

minutes

E-Meeting of the People Committee Meeting

Minutes of People Committee Meeting held on Tuesday 20th September 2022

Present:

Margaret Carney (MC) (Chair)
Fiona Altintas (FA)
Bob Burgoyne (BB)
Nicholas Brooks (NB)
James Greenwood (JG)
Rachael McDonald (RMc)
Karen Nightingall (KN)
Sue Pemberton (SP)
Dr Raph Perry (RP)
Louise Robson (LR)
Sarah Smith (SS)
Beth Williams-Lalley (BW-L)

Non-Executive Director
Divisional Director of Nursing (Surgery)
Non-Executive Director
Non-Executive Director
Consultant Respiratory and Critical Care Physician
Head of Health & Wellbeing, Inclusion & Culture
Chief People Officer
Director of Nursing
Deputy CEO and Medical Director
Non-Executive Director
Head of HR Operations
HR & OD Manager

In Attendance:

Ruth Gaunt (RG) (Minutes)

Senior Executive Assistant

Apologies for Absence:

None

The Chair, Margaret Carney (MC) welcomed all to the meeting. The Chair thanked NEDs for individual contribution forms and will prompt NEDs to raise their questions and comments during the meeting. If questions are not answered as part of the presentations.

1. Apologies for absence

All meeting participants were included in the e-meeting and in attendance at the Microsoft Teams meeting. There were no apologies for absence.

2. Declarations of Interest

All meeting participants had been asked to declare any interests in respect of items listed on the agenda. No participants declared that they had any interests.

3. Minutes of meeting held on 7th June 2022

The minutes were approved as a true and accurate record of the meeting with the following amendment: item 5.3, paragraph 7 'serious' should read 'series'. RG to amend.

Action

4. Action Log

All actions to be discussed as agenda items.

5. Strategy

5.1 National Workforce Update

The Chief People Officer, Karen Nightingall (KN) provided the Committee with a verbal update which informed colleagues of the following areas of focus.

KN highlighted national focus around Wellbeing resources which will be discussed in item 5.5. NHS People provided a presentation regarding the future of HR and OD at last weeks APMA Conference, offerings regarding wellbeing from a national perspective will be brought into one area. A 10-year HR and OD strategy for the NHS is expected.

Recruitment and retention and the importance of retaining people in the NHS is also a national focus with a toolkit being developed. KN advised that LHCH are somewhat ahead of other organisations in attempts to improve retention. Anna York has been appointed to concentrate on nursing retention with the support of the HR team. RMc is leading on the recruitment and retention strategy across the Trust.

National Pay Award has been agreed. NHS staff A-C grades to receive £1400 to be paid in September, backdated from April. As backpay is being paid as a lump sum, certain groups of staff will be pushed into the higher pension bracket and will not receive the net pay they are expecting. Bands 8A will be pushed into a negative effective with pension contributions forcing them into arrears.

KN has raised the issue with the ICS People Director, Cheshire and Mersey region and requested it be taken up nationally with the pay review body. Pay and reward is set at a national level with no local intervention and strict rules around A-C grades. KN also raised the issue on 8th September with NHS People Director, who advised that she would raise with the pay review body. NHS employers have suggested NHS employers offer an advance for those who need it and those with a negative effective.

Head of HR, SS has written to all those effected in grades 3, 5 and 8a to provide an explanation and to signpost them if they are suffering any financial hardship within that regard. HR drop-in sessions are also being scheduled.

KN advised that employee pension contributions are changing from 1st October, band 8a will increase from 9.3% to 10% and will see a decrease in pay as a result of the pay increase. Pension legislation changed in 2012, meaning all were auto enrolled into a pension with no availability to opt out in advance. The Trust are due to go through the pension auto-enrolment window in October. There are 250 members of staff across LHCH who have opted out of the pension, around 190 being low grades.

The Staff survey will also open at the beginning of October. RCN will be balloting their members through October regarding potential industrial action. It is expected that Unison will ballot for industrial action. SP advised that meetings are taking place to plan for strike action. KN confirmed there are 254 members of staff in the RCN and 500 in Unison. Union are considering action 'short of a strike action' as well as full strike action. .

SP advised that national discussions are taking place around rewards for staff who can draw on past experiences, for example the level of band 5 pay scales for overseas nurses and whether they should progress through the banding due to prior experience. Heads of Nursing presented a paper to Execs last week around recruitment and it was agreed that a bid for 20

more overseas nurses would be made. Funding per international nurse has increased from £3k to £7k.

