

## PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE

### Minutes of the meeting held on 27 September 2018 Trust Offices Meeting Room, Colchester Hospital

**PRESENT:** Diane Leacock, Non-Executive Director (*Chair for items 1-3.2*)  
 Laurence Collins, Non-Executive Director (*Chair from Item 3.2-11*)  
 Tim Fenton, Non-Executive Director  
 Clare Edmondson, Director of Human Resources  
 Catherine Morgan, Chief Nurse  
 Neill Moloney, Managing Director  
 Shane Gordon, Director of Strategy, Research and Innovation  
 Crawford Jamieson, Site Medical Director, Ipswich  
 Dawn Scrafield, Director of Finance

**IN ATTENDANCE:** Leigh Howlett, Deputy Director OD & HR  
 Sharon Wyatt, Assistant Director for Learning and Development  
 Jo Wood, Assistant Director of Human Resources  
 Elizabeth Smith, Public Governor  
 Margaret Grant, Head of Occupational Health  
 Lizzy Firmin, OD Management Adviser  
 Clare Harper, Senior Committee Secretary (*minutes*)

**APOLOGIES:** Donna Booton, Public Governor  
 Karen Lough, Interim Director of Operations – Group  
 Alison Smith, Director of Operations Group 3  
 Alison Power, Director of Operations Group 1  
 Melissa Dowdeswell, Site Director of Nursing

<b>ITEM</b>		<b>RESPONS- IBILITY</b>
<b>19/18</b>	<b>APOLOGIES/INTRODUCTIONS</b>	
	<ol style="list-style-type: none"> <li>1. Apologies were noted as above.</li> <li>2. The Chair introduced and welcomed the following attendees:               <ul style="list-style-type: none"> <li>• Elizabeth Smith, Public Governor</li> <li>• Lizzy Firmin, OD Management Advisor</li> </ul> </li> </ol>	
<b>20/18</b>	<b>DECLARATION OF INTERESTS</b>	
	<ol style="list-style-type: none"> <li>3. None received.</li> </ol>	
<b>21/18</b>	<b>MINUTES OF THE LAST MEETING</b>	

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4. The minutes of the meeting held on 26 <sup>th</sup> July 2018 were approved as a true record of the meeting.	
<b>22/18 ACTION CHART AND MATTERS ARISING</b>	
5. The Committee reviewed the action log noting the following action update: <ul style="list-style-type: none"> <li>• <i>93/18 – Innovation - Liaise with UoS to discuss the possibility of providing a Therapy course. SG confirmed that a meeting had taken place with the New Anglia Local Enterprise Partnership (LEP) and funding may be available to invest in developing research in this area via their ‘Growing Business Fund’ which offers grants of £25,000 to £500,000 for businesses which want to grow and create new jobs. SG will follow this up which may link to the long term project work being taken forward by SG/CJ. Close action.</i></li> </ul>	SG
6. The updated action chart would be circulated with the draft minutes of this meeting.	
<b>23/18 CHAIR’S KEY ISSUES (CKI) – FEEDBACK FROM BOARD</b>	
7. The Committee noted the following referrals from other board assurance Committees: <ul style="list-style-type: none"> <li>• <i><u>Risk 1259</u>– Inconsistent medical management for patients, that may lead to poor patient experience, potential clinical harm, deterioration in outcomes, delays in patient flow and poor job satisfaction. Referred from Finance and Performance Committee. The POD Committee agreed that this action would be picked up by the Site Medical Director (Ipswich) and reported back to the Committee in November.</i></li> <li>• <i><u>Sickness Absence Management</u> – Recurring theme of allegations of working whilst off sick in fraud investigations. Referred from the Audit Committee. The Committee noted that a piece of work around staff wellbeing would be carried out and the findings would be brought back to the November meeting.</i></li> </ul>	CJ
8. The Committee asked that Part C of the CKI reports be completed after each Trust Board meeting so that these can be brought back to the committees. CM to discuss with Committee Team	LH
<b>24/18 WORKFORCE PERFORMANCE DASHBOARD</b>	CM
9. The Committee received the first (combined) ESNEFT Workforce Dashboard, it was noted that it would take some further time for all of the data to be reported in a consistent format, for example training data.	
10. It was acknowledged that further work was required around improving the exit interview process in order to capture accurate information around reasons for leaving and that the percentage of vacancies would be included going forward in order to track data.	LH

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11. Praise was given to the HR and Business Informatics teams for pulling this report together.

