PEOPLE SUB-COMMITTEE

Minutes of Meeting

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

PART I

Attending

Mike Baxter (MB)	Non-Executive Director (Chair)
Neil Hayward (NH)	Non-Executive Director
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, Corporate Services
Sal Maughan (SM)	Associate Director of Corporate Affairs and Governance
Lucy Purdy (LP)	Joint Assistant Director of HR, Business Partnering, Diversity & Inclusion
Colleen Sherlock (CS)	Assistant Director of HR, Corporate Services

1.	**Welcome, Introductions & Apologies**	
	Apologies were received from David Fluck, Medical Director, Tom Smerdon, Director of Operations Planned Care, James Thomas, Director of Operations – Unplanned Care	
2.	**Minutes of Last Meeting**	
	The minutes were agreed.	
3.	**Matters Arising (Action Log- Part 1)**	
	There were two matters arising:	
	26/07/18 7 Review Diversity action plan to ensure actions are shared.	
	LMcK/PB/SR are in the process of updating the schedule of actions and discussing a governance structure for inclusion and diversity to ensure the actions are not only within the domain of the workforce directorate.	
	26/09/18 4 Update on the evaluation process of the ward manager leadership programme to be sent to HMcC.	
	HMcC has received the update. She noted that it is also possible to do a more quantitative assessment of change.	
4.	**Discussion item: Risk and Assurance**	
	MB explained that the Board has asked each sub-committee to identify, understand, measure and mitigate or address the risks held by the sub-committee against the new Trust strategy.	
	The three risks on the Board Assurance Framework are currently	
	- Workforce aligned to acuity and demand	
	- Recruitment and retention	
	- Valued and motivated workforce	
	SR noted that the intention is for each committee to define the risk of delivering the strategic objective that the committee oversees and identify the risks, risk tolerance and mitigation. The board will come together to review the responses from all of the committees.	

There was discussion about the opportunity created by

- New development and infrastructure on the St Peter's site, eg housing, childcare, transport to promote ASPH as a great place to work.

- Understanding culture eg crowd sourcing by Clever Together showed there are staff in the organisation who were supporters and felt valued, and others who do feel not valued. The data from the Clever Together exercise showed that we should spend more time trying to influence colleagues in the personas where we can make the biggest impact – taking an 80/20 approach.

Personas	ASPH %	Other KSS respondents
Enthusiasts	43.5%	31%
Critical Friend	4.8%	6.1%
Potential Enthusiasts	22%	23.5%
Silent Centre	15.5%	17.7%
Sceptics	7.0%	10.8%
The disenchanted	3.0%	3.1%
Flight risks	4.2%	7.7%

MB agreed to write up the preliminary thinking and set aside some time for the group to find some space for the discussion.

MB

5.

Equality, Diversity & Inclusion

LMcK presented an update on the Trust's Approach to violence reduction and noted that there is new legislation: Assault on Emergency Workers (Offences) Act 2018 that covers all NHS workers not just those on the front line.

The themes of violence and aggression towards staff are consistent – assault in the ward areas, from patients with age related dementia, mental illness, or alcohol related.

It was noted that only 62% in staff survey say they are reporting it and that areas with high levels of reported violence and aggression may be the areas that are reporting well.

LMcK updated on her walkabouts with Steve Hill, Health & Safety Manager, where they visit the department and talk to staff who have reported violence and aggression. A conflict resolution programme for teams was put in place last year, aimed at enabling teams to be able to support each other. They are also visiting wards where they know there are incidents or issues and reporting is not high.

It is intended to pilot using body cameras, to capture when an incident is happening. Other NHS organisations and the police report that switching on the camera can defuse situation and gives a recording of an incident. It was suggested that the body cam could support learning from incidents, consents, chaperoning and not just provide a recording.

HMcC asked about a local security management system for the hospital sites and if staff are encouraged to report issues to the police. SR noted that she has had discussions with police commissioner regarding policing on site.

LMcK noted that the new Act will be publicised to staff and it was included in SR's message.

6.

Workforce Report and Safer staffing Report

The highlights were:

Medical workforce update:

- for the medical workforce, vacancies are around 10%. The number of bank shifts filled in October was the highest month since implementing the local bank with Locum's

	Nest and 86% of vacant shifts had been put out for bank fill. The Scrutiny Group have been carrying out a deep dive into high spend in particular specialties.	
	• It was noted the medical school places have been increased and a national strategy on medical recruitment is expected, it is likely to be a traditional approach to recruit more of the same.	
	Recruitment & Retention update:	
	• An assessment of each recruitment source and campaign has been made to provide assurance on the reliability of the figures and the risk of not achieving the forecast. This takes into account the staff already into post, the numbers of candidates offered posts and working towards a start date alongside campaigns at planning stage. Overall the current assessment provides a confidence rating of 71% to achieve the target of recruiting 400 by next September 2019.	CS
	• It was requested for separate figures to be shown for Band 5 nurses and midwives.	
	Safer Staffing Report	
	• ST noted that staffing is very tight. It was noted that the final columns are fill rates against establishment,	
	• Planning for winter is well underway.	
7.	**Horizon Scanning**	
	• SR noted the development of a Surrey virtual health and care college to support undergraduate training in nursing, midwifery, social work and therapies, and (should this be a topic for future agenda utilisation of apprenticeship levy)	
	• DF noted that the social care spending review 2019 has not yet been published. It was noted that Surrey County Council are in consultation on how to take out additional cost this financial year. He noted that this was at a significant scale, and this may impact on children's centres, public transport, rubbish collections, management of care homes / domiciliary care.	
	• HMcC updated on a new Chair of HEE.	
	• SR noted empowerment of patients / co-dependency, and a need to find ways to empower and enable patients. She noted three priorities for next year - transformation of outpatients, the opportunity that the workforce presents, and the opportunity to empower patients, eg Wigan deal between HSCC and citizens.	
	• HMcC noted patients with physical and mental health conditions, eg in outpatients and it may be worth considering a psycho-social model as introduced in iMSK.	
	• NHSI support for e-rostering and e-job planning systems has been launched	
	It was agreed that the executives would consider if any items should come back for further discussion.	
8.	**Dates of Meetings in 2018**	
	Next meeting Wednesday 30th January 2019, 2-4pm, Room 3 Chertsey House	
	CS to circulate dates for 2019	CS
	Sal Maughan has set up a board calendar and will check that NEDs have access	SM