LR asked if the Trust is experiencing challenges around the BMA position on payments for additional sessions for medical staff. RP stated that a process was undertaken in the spring aligning payments for additional sessions and an agreement was made with all divisions. Since then, the BMA have had further discussions, however there was no great appetite to realign, and the BMA did not enforce this.

5.2 GMC Survey Progress

Consultant Respiratory and Critical Care Physician, James Greenwood (JG) presented the GMC training survey results for 2022. 2021 GMC survey were disappointing. Whilst cross organisational results were below average, to average, there were some areas of significant concern for which an extensive action plan was developed with around 60 actions closed within 2-3 months. The 2022 survey ran between March-May for around 6 weeks and results received mid-summer. JG highlighted key areas for improvement.

The first year of internal medicine training stage 1 (cardiology, resp, ICU) has seen significant improvements largely down to efforts of the ICU team. Consideration being given to improving access to clinics. JG advised that the action plan developed will be presented at the senior leaders away day next week.

MC raised concerns around non-compliance which has been revisited several times and highlighted that focus is required to ensure training is outstanding. NB stated that overall, it is reassuring to see that clinical and educational supervision are rated highly and that handover has improved, however, GP trainees have reoccurred issues and their experience threatens to bring down the Trust's reputation as a place to train. NB asked if LHCH is suitable for GP trainees in the long-term and are the teaching and training sessions geared disproportionately to the specialty trainees and how indispensable are they to the teams, could their clinical duties be better covered by ANPs or fellows. JG confirmed that there has been a slight imbalance in service requirements and training requirements for GP trainees, however the Trust have improved with this which has been discussed in various forums where it was agreed that there is clear value for the trainees that come through.

NB asked if feedback is received from experiences of fellows who are not in training grades. JG confirmed that they work in a similar environment however as fellows and local employed doctors are provided with some degree of training experience, they are employed with a significant service provision commitment. The higher-level Trust doctors were surveyed last year to gain an understanding of their experiences which was variable.

BB asked how assurance can be provided that actions will deliver and given the importance and the timings of actions, should an update be presented to the Board. RP confirmed that this item is included on the Board agenda for next week with an update to be provided at the November Board meeting.

SP stated that training should be outstanding and suggested that divisions need to step up improvements. As CQC lead, SP confirmed this has been an area of focus in the past and will continue unless improvements are made. SP requested 3 monthly pulse surveys or regular discussion groups with doctors to provide regular feedback.

LR stated that whilst recognising improvement, it is concerning to see the feedback. Poor training reputation impacts on future recruitment and could impact on clinical leadership of clinical pathways across the system, however it is good to see GP trainees will continue to be a focus. LR asked if leadership in cardiothoracic surgery recognise the comments and is it

accepted and owned by the teams. JG stated that work has started to address areas of poor culture particularly in surgery.

FA stated that the leadership team in surgery have met with JG on several occasions and conversations have taken place with individuals. Sessions took place previously with junior doctors at various grades which was beneficial and should continue. The team are working on setting expectations at the start of the day, around trainees in theatre. One of the frustrations is around overruns in theatre which stems to poor behaviours. LR asked if the executive team meet regularly with trainees. RP advised that sessions took place with very little attendance, however the door is always open to junior doctors.

The committee endorsed regular pulse surveys. JG stated that he will be stepping down from the DME role which will bring fresh focus. Pulse surveys should be included in the job description of the new DME role. MC requested updates be provided to committee members in-between meetings.

The committee agreed that there are concerns around the lack of improvements and MC questioned the risk assessment with additional concerns around the gap of the DME role. RP advised JG has been appointed patient safety lead with a transition period planned whilst making the appointment for the DME role. RP stated that in terms of assurance, last year highlighted 5 areas of concern and this year highlights 2 areas of concern, the overall score is normal.

5.3 People Strategy

The Chief People Officer, Karen Nightingall (KN) provided the Committee with background to the people strategy and explained that it would be unusual to write a people strategy after a recruitment, retention, EDIB, learning and development strategies. The people action plan was developed when KN came into post on the back of the NHS people plan. BW-L was employed to help and support the people plan in developing it further through to the end of March 2022. BW-L has since been working with teams and different forums in developing a people strategy. The NHS is currently developing a people promise and a 10-year strategy and LHCH have not deviated from that but have incorporated the themes to include; looking after our people, belonging in the NHS, new ways of working and delivering care and growing for the future. KN asked committee members for comments prior to presenting to the board at the end of September.

