience more explicitly and wellbeing to support our people to live a wholesome life. 11. Priorities need to include key worker and affordable housing across the board for our health and social care workers and is a major challenge that is being worked on jointly with partner organisations as well as working with schools on future career pathways. 12. Discussion by committee members outlining the preference for the simplified form of the strategy, ease of reference to the links between improvement of people practices and clarity of expectations of our people. 13. Members would like to see more reference to improvement management capability, a reduction in a culture of paternalism across both staff and patient groups. Concerns were raised about the lack of reference to operational pressure and assurance was given that as the people element is integrated into the strategy refresh document that operational pressures will be referenced across all areas.	
VII.	**Divisional update – Women's Health and Paediatrics** 14. GP presented the report and thanked CLB (HR Business Partner) for preparing it. GP described nursing and midwifery vacancies in line with national shortages, with an insufficient pipeline of UK trainees. The shortage currently is being felt more and B6 upwards with a lack of experienced staff available. Exploring overseas midwifery possibilities to mirror nursing recruitment undertaken and alternative workforce models. Retention plans have been in place for a while and have had a good effect. 15. Referencing paediatrics, there are vacancies in both nursing and middle grade medical posts. Rotas are currently non-compliant and business cases have been produced to attempt to address these issues. Recruitment plans are in place to encourage as many staff as possible to join the team. Discussion between committee members on the dissatisfaction of trainees from the GMC survey regarding cover for out of hours specifically. It was noted that this is not regarded as unsafe levels of staff, but the	

	team members do feel pressured and alternative models of nursing and midwifery prescribers are being trained to alleviate the pressure on the medical workforce. Generally, the workforces are not as connected as they could be, and work is underway to integrate and right size the teams to reflect the patient need. 16. GP outlined the current diversity of the workforce, where there is currently less diversity in higher bands. To respond to this, the team have set up working groups and appointed champions to understand the issues better and be able to develop a diversity and inclusion plan for the directorate that focuses specifically on the issues for their own teams. 17. GP continued to outline staff shortage issues within obstetric ultrasound in line with national shortages and newly designed training programmes that were in place to try and alleviate the position with longer term planning. The team are sharing staff with the main radiology service and were having a large reliance on agency workers. 18. The team were challenged to maintain high levels of appraisal rates, and plans were in place to train the Band 5 and 6 team members to undertake appraisals as part of their leadership development to increase the pool of team members available to undertake the process and allow more time and attention to the process allowing team members to feel that the conversation is valued and productive. 19. In addition, GP described pathways currently being designed for the unregistered workforce. 20. The committee discussed ways in which the Trust could link up with other parts of the workforce, to share ideas. 21. AF asked whether the maternity service had been asked to undertake work that had previously been undertaken in primary care. GP shared that this was the case, and that the current impact was a lack of additional capacity to be able to run their own specialist clinics. This has led to the team exploring different ways of working. 22. MW asked GP whether wellbeing conversations were taking place. GP assured the committee that the conversations were taking place, but that they were not as good at recording them as they should be. GP commented that the team had received a positive report following a Non-Exec walkaround recently. 23. The committee noted the report and thanked GP and CLeB for it. They noted, in particular, the diversity data presented and the magnitude of the task ahead to redress the balance.	
VIII.	**Workforce Report (inc Cov 19 updates and overpayments)** 24. LMcK presented the workforce report and highlighted certain areas where there are current workforce challenges or changes to draw to the committee's attention. 25. She noted that the staff survey was currently concluding the field work and she was pleased that there had been good engagement evidenced by the response rate 26. The committee noted the concerns being managed by 'Gold' and in particular the decrease in number of lateral flow tests being reported via the portal. It was noted that other measures were being considered eg the saliva test which may assist with compliance. 27. Vaccine rates are good and comparable with other Trusts and the general population. Flu vaccine rates are down this year, thought to be due to them initially being offered	

