PEOPLE COMMITTEE
PART I
Minutes of Meeting Held on 24 March 2023, 1330 - 1600

PRESENT

Dami Adedayo (DA)	Non-Executive Director – Committee Chair
Jane Dale (JD)	Non-Executive Director
Chris Kane (CK)	Non-Executive Director
Louise McKenzie (LMcK)	Director of Workforce Transformation
James Thomas (JT)	Chief Operating Officer – Present until item VII.
Tom Smerdon (TS)	Director of Strategy and Sustainability – Present until VII
Simon Marshall (SM)	Director of Finance and Information – Present from item VII

IN ATTENDANCE

Pami Bains (PB)	Deputy Director of Human Resources
Charlotte Broughton (CB)	Divisional Chief Nurse – Women's Health and Paediatrics (For Item VII)
Ellen Bull (EB)	Deputy Chief Nurse
Kate Clarke (KC)	Head of Medical workforce - Present from Item X
Abigail Coggins (AC)	Corporate Risk Manager
Andy Field (AF)	Chairman
Pardeep Gill (PG)	Guardian of Safe Working (For Item X)
Rupert Milsom (RM)	Associate Director of Human Resources
Sal Maughan (SMa)	Associate Director of Corporate Affairs and Governance
Jacqui Rees (JR)	Associate Director of Quality (For Item IX)
Natalie Van Staden (NVS)	Head of Workforce Transformation Programmes

OBSERVING

Tracey Bradshaw	Staff Governor
Kate Colban	Staff Governor

I.	**Welcome, Introductions & Apologies** 1. Meeting is declared quorate, meeting the threshold of at least 2 Non-Executive Directors and 2 Executive Directors. Chair welcomes members and attendees; and notes the attendance of Tracey Bradshaw and Kate Colban as observing staff governors. Apologies are noted from Julie Smith, Andrea Lewis, and David Fluck. 2. No Declarations of interest are declared.	
II.	**Minutes of Last Meeting** 3. Minutes for People Committee 27th January 2023 reviewed for accuracy and completeness with no amendments proposed by members or attendees. 4. DA asked for update on the matters discussed at previous meeting re resourcing for the Improving People Practices Programme. LMcK and PB provided a verbal update; LMcK confirmed there is ongoing recruitment to fill relevant vacant posts within the Workforce and OD team, PB confirmed work ongoing with the Learning and Development team to explore additional capacity for the roll out of the relevant training attached to this programme (e.g. Conflict resolution). DA requested an additional update be provided at the next meeting.	LMcK / PB
III.	**Matters Arising (Action Log)** 5. *Item 8 - Review opportunity to refresh strategy earlier than 2025*. LMcK provided a verbal update; LMcK outlined that in the action plan submitted to March Audit and Risk Committee proposed the production of a specific EDI Strategy with an updated timeline to December 2023 rather than the initial 2025 date, in response to the feedback provide by the People Committee. AF provided an update from the NHS Providers Chairs and	

