

**PEOPLE COMMITTEE**

**MINUTES**

**Friday 24<sup>th</sup> January 2020**

**PART I**

**PRESENT**

Mike Baxter (MAB)	Non-Executive Director
Neil Hayward (NH)	Non-Executive Director (Chair item 1 and 2)
Louise McKenzie (LMcK)	Director of Workforce Transformation (Attended from item 3 onwards)
James Thomas (JT)	Chief Operating Officer (Attended from item 3 onwards)
Andrea Lewis (AL)	Interim Chief Nurse
Marcine Waterman (MW)	Non-Executive Director (Attended and Chair from item 3 onwards)

**IN ATTENDANCE**

Karen Archer-Burton (KAB)	Assistant Director of HR, Learning & Organisational Development
Pami Bains (PB)	Assistant Director of HR, Business Partnering, Diversity & Inclusion
Matthew Barker (MGB)	Deputy Chief Nurse – Workforce (Attended from item 5 onwards)
Pardeep Gill (PG)	Guardian of Safe Working (Item 7 only)
Yvonne Obuaya (YO)	Associate Non-Executive Director
Colleen Sherlock (CS)	Assistant Director of HR, Corporate Services

<b>1.</b>	<p><b>Welcome, Introductions &amp; Apologies</b></p> <p>Apologies were received from David Fluck, Suzanne Rankin and Tom Smerdon.</p> <p>It was noted that the attendance had been impacted when the committee changed its meeting date from a Wednesday pm to a Friday am, and a number of executives were already committed to an ICP Board meeting. NH expressed that as a formal sub-committee of the Trust Board, he would have expected that this meeting would have taken precedence.</p> <p>Andrea was welcomed to the meeting in her new capacity as Interim Chief Nurse.</p>	
<b>2.</b>	<p><b>Minutes of Last Meeting</b></p> <p>The minutes were approved with one error noted in part 2.</p>	CS
<b>3.</b>	<p><b>Matters Arising (Action Log)</b></p> <p>It was noted that all actions were either on the agenda, completed or not due.</p>	
<b>4.</b>	<p><b>Strategic Risks (BAF) Opening Review</b></p> <p>The committee noted the BAF. The purpose of review at the beginning and end of the meeting is to ensure that the BAF is actively reviewed and updated in sub-committee. The committee carried out the opening review of BAF, and agreed that the three risks represented the critical risks for workforce.</p>	
<b>5.</b>	<p><b>Workforce report</b></p> <p>The committee received the Workforce report with information to December 2019, including data and commentary on Nursing &amp; Midwifery Safer Staffing Levels.</p> <p>LMcK introduced the report noting that a key focus is reducing our reliance on bank and agency and this is through three significant areas</p> <ul style="list-style-type: none"> <li>- Review of the establishment to make sure they are fit for purpose, and reallocating some of the headroom to substantive posts.</li> <li>- Deep dive into people's safety judgement, through a new tool supporting ward managers to apply judgement on staffing level.</li> <li>- Monitoring fill rates and escalation.</li> </ul>	