HR & OD Manager, Beth Williams-Lally (BW-L) explained the importance of aligning the people strategy with the higher-level culture, therefore 'Be civil – Be kind' and the people promise were integrated from a national landscape. BW-L highlighted the importance of having a strategy for the people and patients, therefore the team have connected with the health and wellbeing groups, culture groups, triumvirates, exec and trade unions. The team are aware of the problems from a people point of view which has allowed the 4 pillars to be created and to be, integral to the strategy.

LR noted reverse mentoring is not included in the strategy and asked if this had been considered, particularly in terms of creating a vibrant culture in the organisation and learning from lived experience in a different way for leaders. BW-L highlighted the sub objective. building leadership capability which goes from the bottom up, and the team are about to launch 5 new programmes to include scope for growth, influence and impact, mentoring and mentee programme. Conversations previously took place around reverse mentoring but there was no appetite for it, however this could be reconsidered. RMc stated that there are specific actions as part of the EDIB strategy.

BB asked if data is available for the EDIB aspect of the strategy that would allow the committee to judge its effectiveness. RMc advised that there is intention to bring the EDIB working

document back into the people committee which will include deliverables and measurables. One of the pledges within the strategy is to develop and improve equality performance. The staff survey is due to be launched and the WRES and WDES have just been completed. A recruitment dashboard has been developed together with a refreshed workforce monitoring report.

BW-L advised that nationally a health and wellbeing framework has been released which is a diagnostic robust tool providing a great understanding of where the Trust is now and where the Trust should get to. The 'no excuse for abuse' campaign has been renamed and is now called 'its not ok'. An empowerment escalation pyramid is in development and posters will be launched this week.

5.4 HR, OD & Education Quarterly Assurance Report

HR & OD Manager, Beth Williams-Lally (BW-L), Head of HR Operations, Sarah Smith (SM) and Clinical & Medical L&D Lead, Justine Brislen, Clinical & Medical L&D Lead (JB) provided a paper which had been circulated to the committee prior to the meeting.

LR highlighted the accuracy of reporting mandatory training may be an issue and asked how this can be made more user friendly, especially for front line staff. KN advised that discussions have taken place around mandatory training and analysing the data. A piece of work is being undertaken to agree what should be included as statutory mandatory to define the list. Discussions have taken place around releasing staff to complete the training rather than fitting it into their daily work. Ownership of the issue has been moved into the divisions.

BB asked if the completion rate for appraisals is on track for the 30th September deadline as the paper states current compliance of 62%. KN confirmed that all divisions were tasked with an action plan at the Gold command meeting. Appraisals are being completed but there are delays in getting them into the system. Plans for 100% compliance are coming through from the divisions. With a target of 95%.

KN provided an update around fit testing, 10 have no record, 6 require respirators and 3 require a re-test. In November 2020 around 300 members of staff required fit testing which has now reduced to 19.

SS advised that the new HR intranet page 'HR front door' was recently implemented. BW-L with support of the HR team has developed a draft training catalogue which provides information around all training available.

5.5 HWB Framework/Wellbeing

Head of Health & Wellbeing, Inclusion & Culture, Rachael McDonald (RMc) provided key issues from the health and wellbeing framework report which was circulated prior to the meeting. RMc highlighted the significant amount of work that has taken place around health and wellbeing in the last quarter and emphasised the need for a clear strategy moving forward. Whilst the framework is in place and the diagnostic started, there is also need for the team to react quickly particularly in relation to some of the national landscape and cost of living, which has been evidenced in the paper. RMc provided clarity around the 'ask for Freddie' initiative, only 5 people have accessed the service since being launched in July, not all from lower bands. It is expected that there will be an increase in the number of people needing to access the food bank once the energy increases come into force in October.

It is understood that the crisis is impacting staff at all levels, therefore initiatives are inclusive and available to all staff.

KN and SS spoke to an organisation who carry out surveys to identify who is suffering from financial hardship. There is a cost impact to the surveys, however it may be worth the investment to help shape strategy. Further conversations will take place with that organisation.

5.6 *Recruitment & Retention strategy

The final version of the recruitment and retention strategy was circulated prior to the meeting for information only following slight amendments made.

KN

LR highlighted the good structure; particularly around “action” and “we know we’ll have got it right when

SP stated that conversations have taken place with students and universities to ensure people are given opportunities to work at LHCH when they had never worked at LHCH as part of their training. SP requested this information be reflected in the recruitment strategy. KN confirmed that the strategy has now been signed off however, this could be captured within the action plan.

5.7 EDIB Strategy

The final version of the EDIB strategy was circulated prior to the meeting for information only.

