

PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE

**Minutes of the Meeting held on 28th November 2019
Trust Office Meeting Room, Colchester Hospital**

PRESENT: Carole Taylor-Brown, Non-Executive Director (*Chair*)
Richard Spencer, Non-Executive Director
Richard Youngs, Non-Executive Director
Shane Gordon, Director of Strategy, Research and Innovation

IN ATTENDANCE: Clare Conaghan, Director of People and Organisational Development
Director
Crawford Jamieson, Site Medical Director
Leigh Howlett, Deputy Director HR
Siobhan Kranjanaslip, Business Manager of Voluntary Services
Clare Harper (Minutes)

OBSERVING: Donna Booton, Staff Governor

APOLOGIES: Catherine Morgan, Chief Nurse
Rebecca Driver, Director of Communications
Neil Moloney, Managing Director
Crawford Jamieson, Site Medical Director, Ipswich
Elizabeth Smith, Public Governor

ITEM		ACTION
90/19	<p>SHOWCASE</p> <ol style="list-style-type: none"> 1. Siobhan Kranjanaslip, Business Manager of Voluntary Services was welcomed to the Committee and presented an overview of ESNEFT Volunteer Services advising that that over 750 volunteers are in place across the sites at present, with the expectation to increase by a further 70-100 by this time next year. 2. A number of exciting schemes and initiatives were presented including the Butterfly Project, League of Friends, and Cancer Wellbeing Centre and plans to introduce younger volunteers via the NHS cadet project particularly as it was noted that many of the volunteers are long service volunteers and we have an ageing profile. <p><u>Comments/questions</u></p> <ol style="list-style-type: none"> 3. With regard to the NHS Cadet Project, the Director of Strategy, Research and Innovation commented that there may be an opportunity to link into the apprenticeship or medical training schemes. He also asked whether forward planning was considered for peak/seasonal periods. SK advised that they were hoping to lower the age of volunteers to 17 for medical areas and 16 for other areas. She also confirmed that peak and seasonal periods were very much considered when planning support. 4. CTB asked what collaboration or support was there from other employers in the sector. SK advised that support was taking off at huge pace with day/week 	

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	<p>volunteering and businesses were keen to support both from a manpower and financial capacity.</p> <p>5. It was agreed that Quarterly reports on developments, performance and impact would be built into the Committee planner for oversight on progress and further support where needed.</p>	SK
91/19	<p>APOLOGIES FOR ABSENCE</p> <p>6. Apologies were noted as above.</p>	
92/19	<p>DECLARATION OF INTEREST</p> <p>7. None received.</p>	
93/19	<p>MINUTES OF THE LAST MEETING</p> <p>8. The minutes of the meeting held on 31st October 2019 were approved as a true record of the meeting, with the following rewording for action update 21/19:</p> <p style="padding-left: 40px;"><i><u>21/19 – Development of an Integrated Education Strategy</u> – RS requested further understanding of the soft skill perspective of the strategy and sought clarification on the scope of the integrated education strategy and whether this was purely relating to clinical education, other forms of education (e.g. finance skills), and whether it incorporated or linked to the development of wider leadership and team skills.</i></p> <p>9. The minutes would be amended accordingly.</p>	
94/19	<p>ACTION CHART AND MATTERS ARISING</p> <p>10. The Committee reviewed the Action Chart, noting:</p> <ul style="list-style-type: none"> • 72/19 – Speaking up Safely – Discuss FTSU Assistant posts with EMC – Good discussion held at EMC where the importance of the diversity for these assistants was acknowledged. The group meetings will commence in January 2020. • 71/19 - CKIs from sub committees – Agreed this should be Amber and a realistic deadline given. Noted that once the Committee agrees the strategy, governance outside of this meeting needed to be determined and amended in the Committee Terms of Reference. • 57/19 - Talk to Sophie’ initiative – RAG needs to be red. Actively supported by medical staffing team, monthly meeting in surgery to bring up any issues. Committee happy that sufficient support provided and action can be closed. <p>11. Action tracker would be updated and any blue actions would be removed from the tracker.</p> <p>Matters Arising</p> <p><u>Apprenticeship Levy</u></p> <p>12. The Committee received a verbal update by the Deputy Director of HR following a request from the Finance and Performance Committee to review Apprenticeship Levy spend and activity to support this to deliver organisational</p>	