<p>It was noted that vacancy rates have continued to improve, with significant improvement in nursing, AHP and Medical &amp; Dental through targeted recruitment and retention. It was noted that a TUPE transfer took place into Pathology for the HPV service, this has increased posts and staff.</p> <p>CS noted highlights from the report:</p> <ul style="list-style-type: none"> <li>- The Employer Contribution Pension recycling scheme – 9 individuals have applied: 7 had already opted out prior to and two since April. The scheme will be reviewed for next year.</li> <li>- NHS improvement and our local system have asked for an update on the impact on operational performance as a result of our pension interventions. It was noted that we have not seen any significant increase in hours.</li> <li>- Recruitment is ahead year to date compared to last year to date, we have recruited 598 staff in the first 9 months, already more than in the whole of last year, and this is having a positive impact on vacancies levels in the wards. There is a positive net balance between starters and leavers year to date.</li> </ul> <p>NH noted that the report shows the history and powerful data and we can now turn the lens to focus on the people we have and deploying them appropriately, and look at reviews, checks and controls. MW queried whether given the different focus on recruitment in this coming year, whether the volume of recruitment schedule in the Nursing Recruitment tracker should be reviewed. CS noted that there are still nursing vacancies to be filled.</p> <p>LMcK noted that we have shifted the dial to reduce the number of staff leaving in first 12 months. We are moving our focus to staff leaving after 12 months. There will be a deep dive review on Retention in March to include vacancy rates / turnover by grade.</p> <p>MGB updated on the following points:</p> <ul style="list-style-type: none"> <li>- Establishment reviews for the wards are addressing issues around escalation and the layout of the wards, and ensuring establishment matches demand. MGB has been doing a deep dive on why we are spending more money on temporary staff, in December we started to show a tighter control and this has shown improvement.</li> <li>- Implementation of a second daily huddle to manage deployment of temp staffing, focusing on the dependencies on the wards, and considering other ways to increase capacity such as reducing non-essential training over the winter escalation period.</li> <li>- Implementation of a new approach to inducting overseas nurses; training and development via a six week clinical induction, followed by OSCE exam to enable colleagues to join the ward as soon as possible. The programme will run in alternate months to help the wards support new staff and ensuring we make the most of the skill mix and cultural mix of staff.</li> <li>- Recruiting in Europe more actively this year with a trip to Dublin planned.</li> </ul> <p>It was noted that we would need to pilot the new approach to overseas nurse induction and then model this against staffing costs.</p> <p>MW asked what impact the remote working policy has had on car parking revenue. LMcK noted it is also intended to improve staff working lives and a travel survey is being undertaken which will provide feedback. JT noted that we are keen to promote remote working to improve our attractiveness to recruit staff. Eg radiology home work stations.</p> <p>PB updated on EU staff and resettlement, noting there are 94 staff from 385 who have not yet applied for settlement status and we continue to communicate with them.</p> <p>KAB noted that the Staff survey response rates are better than the NHS national average and comparable with local government. NH noted best practice is for surveys to feel local. LMcK noted that the ASPH response rate is increasing year on year, and we are seeing improvement in the themes coming through.</p> <p>MW queried that the agency data indicates we are paying a higher rate for fewer staff.</p>	<p>MGB / CS</p>
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	<p>CS noted that we have escalated rates to secure staff for patient safety and only escalated in critical areas.</p> <p><b>Safer staffing dashboard</b></p> <p>MW noted that there was no data on red shifts for two departments, which does not provide assurance where there are gaps. It was agreed that MGB would follow up to ensure data is available.</p>	MGB
6.	<p><b>Appraisal audit and improvement plan</b></p> <p>LMcK and KAB presented the plan. MW noted that the improvement plan and actions are overdue for the audit committee. LMCK confirmed that the dates in the audit recommendations had been agreed by management on the basis that the improvement report would be presented to the People Committee in January. MW's advice is not to commit to deadlines if they are not achievable. KAB had committed to complete the plan by December and then the implementation would be later.</p> <p>KAB described feedback on the appraisal prior to the audit had been that it was not a constructive conversation and was too paper heavy. The aim of the review had been to pare down the focus on paperwork, support a constructive conversation, and improve the training, which has had positive feedback.</p> <p>It was noted that the audit had limited depth as they had identified 30 people but were only able to speak to 9 people and they were in non-patient facing areas. The three recommendations were</p> <ul style="list-style-type: none"> <li>- High - objectives for staff not being set effectively</li> <li>- Medium = staff and managers unaware of the appraisal process</li> <li>- Low – objectives not set effectively if a manager has too many direct reports.</li> </ul> <p>This last point seemed to relate to the number of staff allocated to a manager on ESR and would benefit from an ESR refresh on how to record appraisals in the system.</p> <p>In terms of progress to date – HR Business Partners have been surveying managers to ask for detailed feedback and the key point emerging is difficulty incentivising staff to have an appraisal if they are at the top of the pay band. NH felt that if a performance appraisal is mandatory then they are in breach of their contract if they do not take part.</p> <p>KAB noted the importance of holding divisional leads to account if appraisals are not completed, however the improvement plan has not yet been discussed at TEC as the meeting was cancelled due to operational escalation.</p> <p>LMcK noted that the staff survey shows the Trust is in the top quartile for the quality of appraisals but in the bottom quartile for completion, which indicates that the action in 2018 to improve the conversation has had a positive impact. It was agreed that the overall finding is that where appraisals are happening they are done well.</p> <p>A discussion took place about the value of enforcement, withholding salary and incremental progression, and the manager and employee being jointly responsible. It was noted that TEC will agree the policy and approach, acknowledging that the NED steer is that appraisal is mandatory and not acceptable to not meet the target. The outcome from TEC to be fed back to the committee for assurance.</p>	KAB
7.	<p><b>Guardian of Safe Working report – Q2</b></p> <p>Pardeep Gill joined the meeting. There were 216 Exception Reports in this Quarter (Q2). This compares with 115 ERs in Q1. For the corresponding Q2 in 2018 there were 108 ERs. The report includes a run chart which compares ERs over the last 2 years.</p> <p>ERs continue to come predominantly from Foundation Doctors (F Doctors) and from within Medicine. We have seen encouraging reductions in ERs from AMU and in the number of ERs where trainees have been unable to attend teaching. There has been an increase in ERs from May ward.</p>	