	Chief Executives Forum that NHS England expects to publish its EDI Strategy in mid-2023 providing an opportunity to align a Trust EDI strategy with the national EDI strategy. 6. *Item 5 - More detail on high-cost medical bank spend by specialty.* LMcK updated that this analysis is yet to take place but will be included in the workforce report for 26th May 2023 People Committee. LMck notes that the Modern Health Care Committee have also made a request for additional data on this topic but from a different perspective. JD asked for clarity on the reason for the delay to this action, LMcK cited reduced capacity resulting from managing industrial action and negotiation around associated pay rates. DA reiterated the importance of this action in line with the overall objectives of the people committee. Action to be carried forward. 7. Item 3 - Review workforce scorecard KPIs. On agenda	LMcK/KU
IV.	**Strategic Risks – Board Assurance Framework & Metrics** 8. LMcK provided a verbal update; LMcK highlighted no changes to the scores of the Board Assurance Framework Metrics has been made between January and March Committees. LMcK highlighted an additional matter that is affecting the ability to mitigate these risks; additional 4 day Junior Doctor strike proposed to immediately follow the easter weekend. 9. JD provides support to suggestion associated with Board Assurance Framework Risk 4.3 *– Review the Trust values and replace 'Patients First' with 'People First'.* LMcK outlined that this action is currently being scoped without a proposed completion date. 10. CK asked for an update on Board Assurance Framework Risk 4.2, specifically on the return on investment from new roles added to Workforce and OD team. LMcK provided a summary of the changes to the Workforce and OD team structure made in Summer/Autumn 2022; outlining the benefits recognised in terms of greater integration with both the workforce of Northwest Surrey Alliance and Surrey Heartlands ICB, and more strategic focused on improving recruitment and temporary staffing systems and processes. 11. CK asked for comment on Board Assurance Framework Risk 4.3, specifically on *"Appraisal rates below 90% target but within the trajectory target and appraisals are taking place".* LMcK outlined that appraisal rates are lower than desired and is a cause for concern, and that appraisal rates are still subject to timeline extensions that were put in place during CV19. LMcK outlined a positive note from 2022 staff survey that highlighted where an appraisal has taken place it was deemed useful and high quality. DA reiterated a desired focus on appraisal quality alongside side high completion rates.	
V.	**Workforce Report** 12. LMcK introduced the workforce report; identifying highlights as the increasing activity around "Grow your own" agenda and 2023/24 NHS Operational Planning Round. 13. RM provided a verbal update against the most notable points of the workforce report: • Increase in the overall vacancy rate to 7.2%. The increase between January 2023 and March 2023 is resultant in an increase in Establishment rather than abnormally high attrition in this period. • Continuing high vacancy rate within Additional Clinical Services. This is expected given the broader tightness in the labour market and high wage inflation in lower wage roles across the economy making attraction and retention challenging. • Final NHS Operational Planning Round 2023/24 workforce plan submission was made on 22nd March. Submission represents a well-formed 1 year operational with a less sophisticated plan years 2 to 5. A development plan is being created to improve our capability to make long term plans ahead of the next planning round. AF asked if planned additional support to maternity services was included in this submission including the expansion in roles other than midwives, to which RM confirmed it was. DA asked if this included the medical workforce; LMcK confirmed this is work in train.	

	• Off framework temporary staffing spend was high in December and January resultant of the period of high operational pressure, but significantly improved in February to continue the downwards trajectory in this area. 14. AF asked if there was an update on the pay implications of the first round of junior doctor strike. LMcK updated that this wouldn't be clear until the conclusion of the April payroll. 15. LMcK provided a verbal update on the consultant pay rate negotiation for the covering junior doctor strikes. The 14 provider organisations covering Berkshire, Buckinghamshire, Oxfordshire, Surrey and Frimley agreed a collective rate card. LMcK also highlighted that there would be additional challenges in applying this approach during subsequent industrial action following given its proximity to easter. JD thanked LMcK for this work outlining its importance in equitable treatment of staff. 16. JD asked a for additional comment on the retention of Internationally Educated Nurses and any potential contractual interventions to improve retention. LMcK outlined growing challenges with attrition rates during the recruitment process resulting from cost of living and geographical cost concerns. LMcK confirmed there is a period during which internationally educated nurses are required to remain employed by the trust, or there would be a clawback of some of the onboarding costs. EB outlined that the current contractual obligations can't be enhanced further, but there is work being done on improving integration, developing improved rostering practice, supporting enhanced career progression all to improve retention of internationally educated nurses. 17. JD/DA thanked the team for the work that supported the trust through the junior doctor strike. 18. CK asked for context around the amount being reported as overpayments in relation to the overall size of the pay bill. LMcK agreed to provide update. LMcK described frustration that the process improvement work that has taken place has yet to yield the desired results but work and focus was continuing. 19. AF asked if any briefing had been received on DHSC expectations as to how the potential Agenda for Change pay settlement would be funded. LMcK outlined that no official communication has been received with regards to funding.	LMcK/KU
VI.	**Workforce Transformation Programme –** *NHS Staff Survey Results* 20. LMcK presented summary of the survey highlighting that ASPH scores around the average for almost every category across the survey. DA reiterated a commitment to make progress to be above average. 21. LMcK highlighted a small decline in the Engagement Score in the 2021 and 2022 results following a number of years of improvement but highlighted that ASPH remains above average this measure. 22. LMck outlined the response to "If a friend or relative needed treatment, would you be happy with the standard of care provided by the organisation" shows a concerning decreasing trend from 2020. 23. She stated it is important to put the survey results into context as the field work took place Sept-Nov, post go-live with Surrey Safe Care, when colleagues were feeling the impact of the energy crisis, cost of living increase, public sector pay disputes, planning for winter and entering financial turnaround. JD asked for further focus on the implementation of Surrey Safe Care as the only novel factor uniquely at ASPH. LMcK outlines that the cost-of-living increases have an amplified effect in the South East due to higher baseline costs. 24. DA expressed assurance at the level of divisional ownership for the relevant results of the NHS Staff Survey. DA asked for further assurance that actions being taken are targeted around the key themes outlined by the survey responses (reducing engagement, psychological safety, poor career progression). LMcK suggested we could use the divisional updates at People Committee to seek assurance on this. 25. JD expressed concern that *73% of staff feel that the care of patients is a priority, against national benchmark of 87%.* JD asked for clarity on the internal benchmarking methodology used within Enc4a (Pg. 8), clarity was provided by LMcK. JD expressed	