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	<p>needs. It was noted that the Trust had given back £38.5k of the levy which was 5% of the overall turnover. The Trust has now established a full team to support the spend of levy and the embedding of apprenticeships.</p> <p>13. It was also noted that there was a discrepancy in the figures and money not being tracked appropriately. This was due to funding being based on consultant WTE however much of the work had been covered via extra activity which skewed the numbers.</p> <p>14. The Committee was satisfied with the update provided and welcomed a more detailed report to be presented and considered at the January 2020 meeting on the future arrangements.</p> <p>15. This action had highlighted an issue with regard to the current process around escalating issues or actions from one committee to another in a timely manner and the need for NED members of Committees to cross reference discussions and actions.</p> <p><u>Oversight on Hard to Recruit Posts and Agency Spend</u></p> <p>16. LH advised that significant activity was already in place for hard to fill posts and of some further focused actions being planned in conjunction with directorates around innovative approaches to recruitment to secure further improvements. She added that there had been good engagement from directorates.</p> <p><u>Comments/questions</u></p> <p>17. RS commented that this was encouraging news given that partial assurance had been received at Audit Committee with regard to Agency Spend.</p>	<p>LH</p> <p>NEDs</p>
95/19	<p>CKI – BOARD FEEDBACK</p> <p>18. The Committee received and noted feedback from the Trust Board at its meeting held on 7th November 2019</p>	
96/19	<p>HR UPDATE</p> <p>19. The Director of People and OD gave an update to the Committee on the following hot topics:</p> <ul style="list-style-type: none"> • A meeting with colleagues from Unison had taken place where the Trust signed a pledge for better clinical placements. • The new national position on pensions, which is still being finalised as regard to the detail. • Noted that the WRES meeting with NSHI was taking place on 9th December 1.30pm DSR to agree an action plan. A pre-meeting had been arranged after Trust Board to discuss key themes and agree an Executive to champion and drive this forward with oversight from a NED. Action: CC to resend meeting invitation to POD NEDs. <p><u>Comments/Questions</u></p> <p>20. Director of Strategy, Research and Innovation commented that there were two</p>	<p>CC</p>

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	<p>risks associated with the pension situation, one around colleagues losing trust in the national directive, and the second relating to colleagues who have reduced their hours and have no plans to do extra activity if we require them to thus impacting on capacity.</p>	
97/19	<p>WORKFORCE ASSURANCE REPORT</p> <p>21. The Deputy Director of HR presented the Workforce Assurance Report and advised that she had an initial meeting with the NHS Professionals Chief Liaison Officer who was keen to keep track of any underlying issues and more complex cases would be discussed at a further meeting on Monday to determine a clear ownership of issues.</p> <p>22. It was also noted that:</p> <ul style="list-style-type: none"> • significant work was underway to support a data cleanse as it had become evident that there is a dissonance between actual vacancies and recording some of which is attributable to ear marked funding for particular initiatives. This work is taking place currently between Finance and HR and has identified a number of opportunities to clarify “true” vacancies and to tidy up historic anomalies. Through this exercise the Committee noted a reduction of reported consultant vacancies from 87 to 61. • Sickness absence had risen in every division and now sits at 4.1%, 0.6% above the Trust target with 3320 members of staff having had a period of sickness between August and October 2019 at a cost of £2.2m. The primary reason remained stress, anxiety and depression however a significant increase in coughs, colds and flu (up from 181 to 501 episodes in the reporting period) had impacted on the overall percentage. Improved data flows now enable greater management of sickness by identifying trends and hot spots. • Overall positive incremental progress was being made across the KPIs, specific mention was made of the notable improvement and achievement of medical appraisals at 95% - the team are now working with directorates to achieve similar improvements as regards required in achieving on job planning. <p><u>Comments/Questions</u></p> <p>23. The Site Medical Director commented on the huge achievement relating to appraisal compliance given that the new appraisal process had commenced and noted the amount of support provided to divisions.</p> <p>24. RY commented on the limited assurance noted at this week’s Audit Committee relating to Flu vaccination compliance figures. It was noted that although flu vaccinations were offered to all staff only patient facing staff can be included in reported figures.</p> <p>25. The Site Medical Director commented with regard to the pension situation that if most NHS Trusts were dependent on consultants providing extra hours it could be argued this is reflected in funding as 51% consultant vacancy rate needed to be built in next year. The Director of People and OD added that a multi-disciplinary approach was needed and she was in discussion with Divisional Directors with regard to how these vacancies could be filled and they</p>	