	<p>Immediate safety concerns are given an immediate response and PG noted that there had been six such cases in this quarter – each doctor submitting the ERs has been contacted, and the GSW is confident that there has not been any associated patient harm. In addition, the GSW has triangulated the ERs with Datix submissions on the same day and same location. This provides further reassurance. Junior Doctors have now been told to complete a Datix form whenever a safety concern is highlighted in an ER.</p> <p>Rota gaps can put our doctors in training at risk of both working excessive hours but also excessive workload intensity. Rota gaps have increased in this quarter to 1965 (in Q1 there were 1818). Unfilled rota gaps remain unchanged at 11%. The A and E department has a high rate of agency (13%) and unfilled shifts (21%).</p> <p>There have been a number of significant changes to the Junior Doctor contract which are detailed in the report. The Trust will need to ensure it can comply with the new amendments.</p> <p>There were no Work Schedule Reviews (WSR) during this quarter. In response to rising numbers of ERs from May ward, a WSR is scheduled for 21 November 2019. There were no fines incurred by the Trust for breaches of work schedules.</p> <p>PG noted that rota gaps are a national issue, not just ASPH and we are doing measures such as recruiting overseas, cancelling elective work during winter pressures. He noted that we need to look at new ways of working, when rotas are being designed involve the junior doctors to make it better. JT noted he was fully supportive, and has asked PG to recommend that to the DDs.</p> <p>MAB asked whether our exit from the EU would have an impact on working hours as the originating legislation had been driven by EU. PG responded that he felt it is unlikely the UK would revert any policy or contractual decisions if this compromised patient safety.</p>	
8.	<p><b>Health and Wellbeing – 2020 priorities</b></p> <p>LMcK presented a detailed paper which has already been to TEC. A diagnostic had been completed. The paper set out our obligations as an employer to generate positive activity, linked to the overall ambition of the Surrey Wellbeing Strategy. KAB described the programme of work overseen by the Workforce Transformation Board, including the development of the Wellbeing hub for staff.</p> <p>YO noted that she had seen the area designated for the hub and was assured by the plan. NH liked the themes and acknowledged the assurance, but recommended that the plan should include programme, deadlines, outcomes ie what will be delivered in 2020. KAB confirmed that a more detailed plan will be in place as part of the wider ‘Great Place to Work’ programme.</p>	
9.	<p><b>Forward planner for People Committee Meetings</b></p> <p>The committee received a schedule of agenda items for the year ahead enabling the committee to plan its work over the coming year. It was noted that there may be unplanned issues that arise during the course of the year. The schedule agreed that the regular and one-off items would enable the committee to provide assurance to the board that there is oversight and scrutiny on Workforce risks within the Board Assurance Framework.</p>	
10.	<p><b>Template for Divisional Attendance</b></p> <p>The committee received a template which will act as a guide for divisional leadership teams, on areas that would be of interest to the committee, and would provide the appropriate assurance and enable a construction discussion. The template is based on themes from the BAF and the People Strategy. Amendments were agreed and the template will be circulated to the WHP leadership for the first divisional presentation.</p>	CS