	great concern that only 6% of the staff within Women's Health and Paediatrics don't feel burnt out by their work. JD asked if the Trusts wellbeing offer was targeted on the divisions highlighted by staff survey. LMcK confirmed that wellbeing actions are part of each divisional action plan. 26. DA asked that if career conversations are being targeted at the areas where the staff survey showed a high intention to leave the organisation. LMcK outlined that this is a focused area of the L&D team. LMcK also shared the ambition for greater use of data to support targeting of interventions and that hopefully this work could be supported by the R&D team. 27. LMcK confirmed that Enc 4a will be amended following the input of this committee and will be submitted to Trust Board for approval.	
VII.	**Divisional Assurance Report –** *Women's Health & Paediatrics* 28. Highlights**:** • CQC inspection in January 2023, highlighting strong team ethos and MDT working. • Successful Paediatric and Neonatal CQC first engagement event Feb 2023. • Culture of transparency, staff encouraged to report issues and concerns. • Below 10% vacancy rate in WHP. • Recruitment of Director of Midwifery initial 1 year post to commence April 2023. • Recruitment of new head of nursing for paediatrics to commence June 2023. • Effective discussions with executive team to develop workforce strategy. 29. Challenges**:** • Workforce remains a key area of reparation for WHP; with risks related to staffing highlighted across the specialties and present on the risk register at local, divisional, and corporate level. Vacancy in Maternity across Band 5/6 is 23% as of March 2023. 30. AF shared his experience of his recent "Walk Around" of Oak and Ash paediatrics wards, and that the vast majority of the patients were very positive about their experience and the staff with which they interacted. 31. JD asked why the new director of midwifery role is one-year fixed term position, given the challenges experienced in the maternity service and the long-term work required to address these. JD also sought to confirm that this role is in addition to the Head of Midwifery role. LMcK explained that the director of midwifery role is fixed term to align it to potential work that is ongoing across the Surrey Heartlands local maternity and neonatal system. EB confirmed that the director of midwifery role is in addition to head of midwifery role. 32. JD asked in relation to use of advanced midwifery roles to support the medical workforce, given the difficulty in recruiting to midwifery roles. EB explained that the focus of these advanced roles was to be on triage and was to support the medical workforce rather than act as medical substitutes. 33. DA asked if divisional EDI agenda focused more widely than completion of training. CB confirmed that there was more work to do on this agenda to provide complete assurance. 34. DA asked if the medical staffing position contained with Enc5 was accurate as it presented an over established divisional position, and where it considered current medical job planning across the division. CB to check and report back via correspondence.	CB
VIII.	**Equality, Diversity & Inclusion –** *CEO Update and EDI Committee Update/* 35. LMcK provided a verbal update in addition to Enc6a, highlighting two areas. Firstly, that there is an ongoing piece focusing on increasing engagement in the relevant EDI networks, being led by network executive sponsors with the support of the communications team. Secondly, focused around Health Inequalities, supporting service user access to viewpoint to provide more feedback about patient experience and working with AccessAble to review the accessibility of trust sites.	