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	<p>were actively engaging with HR to identify roles that we absolutely can fill and focus on those, and working separately on the others that will take a long time to resolve.</p> <p>26. RS commented that he was really pleased with the progress points in the dashboard which were heading in right direction. He asked how mental health was being reported in the Wellbeing section. The Deputy Director of HR advised that this information was being triangulated in leadership events and ensuring we support staff during their sickness absence and their return to work.</p> <p>27. The Chair asked whether the issue with mandatory training had been resolved. Deputy Director of HR advised that at the time of the merger there had been 2 different provisions of mandatory training and it was acknowledged that the current provision did not fit the bill therefore she was working with the medical and training team to explore mandatory training tailored to individual's roles which can be taken with them when moving from Trust to Trust. She added that they were looking at the OLM system as a possible solution to provide live data rather than the current provision however it was noted that some OLM training was better than others therefore it would be an evaluation of the training was required. She emphasised the importance of starting these conversations with divisions now given that the new pay progression and appraisal process would be commencing from April next year. The Committee requested a review of the current allocations to be assured that the current levels, particularly for non-clinical staff, were appropriate to the competencies of the roles. An update would be provided in the New Year.</p> <p>28. The Chair commented that there was a lot of funding and activity relating to Suffolk Mind and asked what the return was. Deputy Director of HR advised that the Flu campaign had appeared to have plateaued despite peer vaccinators actively doing the rounds. Staff survey responses had ramped up which may have distracted messages around flu vaccinations. It was suggested that a message around 'making a change' in flu figures by receiving the flu vaccination may be required together with further vaccination clinics.</p> <p>29. It was noted that more focus was required on scientific therapeutic vacancy figures, some of which was due to changes in service with regard to NEESP.</p> <p>30. The Committee noted the report and commented on the improvements to date.</p>	LH
98/19	<p>WORKFORCE RISKS</p> <p>31. The Deputy Director of HR provided an overview of the three workforce risks currently on the Corporate Risk Register which upon review of these by the HR management team it was agreed that these needed to be closed and new risks identified based on feedback from the business and POD. These will need to be considered alongside the people priorities to ensure there is a correlation between the two. The proposed new risk themes are:</p> <ul style="list-style-type: none"> • Lack of a robust workforce strategy • Inconsistent engagement with staff • Failure to embed the values and leadership behaviours • Failure to attract, recruit and retain sufficient clinical staff • Failure to conclude the merger workforce objectives of single terms and conditions and policies 	

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	<ul style="list-style-type: none"> • Resistance to moving away from traditional job roles and towards new skills mix • The EU Brexit impact • The national pension changes. <p><u>Comments/questions</u></p> <p>32. RS commented that overall he liked the approach for a broader and more strategic set of risks. He asked whether there was a need for something around staff wellbeing/mental health, and queried the explanation around effect on Risk 5 as it wasn't clear why this was such an important risk. The Deputy Director of HR advised that the intention was to expand controls around retention rather than wellbeing.</p> <p>33. RY advised that the Audit Committee had received a briefing from the internal audit team on strategic risks which would be discussed further at the next Board Seminar. He added that the Committee had felt that 17 strategic risks on the Board Assurance Framework (BAF) was too many and recommended these were reduced to 5 or 6 operational risks of which this workforce risks would come under and go to the relevant committee for oversight. He also added that there was no consistency with regard to the impact and they appeared to link into other risks further down the list and it was agreed that some could be grouped together.</p> <p>34. The Chair commented that there are risks in the BAF that are not including in this report. It was noted that all risks scoring 12 and above or have a rising curve score would come to this Committee for oversight.</p> <p>35. The Committee noted this report as work in progress and needed further cross working to quantify the impact on these risk, particularly with regard to RTT backlog and the impact on productivity which coincided with the pension issue. A deep dive into risk management was taking place at Board in December and it was suggested that the Committee revisits this item in January 2020.</p>	CC/LH
99/19	<p>ORGANISATIONAL DEVELOPMENT PLAN UPDATE AND ACTION PLAN</p> <p>36. The Committee received progress on the OD action plan noting that there had been lots of activity but no correlation with the people strategy therefore further work had been undertaken with regard to activity already embedded and what we aspire to do once the people priorities are agreed.</p> <p><u>Comments/questions</u></p> <p>37. RS commented that there was a long list of things that been completed but he was not clear on the benefits. The Director of People and OD accepted that there were some amber and red categories and took on board the suggestion to list the top 5 and provide further narrative to include proposed actions and benefits.</p> <p>38. The Director of Strategy, Research and Innovation added that this was a reactive strategy which would include a lot of outcomes from the staff survey therefore we may not see the benefits for some time yet. He added that this needed to be made clear with the Board particularly around the new appraisal process which had taken a lot of resource and had only just been implemented.</p>	CC

