



PEOPLE COMMITTEE PART I

Approved Minutes of Meeting Held on 5 May 2022

Virtual Meeting via MS Teams

Dami Adedayo (DA)	Non-Executive Director CHAIR
Jane Dale (JD)	Non-Executive Director
Andrea Lewis (AL)	Chief Nurse (up to item IV)
Louise McKenzie (LMcK)	Director of Workforce Transformation
Tom Smerdon (TS)	Director of Strategy & Sustainability
Julie Smith (JS)	Chief Executive (up to item IV)

IN ATTENDANCE

Pami Bains (PB)	Deputy Director of Human Resources
Ellen Bull (EB)	Deputy Chief Nurse
Sal Maughan (SM)	Head of Corporate Governance
Melanie Smith (MS)	Assistant Director of Human Resources
Karen Uttley (KU)	Deputy Director of Human Resources
Natalie Van Staden (NVS)	Head of Workforce Transformation Programmes

I.	<p>Welcome, Introductions & Apologies</p> <p>1. DA welcomed JS to her first meeting as Chief Executive. Apologies were received from Chris Kane, David Fluck and James Thomas</p>	
II.	<p>Minutes of Last Meeting</p> <p>2. Minutes of 25/02/2022 approved for Board.</p>	
III.	<p>Matters Arising (Action Log)</p> <p>3. Lateral flow testing. Accurate lateral flow data still an issue due to lack of reporting, last committee reported the expectation of regular testing and confirmation of free tests being issued for NHS staff after change in national position. KU updated verbally on most recent position of 1540 staff regularly testing and reporting compared to 3000 in Jan 2022. From most recent cohort, 11 had tested positive, some of which had been symptomatic and unwell in the workplace, but when were spoken to did not understand the requirement for regular testing. Further Comms is being issued to team members. JD asked the make-up of the staff who were reporting. KU to include further information in future workforce reports where available.</p> <p>4. Exec sponsors for EDI workstreams to be identified – underway – to be reported at next Committee in July 2022.</p>	LMcK
IV.	<p>Strategic Risks – Board Assurance Framework & Metrics</p> <p>5. LMcK outlined increase in 4.1 score due to discussion during previous people committee regarding mapping of employed workforce against in / outsourced workforce leading to an increased risk for certain staff groups (Medical and AHP) to not be able to accurately predict workforce requirements. Clarity of wording was discussed.</p> <p>6. Discussion around removal of commentary regarding VCOD now that clarity of the closure of the programme had been received.</p>	

	<p>7. JD asked for consideration of further commentary to be added to the commentary around the maternity workforce in terms of morale and the work that is being undertaken with them to improve.</p> <p>8. Scores to be reviewed at the end of the meeting.</p>	
<p>V.</p>	<p>Workforce Report</p> <p>9. LMCK introduced the workforce report and MS presented the highlights and where there had been changes. MS reported and increased headcount position compared with March 2021 and notes that establishments were still changing as the organisation was being rightsized. Recruitment campaigns are being overall successful, and ASPH is in a position of having more starters than leavers despite the difficult local and national market for healthcare workers. Large scale pieces of work need to be undertaken on retention to keep the team members we have within post or developing their careers at ASPH to see a longer-term improved position.</p> <p>10. MS commented on the decommissioning of the Hirelab service which did not improve the experience for applicants or managers as was hoped. The team will be returning to the new version of NHSJobs to manage vacancies over the summer as it's launched, and which will also give us the opportunity to work more collaboratively with ICS Health and social care providers using the same platform.</p> <p>11. The committee received an update on implementation of Rotageek and Locum's nest, mentioning that the project team had undertaken a 1-year review of implementation with an extra-ordinary governance meeting outlining the concerns, and expectations for moving into year two of the contract and implementation phase. (Outlined in more detail in a separate paper).</p> <p>12. MS drew the attention of the committee to the LN data provided as part of the report referencing bank and agency staff supply. The data confirmed the position that LN continue to perform well with medical staff and are now able to produce fill rate data for nursing staff. The data shows a shift from agency to bank and an increase in fill rate. In addition, agency who are comfortable with the platform are joining the supplier team to replace others that have left, leading to a more positive position and demonstration of some pockets of good temporary staffing practice that can then be emulated in other areas of the Trust in conjunction with the introduction of the new Rostering policy.</p> <p>13. In relation to the collaborative bank MS reported the work that had been undertaken in relation to the 9 Trust project (Surrey and BOB Trusts) to align agency rates across the patch for nursing staff in the first instance from 4th July 2022, closely followed by other staff groups.</p> <p>14. There had been 16 overpayments since the last report – 10 of which related to late leavers forms. This is an improved position. The trial of the electronic leavers form had been successful, prevented an overpayment in the area it was being trialled in and therefore will be rolled out as quickly as possible.</p> <p>15. Absence reported to Gold – shows sickness as relatively stable. Separate piece of work around disproportionately high short-term absence amongst nursing staff in pockets which will be examined further.</p> <p>16. Recruitment programmes overall are successful, the internationally trained nursing programme is delivering well despite logistical issues with accommodation and OSCE's assessment delay and projected numbers are consistent with need throughout the rest of the year. In the last round there has been a reduction in the number of applications which is being looked into in terms of the offer to candidates and remaining competitive in the market.</p> <p>17. JD thanked the team for the additional RG/LN paper as it assisted understanding of the process and priorities for the following year.</p> <p>18. JS reflected on the difficulties of rightsizing the organisation and balancing the clinical need with the financial envelope and ensuring that we prioritise and manage risk accordingly.</p>	