	Equality, Diversity & Inclusion – *Gender Pay Gap Report* 36. PB provided a verbal update in addition to Enc6b and Enc6c. For March 22 the trust median pay gap was 2.9%, with a mean pay gap of 17%. Median bonus gender pay gap was 55%, with a mean bonus pay gap of 39%. Headline gender pay gap figures remain similar to 2017 denoting a lack of progress. PB stated that the bonus pay gap is result of the Clinical Excellence awards receive in the medical workforce with a 4.2% of men receiving these payments compared to 0.6% of women. 37. SM asked if the recent changes to how Clinical Excellence Awards are calculate will negate the disparity in the bonus received by men and women. PB explained that the impact of these changes is not visible in Enc6b and Enc6c as they were effective after the census date, and that some of the national legacy arrangements will continue even after these changes. 38. PB highlighted the additional analysis that had been done and that when the medical workforce is removed from the analysis there is a 0.8% pay gap in favour of women for the remainder of the workforce. PB also highlighted that even with clinical excellence awards removed the gender pay gap in the medical workforce is still 14% in favour of men. 39. JD asked in relation to Enc6b section 10 for clarity regarding conflicting narratives and graphics. PB confirmed that there are some errors within the presentation of Enc6b but Enc6c holds the correct alignment of narrative and figures. 40. DA asked that given the lack of progress since 2017, what process was in place for the evaluation of actions around this agenda. DA requested additional deep dive on where bias might be in terms of policy and procedure. LMcK outlined that some of these areas where cover in the previously completed EDI Audit and that work was on going to leverage available data to a maximum extent. 41. SM expressed that he viewed Enc6b and Enc6c as a sign of progress with only a prevalent challenge remaining in the medical workforce. PB outlined that there are signs of progress in the medical workforce with the balance of recruitment to medical roles becoming more balanced.	
IX.	**Freedom 2 Speak Up bi-annual report.** 42. JR presented Enc 7, in summary this report details the activity and learning from the work of Ashford and St. Peter's Hospitals (ASPH) Freedom to Speak Up (FTSU) Guardian. It covers Q2 & Q3 2022/23 – July 2022 – January 2023; during Q3 the post was unfilled. The new FTSUG (ET) commenced employment [15 hrs/week] on 1st February 2023. This is the first time that FTSU has been the sole focus of the Guardian. 43. The main themes that are covered by the FTSU logs for Q2 & Q3 are attitudes and behaviours and policies, procedures and processes. The vast majority of concerns raised were submitted anonymously. There has been a downward trend in concerns raised during the period that the Guardian role has been vacant and also there have been some technical issues with the raising of concerns electronically. There are two specific questions in the National Staff Survey relating to freedom to speak up [23e & 23f]. One relates to whether staff feel safe to speak up and the other asks about whether staff feel confident that their concerns would be addressed. In both cases the responses from ASPH in terms of whether staff agree or strongly agree with the statements are less positive than 2021. 44. JD expressed that overall, she was very pleased with the level of focus on this topic. JD did express concern that no concerns had been raised from Women Health and Paediatrics which is a known area of challenge. 45. DA suggested that we ask the F2SU Guardian how well permeated into the organisation the feeling of being able to raise a concern was when she next attends the People Committee citing a high level of concerns being raised anomalously as a potential contraindicator. 46. AF stated that he had recently had positive feedback on the visibility of the new freedom to speak up guardian from staff. AF suggested that there could be learning from CSH, as an organisation who typically have very low levels of anonymous concerns.	
X.	**GoSW Q3 Report** 47. PG presented Enc8: In Q3 there were 255 Exception Reports (ERs). This compares with 265 in the previous quarter and 207 in the corresponding Q3 2021/22. There has been no clear pattern in the numbers of ERs over the last 2 years as the impact of covid surges, staff	

