

PEOPLE COMMITTEE

Wednesday 25th September 2019

PART I

Attending

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)	Chief Operating Officer (from Item 10 onwards)
Marcine Waterman (MW)	Non-Executive Director (Chair)

In attendance

Pami Bains (PB)	Joint Assistant Director of HR, Business Partnering, Diversity & Inclusion
Matthew Barker (MBk)	Deputy Chief Nurse – Workforce
Kate Clarke (KC)	Head of Medical Workforce
Andy Field (AF)	Chair
Pardeep Gill (PG)	Guardian of Safe Working
Yvonne Obuaya (YO)	Associate Non-Executive Director
Colleen Sherlock (CS)	Assistant Director of HR, Corporate Services

1.	Welcome, Introductions & Apologies Apologies were received from Mike Baxter, Sue Tranka, Tom Smerdon. MW welcomed YO to the meeting and noted that during her attachment with the Trust, YO would be attending the People Committee.	
2.	Minutes of Last Meeting It was noted that AF should be recorded as in attendance, and not as a member of the sub-committee. It was also noted that although the minutes 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. The minutes were agreed with this amendment and this post script note.	CS
3.	Matters Arising (Action Log) 24/05/19 – 4 – BAF LMcK had reviewed the wording for the BAF for discussion in the meeting. The committee noted the expectation to review the People aspects of the BAF at start of each meeting and review the risks and how they were being mitigated at the end of the meeting.	
4.	BAF Opening Review The committee noted the BAF, which was last updated in May 2019, and LMcK reminded the committee of the three risks. The purpose of review at this stage of the meeting is to ensure that the BAF is actively reviewed and updated in sub-committee. The committee carried out the opening review of BAF, and agreed that the three risks represented the critical risks for workforce. However the committee did not see evidence for the scoring and noted this may be assessed in the meeting, against KPI or evidence presented. It was agreed that this would be updated for the next committee.	LMcK
5.	Terms of Reference The People Committee Terms of Reference were reviewed and the following changes proposed:	

	<ul style="list-style-type: none"> • Quorum would require at least two NEDs; • Staff governor ‘to be invited/ in attendance’ as opposed to a member of the committee; • Attendees should include Head of Medical Workforce (if there is a significant volume of medical workforce issues to be discussed) and Deputy Chief Nurse – Workforce <p>Standing committees – it was noted that most of the meetings with a reporting line to the People committee were in reality a reporting committee into TEC. It was agreed they should report to TEC for operational issues, and that matters of significant strategic importance should be reported to People Committee, via the Workforce report, unless there is a requirement for a separate report. It was noted that some meetings should be submitting minutes to TEC eg EPF minutes.</p> <p>It was noted that appropriate amendments have been made to the TOR and approved by the People Committee, and the committee was assured. The ToR will be submitted to Board for approval in October with the minutes of the meeting.</p>	LMcK
6.	<p>Workforce report</p> <p>The committee received the Workforce report with information to August 2019, including data and commentary on Nursing & Midwifery Safer Staffing Levels.</p> <p>The report also included information on the refreshed 2019/20 Nursing & Midwifery Recruitment plan. It was noted that the report shows recruits to March 2020 and it was requested to show the numbers in the pipeline to join in 2020/21.</p> <p>The committee discussed the costs and effectiveness of overseas recruitment, noting that UK recruitment is not sufficient to meet demand, and that the Trust is also having to recruit overseas for medical staff.</p> <p>MBk noted that feedback from staff had been that there was insufficient CPD, training gets cancelled, and not enough career development opportunities. He has focused on improving that over the last six months, and demonstrating to staff that we are doing it.</p> <p>MBk updated on the Safe Staffing report – highlighting the majority of green safe staffing levels, noting an outlier in midwifery, and the positive indicators around harms, both of which indicate that although there continue to be significant vacancies, clinical areas are managing the risk and ensuring safe patient care.</p> <p>AF raised issues of University of Surrey (UoS) have apparently over-recruited midwives and paediatric nurses. It was noted that ASPH has had difficulty retaining UoS students as we are in an expensive place to live, and that we should be influencing the courses to match our requirements and to recruit from Surrey.</p> <p>AF noted the low number of staff who have applied for resettlement status. It was noted that the Trust has been active in its support to EU staff. It was agreed to continue monitoring the figures.</p> <p>NH noted that he would expect to see triangulation between departmental forecast for staffing and spend at year end, adjusted by HR for recruitment activity with a likelihood or concern rating. SR noted that the Modern Healthcare committee have asked for the finance and workforce forecasts to be triangulated. It was noted that the detailed, operational plans are discussed at Nursing & Midwifery and Medical & AHP Scrutiny and strategy groups.</p> <p>MW noted that the additional data has been included as requested, and asked for review of the higher sickness levels for Additional Clinical Services.</p> <p>The committee took assurance the report, the additional information and discussion on issues of concern.</p>	<p>CS / MBk</p> <p>PB</p> <p>PB/CS</p>
7.	<p>Culture Audit</p> <p>LMcK introduced the report, stating that the culture audit had been something that she had agreed would be on the 2019/20 internal auditor plan. The purpose of the audit was to determine how successful the Trust has been at deploying the 2018 organisational strategy and to understand whether there were elements of the culture development that</p>	

