

WORKFORCE & ORGANISATIONAL DEVELOPMENT SUB-COMMITTEE

Minutes of Meeting

Held on 28th March 2018, St Peter's Hospital

PART I

Attending

Andy Field (AF)	Chairman
David Fluck (DF)	Medical Director
Neil Hayward (NH)	Non-Executive Director
Simon Marshall (SM)	Director of Finance & Information
Hilary McCallion (HMcC)	Non-Executive Director
Louise McKenzie (LMcK)	Director of Workforce Transformation
Suzanne Rankin (SR)	Chief Executive
Sue Tranka (ST)	Chief Nurse

In attendance

Karen Archer-Burton (KAB)	Assistant Director of HR, Learning & OD
Colleen Sherlock (CS)	Assistant Director of HR, Corporate Services

Apologies

Pami Bains	Assistant Director of HR, Business Partnering
Mike Baxter	Non-Executive Director (Chair)
Tom Smerdon	Director of Operations – Unplanned Care
James Thomas	Director of Operations – Planned Care

1.	Welcome, Introductions & Apologies Apologies were noted from James Thomas, Mike Baxter, Pami Bains, Tom Smerdon	
2.	Minutes of Last Meeting The minutes of the last meeting were agreed virtually prior to the meeting.	
3.	Matters Arising (Action Log) 24/01/17 4 Review triangulation of quality measures with impact of Medical Workforce Strategy DF updated and agreed to bring a paper to a future meeting with an overview of the narrative and plan from the meeting including the three areas of focus	DF
4.	Update on Nursing & Midwifery Retention programme LMcK presented the updated programme dashboard and noted whilst there had been a number of change ideas implemented, we had not seen a sustained reduction in turnover. The Committee noted the revised report – including WTE in post, by specialty, to give the scale of the leavers in context, hotspots clearly identified and trends with regards reason for leaving. It was noted that there had been a focus on understanding which leavers are avoidable, and identified a concerning trend in relation to: - Overseas nurses, who are joining as HCAs and expected to study for IELTS, are leaving the Trust before completion (we have therefore stopped offering this route to joining)	

	<ul style="list-style-type: none"> - Staff being recruited for whom work /working arrangements may not suit <p>It was noted that early intervention is taking place with Matrons meeting with new starters soon after they start work, but that is not yet making a difference. The need to support leaders and managers was acknowledged, and there are specific issues in some departments being investigated that may be indicative of cliques. It was agreed to carry out a mapping / analysis of the organisation by culture / ethnicity /nationality and for us to use this intelligence as part of developing our WRES actions.</p> <p>In NED walkabouts it was noted that feedback from staff had raised the issue of shift patterns.</p>	
5.	<p>Being a Great Place to Work – how do we differentiate ourselves?</p> <p>LMcK presented slides for discussion.</p> <p>SR confirmed that the new build is looking at the opportunity for enhanced gym, social and shopping facilities and this is part of the longer term strategic decisions. The opportunity now is about short term projects that can be completed in the next financial year. This will be debated at TEC and then decision made.</p> <p>Some suggestions were added by the group including:</p> <ul style="list-style-type: none"> - extended nursery hours - gym and environment that provide a social space, family orientated - Supermarket (SM confirmed that shops will be in the new build, and restaurant, at the front of the hospital on St Peter's site) - Reduce parking costs <p>It was suggested schemes should include a business case setting out the return on investment, which could be improved recruitment / retention.</p> <p>Action: LMcK to further discuss with Exec colleagues</p>	
6.	<p>Workforce Report and Safer staffing Report</p> <p>Overarching concern that current recruitment plans will not fill the gaps, there was a discussion and it was felt that we do not have a clear view of this.</p> <ul style="list-style-type: none"> - There was a feeling that the medical rostering system may help with identifying the staffing requirements although DF noted that this will be a solution, but will take some time to implement. CS confirmed that Skills for Health will also support us in implementing the system. - AF attended an NHSI Workforce event where they looked at agencies supporting recruitment / IELTS before people come to Britain. - NH highlighted the issues around resourcing and the investment we need to make as a Trust to build our resourcing support – this could be a temporary solution, but a worthwhile one which would receive a positive response from board members. <p>Balance Scorecard – Colleen highlighted that in January the sickness increased and this reflected a similar pattern last year, in that sickness increased in January and then fell for the remaining part of the year. The group reflected that it would be useful to review areas of sickness, as some areas were showing higher levels of sickness than others.</p>	CS
7.	<p>Gender Pay Gap Reporting</p> <p>LMcK presented the Gender Pay Report; the first produced by the Trust under the new requirements to publish an annual report.</p> <p>NH advised publishing a press release and having the full detailed document for internal use. LMcK/SR have been working on the press release and will consider NH's suggestion.</p>	

	<p>SR noted that we have addressed some of the pay issues, eg same pay across the divisional triumvirates.</p> <p>SR noted that the challenge is to enable women to progress their careers, who have tended to pick up the childcare responsibilities, and support men who are picking up the caring duties.</p> <p>DF noted there is a cultural challenge working at night.</p>	
8.	<p>Horizon Scanning</p> <p>It was noted that above discussion included horizon scanning</p>	
9.	<p>Dates of Meetings in 2018</p> <p>Wednesday 23rd May 2018, 3 – 5pm, Room 2 Chertsey House</p>	