	<p>19. DA suggested documenting the experience of our internationally trained nurses as part of the offer to undertake further recruitment campaigns.</p> <p>20. TS mentioned the introduction of the collaborative bank, concerns around escalating rates and whether cost avoidance could be identified. MS responded with the process that still needed to be undertaken to join the programme in terms of internal escalation processes and then notice periods to ask for help from partners as the programme launches.</p> <p>21. LMck highlighted some of the areas from the wellbeing paper that identifies financial wellbeing as a concern for our teams. The EAP service offers confidential financial advice and additional support is coming online. TS questioned whether a use of the charity monies could be beneficial to teams as part of a hardship offering.</p> <p>22. DA suggested all-staff Comms to outline the journey with Rotageek and Locums nest, the issues that have been experienced and the expected outcomes at the end of year two.</p>	
<p>VI.</p>	<p>Workforce Transformation Programme</p> <p>23. LMck introduced the workforce transformation programme and the documents contained in the pack. She highlighted the culture change programme, the governance of the programme workstreams, and the organisational issues that have affected how the programme develops.</p> <p>24. LMck introduced the methodology and success measures for the programme and asked for feedback from the committee.</p> <p>25. DA challenged the scope of the measurement metrics and including more qualitative data already available such as the whistleblowing issues and FTSU themes as well as issues raised through walkabouts. LMck talked through the milestones and the employee engagement methodology in the programme which includes the qualitative elements of the feedback and organisational knowledge.</p> <p>26. JD questioned internal capacity to be able to complete the programme. LMck informed the committee that as a result of a recent team away day the work had been rationalised by the project lead (NVS).</p> <p>27. JD asked about the scope of the maternity culture work and suggested that we may want to include other supporting specialties such as NICU. LMck responded that the culture programme is not exhaustive in terms of the full programme of work for example GEMBA walks being used in Diagnostics & Therapies. She noted the opportunity for divisions to discuss and escalate concerns via the divisional performance review meetings.</p> <p>28. LMck introduced the improving people practices work programme supported by Deardon HR to add capacity to the improvement work. JD asked for cross referencing of the Just Culture programme to processes within the patient safety team around clinical errors. Committee received information about the delivery model of the programmes.</p> <p>29. TS asked for consideration to be given to additional indicators of positive culture for example taking responsibility and or pride on own area or team to be included in the measurements for culture improvement for the divisions to identify themselves.</p>	
<p>VII.</p>	<p>EDI Steering Group update</p> <p>30. PB updated the committee on the current work of the group. Current focus is to ensure that education of the workforce takes place to embed inclusion. A training and education programme has been devised using a range of bitesize training sessions on a variety of subjects starting with induction for new team members.</p> <p>31. Disability work group now has a lead who is working with team members to gain a better understanding of position.</p> <p>32. Team still working on the Rainbow badge programme – due to complete in June 2022.</p> <p>33. Health inequalities programme is currently collecting data to understand what we already have and what it could be used for.</p>	

	<p>34. Chief Nurse internship programme due to launch soon with four places being offered per year with at least one place being allocated to colleagues from BME background.</p> <p>35. Currently working on the Equality report with the support of the new EDI officers.</p> <p>36. Committee encouraged by the breadth of discussion at the steering group and the education programmes available.</p> <p>37. DA asked that internships for other staff groups be considered using the networks to socialise ideas and needs.</p> <p>38. Conversation between committee members on data set criteria for Exec leadership positions to understand how data is gathered and reported.</p>	
VIII.	<p>Nursing and AHP revalidation report</p> <p>39. EB presented the report. As part of this she reported to the committee that there had been no lapses in professional registrations during the last reporting period.</p>	
IX.	<p>BAF reflection and adjustment</p> <p>40. Scores to remain. Committee commented on risk of impact of Surrey Safe Care, financial pressures and rightsizing the organisation and the influence on the workforce. Review further at next meeting.</p> <p>41. Discussion of closure of 4.4. Wording is no longer contemporaneous around the risk of covid and impact on workforce. Wider risk has been incorporated into other risks in terms of morale and burn out. Committee discussed and agreed to consider removal of 4.4 as part of the annual review.</p>	LMcK
X.	<p>Any Other Business</p> <p>42. None noted</p>	