

PEOPLE COMMITTEE

Wednesday 24th July 2019

PART I

Attending

Mike Baxter (MB)	Non-Executive Director (Chair)
Louise McKenzie (LMcK)	Director of Workforce Transformation
Suzanne Rankin (SR)	Chief Executive
Tom Smerdon (TS)	Director of Strategy & Sustainability
James Thomas (JT)	Chief Operating Officer

In attendance

Matthew Barker (MBk)	Deputy Chief Nurse – Workforce
Andy Field (AF)	Trust Chair
Pami Bains (PB)	Joint Assistant Director of HR, Business Partnering, Diversity & Inclusion
Colleen Sherlock (CS)	Assistant Director of HR, Corporate Services

1.	<p>Welcome, Introductions & Apologies</p> <p>Apologies were received from David Fluck, Sue Tranka, Neil Hayward, Hilary McCallion</p>	
2.	<p>Minutes of Last Meeting</p> <p>The minutes had been approved virtually prior to the meeting by the Chair. There was one amendment that it had been agreed that the BAF should be reviewed at the beginning and end of each meeting. The agenda for future meetings to include the review of the BAF at the beginning and end of the meeting.</p>	CS
3.	<p>Matters Arising (Action Log)</p> <p>24/05/19 – 4 – BAF</p> <p>Although this item was not due for discussion until the September meeting, it was noted and agreed to review the risks in the BAF and ensure they are appropriately worded for review at the next meeting.</p> <p>24/05/19 – 5 – Guardian of Safe Working report</p> <p>It was noted that there were a high number of unfilled locum shifts in Medicine which are contributing to high levels of exception reports, and review options in relation to TOIL/payment. It was agreed to refer this issue to the Medical Workforce Strategy and Pay Scrutiny Group for review.</p>	LMcK DF/CS
4.	<p>Annual Equality, Diversity and Inclusion report</p> <p>LMcK and PB presented the annual report noting that the WRES data from 2017/18 had previously been discussed at the March committee. It was noted that the current report, based on 2018/19 data, shows progress in some key areas, for example the ratio of BME to White staff going through a disciplinary procedure is disproportionate in our previous report – but that this year's data was showing an improving trend.</p> <p>It was noted that definitions such as BME categories are set nationally not by ASPH. MB noted that there are only two data points from the last report and current report which makes it difficult to confirm a trend; however the report identifies the issues clearly.</p> <p>It was noted that NHS Employers have introduced an analytical tool, which enables</p>	

	<p>organisations to compare the diversity of the community with the workforce. The annual report also referenced key policies and strategies, and was reflective on the learning from two recent national employee relations cases (Abdulla and Bawa-Garba).</p> <p>The committee was informed of the progress made by PB and a small task and finish group in looking at how we <i>Improve our People Practices</i>. It was noted that a final report and recommendations will be presented to TEC in September and, subject to approval, will be presented to People Committee for assurance thereafter.</p> <p>MB queried whether we should separate overseas recruits from the data, so we can understand the impact of our recruitment strategies on the diversity of the workforce. It was agreed that we would investigate if the data could be presented differently in future reports.</p> <p>It was noted that disability data shows under-reporting on ESR in comparison to the proportion of staff who designate that they have a disability when completing the annual staff survey.</p> <p>The committee discussed the possible reasons why this may be the case and considered that a data validation exercise via ESR would be a valuable assurance activity for us to complete at a future stage. It was noted that the feedback given in the staff survey had prompted positive action in relation to management training around reasonable adjustments and that we should use this example to encourage more people to declare their disability status.</p> <p>Sexual orientation data showed low numbers of staff declaring. The committee felt that this reinforced a need for the Trust to ensure that it is an inclusive organisation. MBk noted that the Trust is early in its development to create an inclusive representative organisation with regards to sexual orientation. LMckK referenced the Rainbow badge project. It was agreed that a presentation on definitions of sexual orientation and gender will be included at a future meeting.</p> <p>It was noted that we are working with our new web designer to convert the detailed data into a series of infographics to make this data more accessible. It was noted that the DES and WRES have to be approved by Trust Board, but the People Committee has delegated authority to review, discuss and approve the annual report and delivery of actions.</p>	PB
5.	<p>Pensions Risk Assessment</p> <p>LMckK presented a briefing paper and described the information emerging on tax implications, Lifetime allowance, and annual growth allowance. This is impacting particularly on high earners such as consultants who may be reluctant to carry out additional work. The Trust had been asked to respond to an NHSI return the previous week on the impact on operational services by the tax implications. It was noted that the Trust's response was that the operational impact had been mitigated by planning workloads and trying to avoid a reliance on extra sessions.</p> <p>It was noted that the issues can impact on other senior staff as well as doctors. The Trust is monitoring the current case law being tested through the judgement made in the case of judges, firefighters. The Trust is engaging with staff – offering access to our Pensions Manager, through direct targeting of high earners and broader publicity campaigns. The BMA were granted permission for financial advisors Chase de Vere to make a presentation to consultants and senior managers.</p> <p>The committee agreed that the risk assessment has been completed and they were reassured that they understand the operational impact, the financial risk and the impact on people and how the Trust is advising and supporting staff.</p>	
6.	<p>Workforce Report</p> <p>The committee discussed the sequencing and content of the respective workforce</p>	