	<p>would benefit from additional focus.</p> <p>It was noted that the internal auditor's, BDO, have a model for assessing organisational culture. The committee was pleased to see that the findings were all positive and rated with 'proactive', 'mature' or 'continual improvement'. The recommendations and an action plan will be presented to the audit committee in October. LM had noted that the finding of a lack of personal touch came as a surprise. The audit was carried out quite quickly and mainly a desk top exercise and it may be that holding focus groups may have given more depth to the audit.</p>	
<p>8.</p>	<p>Improving our People Practices report</p> <p>The committee received the report. The background for this review has been discussed at People Committee previously. The recommendations have been accepted at TEC, and the report is being presented to the committee for assurance and to confirm that the committee feels able to fulfil its board scrutiny role against the current employee relations report.</p> <p>PB described the drivers behind the review and consultation with a multi-professional group of staff and managers. The report includes a number of recommendations including that investigators have time to conduct an investigation along with the skills and capability to be competent, objective and independent. The report also acknowledges the unconscious bias in the processes and recommends how to ensure processes are fairly carried out and with independent oversight from senior management. The next steps are for the group to reconvene to look at implementation.</p> <p>LMcK noted that the length of time to complete a process is a concern but also capacity due to the complexity of some issues, and in some cases we have brought in external resource to maintain pace. LMcK would like to adopt some of the good practice from the medical processes (MHPS).</p> <p>It was noted that the practical issues include not having dedicated case investigators who can be freed up from their day jobs, and getting witnesses released.</p> <p>PB noted that we are also ensuring that staff, going through the process, have more support, and there is regular communication about what is happening and are not left in isolation.</p> <p>The meeting discussed the value of an outsourced model and whether Trust values through the investigation can be maintained with an external team. DF also noted that the Trust aims to restrict staff from a specific aspect of their role as far as necessary rather than full suspension.</p> <p>The committee was assured by the report and the next phase of the plan and was assured that the Part 2 ER report would provide sufficient assurance, with changes to be made in line with the timeframe, and the committee to be updated on progress.</p> <p>It was agreed to share and communicate this with staff, and expectations of what might happen because of the process (fairness, equity, keep connected to the team).</p>	
<p>9.</p>	<p>Medical appraisal</p> <p>DF presented the medical appraisal report to the committee and noted the positive aspects: appraisal rates are high, and the Trust benchmarks well compared to the rest of the country. Further improvement is needed with agency worker compliance and action is being followed up on this. It was noted that the report has to follow a specified format.</p> <p>LMcK noted that the document has to be signed off by CEO or Chair. The committee approved the report on behalf of the Board.</p>	
<p>10.</p>	<p>Clinical Excellence Awards</p> <p>KC presented the report; this is a new style report that has to be followed. This is the first year of a three year interim scheme, while the CEA scheme is reviewed and negotiated. One of the changes already made is that the CEA is awarded for three years and not for the rest of a career.</p>	

	<p>The review of protected characteristics was requested by the People Committee.</p> <ul style="list-style-type: none"> - The review has found that there is no bias indicated towards females. It was noted that applications were a little lower than usual, which may be an impact of the pension growth tax risks. - In terms of ethnicity, BME to White applicants were in the same proportion as staff in post, although a slightly lower proportion of BME applicants were successful, so it was agreed that we would keep a review of this indicator. - Full-time or part-time status did not appear to have any impact on success of gaining an award. The analysis will be reviewed in the EDI group. <p>The report has to be published on the Trust website this year along with the names of successful recipients.</p> <p>The committee noted that the distribution of CEAs was one of the factors which led to a gender pay gap, and that this would take some time to readdress. It was agreed that the report provided assurance that the Trust was running a fair, unbiased scheme.</p>	
11.	<p>Guardian of Safe Working</p> <p>Dr Pardeep Gill, Guardian of Safe Working, attended to present the report. The report covered April – June 2019 and PG noted the quarter had been positive overall with improvements seen in some areas.</p> <p>PG noted that there are a number of recurrent themes, including lack of senior staff at registrar or consultant level. The board had heard a staff story from a Junior doctor in AECU, who felt that staffing levels were unsafe. PG has subsequently liaised with that doctor and his feedback was that things have improved. The exception reports that PG has received indicate that things are improving.</p> <p>DF reminded the committee of PG’s role which is to ensure that the Junior Doctor contract is in place, he is independent and the role is taken very seriously. DF therefore had a concern that if safety concerns were raised during a working shift it should trigger a datix and potential investigation, however DF/PG could not find any evidence for AECU. In future they will triangulate to see if datix were received around the time of an exception report although acknowledge that datix are not always completed as some staff believe datix is not an effective mechanism to resolve issues.</p> <p>The board is required to have sight of the quarterly reports through assurance of the reports being presented to People Committee. AF suggested a run rate chart would give context and may be able to identify causes eg new intake of doctors.</p>	PG/KC
12.	<p>BAF reflection and adjustment</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 – at the July meeting the committee had considered last time that risk had reduced however it was noted that this is not borne out through data or evidence. It was requested to show the data or evidence and the net effect of vacancies, turnover, recruitment, safety issues to inform the risk ratings.</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 and this is supported by the cultural audit.</p>	CS
13.	<p>Date of Next Meeting</p> <p>It was noted that the date of the meeting was being reviewed to reflect the flow of information between committees, and diary availability. Date of next meeting in November to be confirmed but likely to be Friday 22nd November 1030-1230.</p>	