**25/18 PREMIUM PAY REPORT**

12. The Deputy Director of HR presented a Premium Pay Update and it was noted that many of the issues reported since go live had been resolved however there had been some teething problems relating to the service provided by NHS Professionals, therefore daily calls with the senior team and weekly meetings were being held to run through issues. A campaign was also underway to encourage more staff to join the service.
13. It was also noted that a meeting had taken place with Litmus and Novate regarding the quality of service provided so far and an agreement to simplifying the process of booking locums going forward.
14. The Director of HR advised that there had been a lot of regional work undertaken around rates of pay, and as a result the Trust had not exceeded rates to date, whilst other trusts had indicated breaches on several occasions.

Comments/questions

15. The Director of HR enquired whether data could be provided on repeat bookings of locums. It was noted that in time it would be possible to provide divisions with rich data on repeat offenders.
16. Tim Fenton queried what was being done to address overspends in non-clinical areas. The Deputy Director of HR advised that a large proportion of this overspend related to hotel services (porters, kitchen staff, etc.) and that getting some staff to register with NHS Professionals, to reduce agency spend, was proving to be challenging. She added that Reed Recruitment had been put on a 12 week notice period in order to further reduce agency spend.
17. The Director of Strategy, Research and Innovation commented on the high rate of agency spend in administration/clerical areas. It was acknowledged that divisions needed to get a grip on this long term and the Recruitment team was engaging with them regarding the correct recruitment process to reduce the need for agency staff. **Action:** Provide update at November meeting.

LH

**26/18 EXCEPTION UPDATE ON THE REVIEW OF SAFE CARE TOOL**

18. The Chief Nurse advised that the review of safe care tool and plans around safe care would be factored into the e-roster report which was scheduled for the December POD meeting. It was agreed that a 6

CH/CM

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monthly update report on Nursing/midwifery skills mix would be added to the committee planner.

**27/18 CLINICAL EDUCATION GROUP**

19. The Chief Nurse advised that the meeting of the Clinical Education Group in August had been cancelled. The Assistant Director for Learning and Development agreed to confirm future meeting dates so that this may be appropriately plotted on the Committee planner.

**SW****28/18 MEDICAL EDUCATION GROUP**

20. The Site Medical Director, Ipswich advised the committee that general surgery at Ipswich Hospital was a concern. Trainees were notified of rotas only one week in advance, instead of the recommended twelve weeks and some instances of safe working supervision were not adequate. The Trust had agreed to be a pilot site for rostering.
21. The committee was further advised that there were red flags, as not all of the consultants were engaged with the vision of the Trust, but work was in progress to transfer areas of good practice from Colchester to Ipswich. It is recognised that there is a genuine ambition within the medical community to engage and improve and achieve good outcomes, given the capital spend programmes on the horizon.

**29/18 HEALTH AND WELLBEING UPDATE**

22. The Head of Occupational Health presented the Health and Wellbeing Update advising that a flu campaign had been developed and an action plan was in place. It was noted that there may be a delay in the delivery of vaccinations on both sites. It was anticipated that the vaccinations would be received in Ipswich later in the week with a further delivery at Colchester the following week. Priority would therefore be given to staff working in high risk areas on both sites.
23. There appeared to be a glitch in the Colchester compliance data last year and a review of data collection was underway. The Committee discussed ways in which staff compliance could be shared amongst divisions to encourage uptake of the vaccination. It was acknowledged that there were clear clinical benefits to sharing this data however a review of GDPR guidelines was required to ensure regulations were not breached. **Action:** Deputy Director of HR to check guidelines before sharing staff information.
24. The department was looking to revise the way in which Health and Wellbeing was delivered and a Health and Wellbeing package was being developed which would include psychological support to all staff. Corridor events will be held to promote an App for the new Health and Wellbeing Package.