	with Covid boosters when some staff may feel nervous about this and wish to have them separately. Therefore, there may be a lag whilst staff uptake of the booster programme progresses, and flu numbers may lag a little. This is a nationally consistent picture. Mandatory vaccines have now been made law for care home staff and guidance for Trusts is expected imminently. 28. The committee noted the updated with regards to overpayments, and the work put in place to ensure there was a more robust process in terms of recovery and recording. Staff leaving without a termination record being completed by their manager is still the main reason for the overpayment and the overall level is not decreasing despite widened communication. An electronic resignation form is being designed, completed in the first instance by the individual staff member, but will greater visibility of the intention to leave and allow for checking by other individuals. Responsibility for leaving staff from the workforce system remains with the manager. It is expected that we will put in place and/or pilot the e-form shortly.	
IX.	**EDI Steering Group Update** 29. SR briefed the committee with reference to the notes from the last meeting, highlighting main issues discussed, the dashboard and future work priorities. Concern raised over the accessibility of wellbeing initiatives for disabled staff and whether we have captured the needs adequately. 30. The committee discussed support for trans staff and patients and in particular whether we had the policies and capability in place to ensure that they feel physically and psychologically safe in the Trust environment. 31. SR noted that the staff survey result is a good way of assessing if we have made any improvements in employee experience, and in particular if this is a differential experience for those from minority groups or those with a protected characteristic. 32. The Committee noted the risk that the Trust may sign up for too many initiatives and spread resources too thin. There is a wish to concentrate on a smaller number of priorities and ensuring that we address them well. Further Committee discussion on the value of the rainbow badge.	
X.	**Guardian of safe working report** 33. PG presented the most recent report and commented that it was difficult to compare to previous years, as the last “normal” year was some time ago. PG informed the committee that there were 245 exception report which was the highest number seen in any quarter. This was felt to be the result of increased reporting, especially amongst more senior staff across a wider breadth of specialisms and the hospital being very busy. 34. PG described the process he had undertaken to explore serious safety concerns that had been reported which were both in T&O and had now been addressed by more senior team members. 35. PG reported 5 fines during the reference period due to junior doctors having worked for more than 13 hours on a shift and having less than 11 hours rest. 36. DF commented that these reported breaches represented a very small proportion of doctors in training in the organisation and wanted to promote further discussion about decision making about unsafe staffing levels. This should be about the mix of experience of staff on shift with reference to the wider team rather than just the number of a certain grade of doctors on a shift.	

	37. DF reported that the Trust has recruited a higher level of consultants in the previous year than he could previously remember, so although the bed base is increasing, there were more senior medical team members than previously with the result that the junior team members should be better supported than previously. 38. The Committee noted the lack of the data from the Emergency Department team.	
XI.	**Job Planning Compliance** 39. DF presented the current position with job planning compliance. The rates had improved, but he recognised the challenge given the March 2022 deadline. 40. The process is being driven more consistently, and the introduction of a rostering system will help with compliance levels moving forward. Additional resources had been allocated to assist with the collation of the job plans and gain further focus on the process across specialties. 41. DF reported that more than 60 clinicians had attended job planning training which was jointly run by the Trust team and the BMA and a further workshop was planned for Jan 22. The sessions had been received positively.	
XII.	**Safer staffing** 42. AL presented paper describing the process of establishment review undertaken by EB and Colleen Sherlock (former ADHR) in the acute adult wards including • Mapping against the acuity and dependency audit and ratios / skill mix • A robust challenge and recommendations made at the end of each ward / department review • Recruitment plans put into place for those wards / departments who are identified as requiring additional team members. 43. In addition, it was noted that there is a twice daily review which looks at the acuity of the patients and skill mix numbers and moves staff around the organisation around as required to assure safety. 44. Discussion between committee members about establishment in comparison to safe levels and escalation points, and the difference between the ratios 1:8 and 1:6 with reference to the Mid Staff's lessons learnt. The need for different ratio's varies from ward to ward. It was noted that the Committee would like to see an evolution to a multi-professional staff report. 45. A question was raised around the implementation of Rotageek and any safety concerns. The Committee heard about the lessons learnt from Group A to Group B and clearing off system and user error issues to work through the problems. 46. Final safer staffing report due for March 2022 People Committee.	
XIII.	**Nursing revalidation report** 47. AL presented paper with most recent process outlining governance arrangements to ensure nursing and AHP registration and revalidation. The Committee were reminded that employees had personal responsibility to remain registered but acknowledged that sometimes lapses do happen. 48. To try and prevent this, the Trust workforce system, and the professional body issue multiple reminders. AL talked through the examples of those staff whose registration had most recently lapsed. The three AHP team members were investigated by the newly appointed professional lead (Rachel Strauss) who in addition has introduced further measures to avoid the same issues occurring again.	AF

	49. DF commented on the lack of resources allocated to the other professionals compared the medics. Discussion amongst the committee that they would prefer parity, but acknowledgement that this would need additional resource and should be discussed further. 50. JD reflected that it was good that there were so few and asked whether there was enough time support for the revalidation process which was much more intensive for this staff group than any other. Discussion established that there were no formal arrangements and that this would be explored to be able to offer additional support during this time and reduce the number of those lapsing due to time pressures.	
XIV.	**BAF reflection and adjustment** 51. BAF to be updated in line with paragraph 6 in minutes as well as • Commentary needs additional attention around the vacancy rate not reflecting the needs of the organisation due to the establishment still being under review after the increase in bed base. • Following above work KPI's need to be adjusted. • Include a statement on mandatory vaccines and risk this poses.	LMcK
XV.	**Schedule of meeting** This was noted	
XVI.	**AOB** None recorded	