Agenda Item 6.4 **Paper 13.0**

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

WORKFORCE & ORGANISATIONAL DEVELOPMENT COMMITTEE

MINUTES
PART I

26 JULY 2016 1500-1700

Room 1 Chertsey House
St Peter's Hospital

Attending

Valerie Bartlett (VB)	Deputy Chief Executive
Mike Baxter (MB)	Non-Executive Director (Chair)
Heather Caudle (HC)	Chief Nurse
Neil Hayward (NH)	Non-Executive Director
Lorraine Knight (LK)	Interim Chief Operating Officer
Louise McKenzie (LMcK)	Director of Workforce Transformation
Suzanne Rankin (SR)	Chief Executive
Peter Taylor (PT)	Non-Executive Director

In attendance

Sunella Malik-Jones (SMJ)	Workforce Systems and Reporting Manager
Phil Spivey (PS)	Deputy Director of Workforce
Colleen Sherlock (CS)	Head of Workforce Planning & Resourcing

Apologies

Hilary McCallion (HMcC)	Non-Executive Director
David Fluck (DF)	Medical Director

1.	**Welcome & Apologies** Apologies received from Hilary McCallion (NED) and David Fluck (MD). It was noted that Hilary McCallion had reviewed the papers and had no comments to make. Introductions were made and new members were welcomed. The Committee confirmed that they were happy for Sunella Malik-Jones to attend the meeting as part of her induction. The Chair requested that all members read papers in advance of the meeting.	ALL
2.	**Minutes of Last Meeting** The minutes of the last meeting were agreed.	
3.	**Matters Arising (Action Log)** 26/01/16 3) LMcK confirmed that a generic programme of staff stories has been set up for the Board and we will ensure that this includes junior doctors. VB shared a recent conversation she has had with a consultant, and how they had reflected on feedback they had received from a junior doctor. She noted that in addition to including juniors in staff stories, we should also consider how we get a better, shared understanding with the consultant body as to their impact and influence over the junior doctors' experience. It was agreed that execs should pick this up as a separate item. LMcK suggested using the MSC forum and SR stated that engaging the medical workforce (both consultants and juniors) is one of key workforce priorities.	

	NH noted that he would be looking to see how we connect workforce data (engagement, turnover etc), with performance data to identify risks. It was agreed that execs would discuss off line and consider mechanisms for engaging consultant body in the debate around junior doctor experience either via MSC or other forum.	LMcK
4.	**STP update – Workforce Action Board** SR presented an update on the STP and confirmed that she had been asked to be the Responsible Officer for the workforce element of Surrey Heartlands STP. She described the governance arrangement and the need to establish a Workforce Action Board, involving people from each organisation, using expertise from HEKSS and reporting to the STP Board. SR confirmed that HEKSS had ringfenced £600k for workforce development. NH asked if our involvement in the STP was optional and SR explained that the STP was the way in which the Trust would work with the wider health and social care economy to develop a sustainable clinical and financial strategy. NH noted his concern that this may diminish the freedom of a Foundation Trust. SR drew attention to specific workforce challenges and opportunities, and confirmed that VB and others have a critical role in developing the clinical strategy with colleagues across the STP. PT noted that all we have at present is an outline intention of how the STP will work. As yet have not developed clinical strategy, organisational structures, etc. MB asked whether there was any learning from the bigger metropolitan STPs and how we scale that down. He also noted that Frimley's STP may impact on us. VB noted that we are relatively small STP and that naturally there would be interdependencies with Frimley patch. She noted that Surrey Heartlands had already started to progress with specific work programmes such as Stroke. She also noted that we are able to learn from the Vanguards. It was agreed that a potential weakness for Surrey is that we are acute heavy and changes need to happen to strengthen primary and community care.	
5.	**Workforce Report** CS presented the report and highlighted the key points: • LMcK outlined the challenges in meeting gaps in substantive posts with temporary supply to provide safe care whilst meeting financial targets. It was noted that the Trust anticipated spend in July being higher than plan, 7.5%, work is required to address the overspend; the focus will be on medical agencies. • LMcK described a number of tactical and strategic medical workforce priorities including a more proactive approach to recruiting to gaps in the junior rotas, an international recruitment campaign for hard to recruit to posts, a review of our recruitment benefits package for medical posts and an options appraisal for a medical rostering system. The committee noted that the strategic workforce piece required ownership by the clinical leaders and discussed how we might develop a safe staffing model for medical workforce. It was noted that some diagnostic work had started and was being led by the Medical Director. The chair asked for a plan to be presented to the Committee, describing the process for developing a safe staffing model for medical workforce. • It was noted that turnover remains high, with seasonal variations particularly around newly qualified staff, although it was recognised that there has been an improvement in the last quarter. Further analysis on reasons and better use of exit interviews will be undertaken.	DF

6.	**WOD Committee Terms of Reference** LMcK confirmed that the committee ToRs were due for a review and shared a copy of the current ToR with the committee. NH commented that it may be too early for him to judge, however commented that there were a significant number of strategic objectives. SR summarised that she felt that the purpose of the committee was to ratify a workforce strategy and monitor the progress against implementing the objectives, and that would help us to be more proactive in achieving transformational and development objectives rather than reporting on problem issues. PT asked if we should review the ToR once the workforce strategy had been developed. MB noted that we needed to discharge our key responsibilities to the board and the organisation. NH described his approach to assurance to his board and suggested an off line discussion with LMcK and LK. VB need to do refresh of org strategy and then workforce strategy may be updated. HC noted link to business planning, and committee should be involved in ensuring the rest of the business understands its responsibilities eg workforce planning, training needs analysis etc.	LMcK to arrange
7.	**Equality & Diversity Annual Report** PS presented the report, noting that this is the annual E&D report. It was noted that the proportion of BME staff reduces with seniority in clinical and non-clinical staff, similar in other Trusts, and that the Trust was considering ways in which it could influence this trend in the long term. It was noted that the data quality for E&D was excellent in terms of the workforce indicators, although there was a need to increase the number of staff declaring a disability or not rather than 'not declared'. PS noted that the data demonstrated that there was not a disproportionate number of employee relations cases against number of BME staff, which was different to the national trend. NH congratulated the Trust on its comprehensive data reporting. He asked if we were planning on reporting in relation to gender pay reporting. CS confirmed that we would be doing this and LMcK suggested areas of interest to us in relation to gender pay would be in relation to discretionary pay such as Clinical Excellence Awards. HC updated the committee on the research project she was leading on ethnicity and compassion. She noted a concern on the impact of BREXIT and the need to ensure we retain and support our European nurses. LMcK noted that there was further work being progressed and lead by the Equality & Diversity Steering group in relation to patient data quality. The report was approved and will be presented at the next Board meeting.	
8.	**Horizon Scanning** The committee discussed the initial fall out from BREXIT, and it was agreed that we may need to do a broader engagement piece to understand how staff feel, as well as supporting UK recruitment and engaging young people in careers in the NHS. NH suggested that we should look at pending legislation to consider relevant issues for the Trust. He noted new legislation in relation to worker representation on the board, and the apprenticeship levy.	

	SR noted there would be a broader strategy discussion for August or September board, which would include the implications of BREXIT.	
9.	**Any Other Business & Contingency Time** Please identify in advance of the meeting	All
10.	**Date of Next Meeting** Ensure all diary dates are sent to the new NEDs	CS