**LH**

**ITEM****RESPONSIBILITY****30/18 MANDATORY & STATUTORY TRAINING UPDATE**

25. The Committee noted that Phase 1 of the piece of work to have one suite of mandatory training across ESNEFT was nearing completion. For the time being, mandatory training compliance continued to be collated manually by departments. A true reflection of compliance was expected in September and it was recognised that compliance would dip during the post-merger transition.
26. The Assistant Director for Learning and Development advised that Phase 2 would include a quality review of each aspect of mandatory training as this was currently delivered differently on each site. Feedback was welcomed from Committee members on the current training programmes. An evaluation of the effectiveness of training was also recommended.

**31/18 ESNEFT POD STRATEGY**

27. The Director of HR gave a verbal update regarding the POD strategy, which was being refreshed, and a new group was being formed to start scoping work to align with the Trust strategy.

**32/18 OD STRATEGY AND UPDATE**

28. The Director of HR advised the Committee that Lizzy Firmin, OD Management Adviser, had commenced some scoping work to define the OD agenda in order to draft the OD Strategy. Two documents were tabled at the meeting which summarised the strategic goals, mission and vision of the OD provision and delivery as well as the outline future plans.
29. It was noted that Ms Firmin would be meeting with Executive colleagues during September and October to undertake a diagnostic and get the vibe of the organisation followed by a sense check of how staff were feeling about the merger and how it was being managed. It was agreed that Ms Firmin would report back to this Committee her findings from this scoping exercise.

LF

**33/18 INNOVATION - DERMATOLOGY SCREENING CLINIC PROGRAMME**

30. The Committee received a presentation from the Head of Operations regarding the new Dermatology Screening Clinic Programme which was launched earlier this year, noting the benefits to patients and improvements in 18 weeks targets.
31. The Head of Operations advised that a review of the patient pathway revealed that Tele-dermatology was not having the desired effect on the service provided and therefore a significant piece of work was undertaken to adapt the pathway model whereby some tasks undertaken by Consultants were stripped out and replaced with automated alternatives thus allowing the Consultants to see more patients during clinics. A series

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of these high volume screening clinics were piloted, which were staffed by dermatology consultants and specialist nurses and proved successful in reducing the waiting times of first appointments from 18 weeks to 10 weeks.

32. Staff and patient feedback on the service was outstanding and it was felt that psychological harm to patients was significantly reduced. Given the reduction in waiting times, it was agreed to hold 2 of these clinics each month.
33. The key components of success were staff engagement, patients were well informed, control of environment, appropriate staffing levels, and debriefs at the end of pilot sessions. Further benefits were noted to be the release of resource in the admin team (time matters) due to automated templated letters being sent straight to GPs on the same day.

Comment/questions

34. TF asked whether engagement was sought from GPs before rolling out the new model. The Head of Operations confirmed that a series of presentations were delivered to the CCG and GPs explaining the principles of the new model and the 'opt out' option if GPs felt that patients were not right for this type of service.
35. The Chair praised the Head of Operations for his tenacity and 'can do' attitude in order to make this initiative work.

**34/18 TALENT MANAGEMENT UPDATE**

36. This item was deferred to the October meeting.

**35/18 STAFF ENGAGEMENT & EXPERIENCE PLAN**

37. This item was deferred to the October meeting.

**36/18 SUFFOLK MIND**

38. This item was deferred to the October meeting.

**37/18 GUARDING OF SAFE WORKING REPORT**

39. This item was deferred to the October meeting.

**38/18 EQUALITY, DIVERSITY AND INCLUSION UPDATE**

40. This item was deferred to the October meeting.

**39/18 POD RISK REPORT**

41. This item was deferred to the October meeting.

**40/18 DATE OF NEXT MEETING**

**ITEM**

**RESPONS-  
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Thursday, 25 October 2018, 1:30pm-4pm, Trust Offices Meeting Room,  
Colchester.

DRAFT