11.	<p><b>BAF reflection and adjustment</b></p> <p>The Committee considered the risk ratings in the BAF and made the following updates</p> <p>Risk 1 – the committee was assured by the mitigation plan but felt the current financial position should be reflected with an increase in likelihood.</p> <p>Risk 2 - stay same</p> <p>Risk 3 – the committee felt the current level was correct and there had been improvement and agreed to increase the initial score.</p>	LMcK
12.	<p><b>Any Other Business</b></p> <p>None noted</p>	
13.	<p><b>Date of Next Meeting</b></p> <p>Friday 20<sup>th</sup> March 2020, 12.30 – 14.30, Room 2 Chertsey House.</p>	

## PEOPLE COMMITTEE

Friday 24<sup>th</sup> January 2020

### PART II

#### PRESENT

Mike Baxter (MBax)	Non-Executive Director
Neil Hayward (NH)	Non-Executive Director
Louise McKenzie (LMcK)	Director of Workforce Transformation
James Thomas (JT)	Chief Operating Officer
Andrea Lewis (AL)	Interim Chief Nurse
Marcine Waterman (MW)	Non-Executive Director (Chair)
Andrea Lewis	Interim Chief Nurse

#### IN ATTENDANCE

Karen Archer-Burton (KAB)	Assistant Director of HR, Learning & Organisational Development
Pami Bains (PB)	Assistant Director of HR, Business Partnering, Diversity & Inclusion
Matthew Barker (MBar)	Deputy Chief Nurse – Workforce
Yvonne Obuaya (YO)	Associate Non-Executive Director
Colleen Sherlock (CS)	Assistant Director of HR, Corporate Services

1.	<b>Apologies</b> Apologies were received from David Fluck, Suzanne Rankin and Tom Smerdon.	
2.	<b>Minutes of meeting</b> In Part II item 2, replace 'investigation' with 'investigating' in the sentence: The learning includes not escalating a worker's concerns, trying to manage this within the clinical team and not investigating the worker's complaint.	
3.	<b>Matters Arising</b> YO asked for information on the cultural refresh in relation to people practices. PB explained that it is ensuring we incorporate a just culture into our people practices. The staff survey results indicate that managers and leaders need more support to ensure they are managing their staff well and maintaining fairness and understanding diversity through employee relations procedures. MAB noted we should recognise that the diversity of our workforce due to our recruitment strategy means our workforce does not match our local population and this needs careful attention in our policies.	
4.	<b>Employee Relations (ER) Report and Professional Referrals</b> Pami has revised the paper to show annual trends and a more detailed rolling analysis of the time to resolve cases; including background and reasons for the increase in employee relation cases. The data indicates a reduction in cases towards the end of 2019, which will be monitored to see if it is a continuing trend. Many cases have been dealt with through a formal process, which takes a lot of resource. There has been an increase in the number of capability cases and long term sickness and PB is reviewing the reasons. There have been five ET cases - 2 settled, - 3 went to full hearing and ET dismissed the claims. PB has been reviewing the learning with managers to see what we could do differently to avoid the escalation this year.	

	<p>Three cases are at ACAS stage and will be risk assessed</p> <p>The Improving people practices group have been focusing looking at trauma informed practices, which is about the experience of staff who raise concerns or are going through a disciplinary process. The aim is to reduce the trauma by avoiding full suspension.</p> <p>MAB noted that the number of cases seemed small in context of the size of the organisation. NH noted that it is positive to see the cases defended at ET.</p> <p>MW noted an increase in grievances. PB felt this may be a positive reflection that staff feel able to raise concerns as they feel the Trust will address and listen to people, however we do not know if a formal grievance could have been avoided, if a different approach had been taken by management earlier.</p> <p>LMcK noted that the report does not reflect the amount of time and resource that is involved in resolving cases. NH suggested benchmark data on long term sickness in terms of number of cases or amount of time to resolve may be available.</p> <p>YO noted that dignity at work concerns had increased. PB felt this may be a reflection of taking time to listen and understand as people can feel very aggrieved.</p> <p>It was noted that dealing with issues earlier appears to be reducing the number of formal disciplinaries.</p> <p>It was agreed to integrate the data into the report and validate the figures.</p>	PB
5.	<p><b>AOB</b></p> <p>None noted</p>	