	absences, surge rotas and attempts to reduce the covid backlog have been felt by the Trust. The number of ERs has stabilised in this quarter with a higher baseline of ERs compared to the pre-covid period. 48. Immediate Safety Concerns (ISC) are an important focus. This is the most important metric reviewed as it provides the most objective measure of safe Junior Doctor working and patient safety. There was 1 ISC which was raised in December by an Emergency Medicine Higher Specialty Trainee. In Q3 there were 15 occasions where educational activity was missed. This compares with 10 occasions of missed education in the Q2. 49. There were no Work Schedule Reviews in this quarter. A true reflection of unfilled shifts data will not be available until Rotageek is implemented throughout all specialties. There were 63 ERs that included missed breaks in this quarter compared with 56 in Q2 and 45 in the same quarter last year. Non-compliant rotas: There were no non-compliant rotas during this quarter. An audit of the April 2022 to August 2022 rotation has been completed for any missed breaks fines, with none found. An audit of the 48-hour average working week breaches for the period August 2022 to December 2022 (coinciding with the Junior Doctor rotation dates) was completed with none found. 50. In conclusion, despite high numbers of ERs, lack of breaches of the 48 and 72 hour working rule, demonstrates that the ER process provides a safety mechanism for ensuring safe working hours are maintained. 51. DA asked if in the single incident of an Immediate Safety Concern had there been any identified patient harm. PG stated that the initial datix suggestion that no patient harm had occurred, and the subsequent investigation supported this conclusion. 52. DA expressed concern at still not having access to information around Locum shift fill rates. PG reiterated that this would become possible with a broader implementation of rota geek. KC stated this a full set of data is expected to be available for the quarter1 2023/24 report.	
XI.	**BAF reflection and adjustment** 53. JD suggested that the BAF risk ratings remain unchanged, AF, DA and CK concur. DA did highlight that a risk with a score of 16 should be presented ad red rather than amber for subsequent reports. 54. DA asked for further information in relation to the workforce KPIs and targets for 2023/24 (Appendix 6 of Enc3). RM outlined that the KPI matrix is made up of two elements; a set of RAG rating metrics that have been derived from national, regional and local benchmarks and past ASPH performance and are to be used to provide context as to the values presented; and a set of planned outcomes based on the work that is planned to take place through the year. DA asked if a vacancy rate of 2.5% was realistic for March 2024. RM responded that the vacancy rate is expected to be unusually low by year end given that there is very limited establishment growth expected in 2023/24 creating a low vacancy rate. DA asked if the target of 80% appraisal completion was ambitious enough. RM outlined that the removal of the extended timeline that was given to complete appraisals during CV19 is due to be removed in April 2023 was coming to have a large impact on the appraisal rate, and that to see the appraisal rate return to 80% in March 2024 was an ambitious target. SM added that these planned outcomes will remain as draft until the completion of the NHS Operational Planning round (4th May 2023).	
XII.	**Schedule of Meeting (forward planner)** 55. No questions or point of clarity were raised in relation to the forward planner (Enc9)	
XIII.	**Any Other Business** 56. CK asked, on a point of triangulation with Modern Healthcare Committee, if the plans for the change to the Cardiac Cath Lab had been explored through a workforce lens. SM stated that this work is ongoing with 5 months until the proposed go live. LMcK outlined that the divisional team did have the corporate support of both the Human Resources and Communications Teams.	