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	<p>39. The Chair commented that implementing many elements of the strategy may be challenging with the staff survey on top of other issues. It was hoped to have a robust strategy in place by the time the staff survey results are known and that no new issues are amplified.</p> <p>40. Committee were assured with progress to date, particularly to celebrate the extraordinary work completed by the workforce department and the People Strategy would be submitted to the Board in January 2020.</p>	
100/19	<p>ESNEFT PEOPLE PLAN & PRIORITIES</p> <p>41. The Committee received an update on progress and reassurance on the approach to developing the People Strategy for ESNEFT, with particular focus on our approach to workforce shortage and skills gaps.</p> <p>42. It was noted that in order to enable development of a challenging but achievable plan, the first consideration was how the plan and approach fits within the wider system. Following a review of the ESNEFT 5 year Strategy, the NHS Interim People Plan and the SNEE ICS 5 year Strategy, there are overlapping and complementary themes which will require a coordinated approach at a local, ICS and regional level to ensure maximum impact.</p> <p>43. The Committee noted key themes/strategic drivers which had been identified and to enable delivery of these, an aligned strategy would need to be developed, ensuring we have the right sequence for delivery and the appropriate resources allocated. It was recognised within the workforce team that the current set up would not support this.</p> <p>44. An early draft of a strategy on a page was noted by the Committee, which attempts to group activity into themes, ensuring focus on key deliverables and enables a detailed annual delivery plan to be developed.</p> <p>45. The proposed timescales within the report to present the outline workforce strategy draft for Board in January 2020 were agreed by the Committee.</p> <p><u>Comments/questions</u></p> <p>46. RS commented that it was helpful to have the themes and strategic drivers set out in 3 sections. He agreed with them in principal, but required more time to look at the background behind each driver.</p> <p>47. The Site Medical Director commented that the leadership development could be perceived as only for top level leaders not band 3 or 4's and asked whether leadership development played out to the many or the few. It was accepted that the language used may need further work.</p> <p>48. The Director of Strategy, Research and Innovation commented that the Wellbeing strand and the strategic framework came across as an internal framework. The Chair supported the comment around leadership as it sounded excluding and suggested it may need to be more engaging to incorporate a joint working approach. She also suggested that environment should feature within the Wellbeing driver.</p> <p>49. It was recognised that the strategy had come a long way in last 10 months however it was still at the early stages and there was still a lot that needed to be done. The Committee suggested the inclusion of a brief explanation about how the different plans would be underpinned and which committees would provide oversight.</p> <p>50. Committee members were encouraged to provide feedback to the Director of</p>	All

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	People and OD.	
101/19	ANY OTHER BUSINESS 51. No items raised under Any Other Business.	
102/19	ITEMS FOR ESCALATION TO THE BOARD 52. The following items of escalation to the Board were agreed: <ul style="list-style-type: none"> • Pensions • Apprenticeship Levy • Staff Showcase – Voluntary Services • Oversight of Hard to Recruit Posts • People Strategy • Workforce KPIs 	
103/19	REVIEW OF COMMITTEE FORWARD PLAN 53. The Committee agreed on the following items to be added to the core forward plan: <ul style="list-style-type: none"> • Voluntary Services Quarterly Reports • People strategy – December • Workforce Risks – January 2020 54. Other items arising will be included under ad hoc issues and added to the plan under that heading, including: <ul style="list-style-type: none"> • Mandatory Training appropriate to the competencies of individual’s roles – January/February 2020 • Pensions – detailed report on activity risks – January/February 2020 • Apprenticeship Levy – detailed report on future arrangements – January 2020 	
	DATE OF NEXT MEETING Single Focus Session - Thursday 19 th December at 13.30, Castle Room, Colchester.	