

PEOPLE COMMITTEE

Wednesday 30th January 2019

PART I

Attending

Mike Baxter (MB)	Non-Executive Director (Chair)
David Fluck (DF)	Medical Director
Neil Hayward (NH)	Non-Executive Director
Louise McKenzie (LMcK)	Director of Workforce Transformation
Suzanne Rankin (SR)	Chief Executive
James Thomas (JT)	Director of Operations – Unplanned Care
Sue Tranka (ST)	Chief Nurse

In attendance

Karen Archer-Burton (KAB)	Assistant Director of HR, Corporate Services
Pardeep Gill (PG)	Guardian of Safe Working
Sal Maughan (SM)	Associate Director of Corporate Affairs and Governance
Lucy Purdy (LP)	Joint Assistant Director of HR, Business Partnering, Diversity & Inclusion
Jackie Rees (JR)	Freedom To Speak Up Guardian
Colleen Sherlock (CS)	Assistant Director of HR, Corporate Services

1.	<p>Welcome, Introductions & Apologies</p> <p>Apologies were received from Hilary McCallion, Non-Executive Director</p>	
2.	<p>Minutes of Last Meeting</p> <p>The minutes had been approved virtually prior to the meeting.</p>	
3.	<p>Matters Arising (Action Log)</p> <p>26/07/18 7 Diversity action plan</p> <p>The action plan will be brought to the committee in March for review</p>	LMcK
4.	<p>Discussion Item:</p> <p>Workforce Implications of the Long Term plan</p> <p>LMcK presented a summary of the plan which will be helpful in informing the ASPH strategic and workforce planning. It was noted that the Trust is not required to respond, however we may wish to identify the areas and solutions that will need to be facilitated at a national level, eg extended roles.</p> <p>It was noted that the plan was wider implications than NHS strategy eg through enabling the population to build skills that we need to recruit into the NHS, although acknowledging that we can only influence our own sphere.</p> <p>It was agreed that the plan would be addressed further in the board strategic discussion planned for the day after the committee meeting, and suggested that LMcK may wish to refer to the aims of the current people strategy as they link to the long term plan.</p>	

<p>5.</p>	<p>Risk Appetite and Strategic Risks</p> <p>MB explained that following the discussion at the last meeting, the BAF has been developed to describe the organisational risks and risk appetite of the People committee, to ensure the strategic priorities address the risks, and to fit into the same template the other sub-committees are using.</p> <p>SR noted that each committee has identified the risks from their own perspective, and it would be helpful next to overlay and compare them together. She noted that the general approach has been a willingness to tolerate higher risks for strategic decisions and a lower risk for decisions that are operational or closer to the patient. That means that at a higher strategic level we are more open to opportunity and innovation, whereas with patient care we want to take less risk and safeguard our delivery of care and the Trust's reputation.</p> <p>SR explains that the next stage is to have the discussion with the divisional teams to bring a more inconsistent approach to risk across the organisation.</p> <p>There was agreement that the risks were correctly identified, and feedback given. It was agreed to split the risk around 'place to work' into physical environment, and emotional place to work. It was noted that staff themselves are just as important in creating a culture as the employer's duties.</p> <p>It was acknowledged that there may need to be an additional sustainability plan, when the new director has been appointed.</p> <p>There was a discussion about whether the overarching risk is inadequate workforce, and all the other risks are hazards that result from that risk. The committee agreed that they were happy for the document to move to the next stage for further discussion.</p>	
<p>6.</p>	<p>Guardian of Safe Working Report</p> <p>Pardeep Gill joined the meeting and presented the report for quarter 2 of 2018/19. He noted that the number of exception reports had increased to the level he had been expecting and this showed that quarter 1 had therefore been exceptionally low; in Q1 there were 51 reports and in Q2 there were 108 which seemed to be more like business as usual. In quarter 3 he is anticipating that this may increase to around 200. Most reports are from the Medical division, particularly General medicine and mainly from foundation doctors. PG attended the safety forum today to discuss this and feedback was that medicine is a very busy division with complex patients, and high acuity.</p> <p>PG felt that it is positive that staff are willing to submit a report. He noted that there are few submitted by registrars. He noted that some doctors may put in more than one report, but only 2 or 3, and he has not seen a few individuals putting in lots of reports. In the next report he will summarise It was noted that 53% were awarded pay or time off in lieu.</p> <p>In the next report PG will summarise how many individuals have reported and show the outcomes of reports whether upheld / not upheld, pay or toil offered.</p> <p>DF reminded the committee that the GSW role is to safeguard the contract and make sure the trust is applying the junior doctor contract safely and fairly. That means that issues raised in the reports should be raised and considered in a workforce review, led by the divisional leadership team. It was agreed to invite PG to the Medical Scrutiny Group to enable the issues to be shared with the Divisional Directors ensuring they are able to address issues within their divisions.</p>	<p>CS</p>
<p>7.</p>	<p>Freedom to Speak Up Annual Report</p> <p>Jackie Rees, FTSU guardian attended to present the report. She noted that the scheme has been improved by appointing 10 FTSU champions across the Trust to provide better access for staff. She has a concern that the group may not be representative of the organisation, eg there is no one from a BME background.</p> <p>However there are positive signs since the group have been trained and are in place, as the</p>	

	<p>system is becoming more responsive and getting better feedback. The champions do not deal with cases in their own areas, and there has been some very positive feedback from staff having access to the champions.</p> <p>The biggest issue she is hearing is lack of respect from staff for each other. The Respect at Work task force has been a great support for this area. There have been an increase in reporting, as a result of the ambassadors, and this is aiding further embedding of the role.</p> <p>JR noted the suggestion that it may be possible to compare our reporting numbers with national benchmarking if available to see whether our numbers are comparable, and whether the report could identify the level of risk of the issues reported.</p>	
<p>8.</p>	<p>Workforce Report including</p> <p>The report included an update on Nursing Recruitment & Retention and the Nursing Safer Staffing Report. It was agreed that the executive summary would be used to highlight key issues and concerns and be separate from the rest of the narrative.</p> <p>NH noted that the report provides a good summary and data that shows where we are and how issues are changing over month, but themes not really changing. This should be guiding us to hotspots / areas of most concern, where we spend time and attention, to be able to provide support, rather than an operational report.</p> <p>DF noted that the area of concern for him was the increasing medical agency spend, and that the Medical Scrutiny Group are pushing to have exit strategies for each agency locum, eg dermatology spend has been as high while it is delivering the capacity for Guildford & Waverley. It may not be a cost to ASPH but is still a concern. The Scrutiny group drill down through a deep dive, with the divisions.</p> <p>SR noted that the Workforce report to the Modern Healthcare Committee is drawing out the critical analysis and it would be good to see similar in this report.</p> <p>It was noted that the women's network has been launched and LMCK is seeking volunteers to champion the men's network. A survey asking women what they would like in the women's network is about to be launched and it was suggested that a similar survey is sent to men in the Trust. KAB noted that 7th February is Time to Talk day, and a speaker has been invited to talk about physical activity targeted to men.</p>	<p>CS</p>
<p>9.</p>	<p>Any Other Business</p> <p>There was no other business</p>	
<p>10.</p>	<p>Dates of Next Meeting</p> <p>27th March 2019 1400-1600</p> <p>29th May 2019 1400-1600</p> <p>24th July 2019 1400-1600</p> <p>25th September 2019 1400-1600</p> <p>27th November 2019 1400-1600</p>	