	<p>reports which are received by Modern Healthcare and People Committees. It was proposed that the full detailed report should be reviewed at People Committee and then a subset of the report, focusing on the financial implications of workforce issues, would be presented to the subsequent Modern Healthcare Committee. The People Committee would be able to give assurance of examination of issues and mitigation in detail. This proposal was due to be discussed with the wider board membership.</p> <p>From the report, the following points were noted and discussed:</p> <ul style="list-style-type: none"> - Accommodation is becoming a pressure point as the housing stock provided by the Trust's three housing providers is nearly fully occupied. External sources are being explored to source additional capacity; - The feedback from exit interviews is analysed and reviewed with divisions; - A transformational approach to workforce redesign is being built by enabling people to access career paths and development opportunities. It was noted that this will need to engage senior staff to support and enable this approach, and that will be led through a joint Medical, Nursing, Midwifery and Allied Health Professionals Strategy and Scrutiny group; - Recruitment, retention and on boarding were discussed in terms of assessing the impact of the strategic approach, upscaled recruitment numbers and onboarding which will be updated in the next report. 	
7.	<p>Annual People Committee report</p> <p>The committee noted the annual report provided a fair and complete summary of the previous year and approved it to be presented to Board.</p> <p>It was noted that the BAF will be reviewed at the start and end of future meetings and this will enable closer alignment to the BAF in the next annual report.</p>	LMcK
8.	<p>BAF reflection and adjustment</p> <p>It was agreed that the BAF would be included with the papers for each meeting.</p> <p>The Committee considered the risk ratings in the BAF and amended the scoring to reflect the assurance provided in the meeting as follows:</p> <p>4.1 Safe & Sustainable Workforce –the committee was assured that work is taking place to address issues and agreed to reduce likelihood to 3 which gives a current rating of 9</p> <p>4.2 Keeping And Attracting – the committee agreed to maintain the same level</p> <p>4.3 Engagement, Support And Development – the committee agreed to maintain the same level</p>	CS
9.	<p>Any Other Business & Contingency Time</p> <p>MB has been asked to act as Chair of Quality Performance Committee and will continue to attend the People Committee as a member. Marcine Waterman will act as temporary chair of people committee until further arrangements are in place</p> <p><i>Post script note: It was noted that although this minute accurately reflected the conversation regarding MW taking on the People Cttee Chair temporarily, this was in fact incorrect as MW had agreed to take on People Cttee Chair on a permanent basis.</i></p>	
10.	<p>Dates of Next Meetings</p> <p>25th September 2019 1400-1600</p> <p>27th November 2019 1400-1600 subject to any agreed change</p>	