SS

5.8 Nursing Strategy

Divisional Director of Nursing for Surgery, Fiona Altintas (FA) presented the nursing strategy. The Trusts new Nursing strategy for 2022-2025 has been developed specifically for and by LHCH nursing staff who make up the largest professional group of staff in the Trust. It sets out the vision of what excellent, safe and compassionate nursing care is, and also describes what nurses can expect and aspire to in terms of their own career development.

The strategy covers pathways into the nursing profession and the exciting range of development and leadership opportunities available for nurses.

The Strategy will set out how, as a nursing workforce, the Trust will ensure the organisation is fit for the future, even in the face of unprecedented new challenges such as the coronavirus Covid 19. That the development and opportunities provided will provide and nurture a sustainable and flexible nursing workforce supported by robust succession planning. Throughout the pandemic the nursing workforce demonstrated flexibility, embracing change and new ways of working with absolute positivity and professionalism which will be used as a foundation to drive the new strategy. The Nursing Strategy is aligned to the Trusts Strategic objectives and the Quality and Safety Strategy core themes.

Action plans have been developed for each division, each of the action plans include different desired outcomes for each nursing workforce. Action plans are expected to be completed by the end of October and held accountable to the divisional boards.

LR noted the developing people includes 19 intentions and asked if this would benefit from prioritisation. FA stated that prioritisation will be departmental specific and action plans are expected by the end of October.

MC suggested more emphasis around health and wellbeing be included in the strategy.

6. Dashboards – Workforce Intelligence

6.1 HR/L&D LHCH Dashboard

The HR/L&D LHCH Dashboard was circulated prior to the meeting. NB highlighted the low appraisal figures and asked if there is an understanding why figures tend to be low, could it be due to poor motivation because of the feeling they add little value to their professional lives. RMc advised that appraisals have been transferred into the ESR system and compliance is

FA

taken from ESR, however there is expectation that a meaningful conversation take place then transfer to ESR for a compliance perspective. The team have invested a lot of training for managers to support those conversations to ensure they are as meaningful as possible. NB asked if there are consequences to staff if an appraisal doesn't take place. KN stated that when moving through the gateway to the next level of pay, mandatory training should be up to date and an appraisal carried out. KN advised that wellbeing has been built into the appraisal together with questions around the way staff are feeling to enable the team to carry out a sense check of aspirations of the workforce.

FA stated that individual compliance figures were received from gold command last week and ward staff and clinical staff are doing very well with real focus. Feedback has been received around systems being difficult to use.

7. Governance

7.1 Board Assurance Framework (BAF) 2022/23

The committee received the board assurance framework.

7.2 Staff Survey action plans & Pulse survey results

Head of HR Operations, Sarah Smith (SS) presented the staff survey action plan and raised key points. Action plans for divisions were embedded into the paper as appendices.

NB highlighted poor response to pulse surveys which allows minimal to negligible meaningful analysis. Survey fatigue is almost inevitable with the quarterly timescale. NB suggested increase to 6-monthly or annually as add-on to the staff survey. Better participation would compensate for the reduced frequency. SS advised that the staff survey is a national mandatory requirement, and the Trust is unable to impact and influence the frequency.

LR asked if staff are feeling more confident in raising concerns. SS advised that the FTSU process is in place and work is ongoing to enhance this with a change in people involved in that process. Exec walkarounds have recommenced following the Covid period and the team are looking at facilitating other informal speaking up events with listening rooms and visiting areas. The team are working with the divisions to ensure forums and opportunities take place frequently.

SS advised that discussions have taken place to agree a way in providing assurance around the delivery of action plans. It was agreed that this should be presented to a formal group and suggested the People Delivery Group as the platform to provide feedback on those actions plans followed by feedback to the People committee.

7.3 Employee Relations Annual Report

The Employee Relations Annual Report was circulated prior to the meeting.

LR noted several suspensions lifted while investigations were ongoing and asked if there were reasons behind this. SS stated that there are always lessons learnt with ER cases and cases are run through a review framework. For that reason, cases are assessed individually with a focus and emphasis on the experience for the employee at the end of the process.

LR also noted a potential silo between HR/OD and the employee relations team pulling things together in terms of the process. LR asked how this currently feels and the expectations of bringing that ER team together. SS stated that employee relations will be managed more effectively within the ER team. Dedicated members of the team will provide assurance around consistent processes being applied fairly.

LR asked how independent the occupational health advise is. SS confirmed that the occupational health service is delivered by a third party, Team Prevent. The Trust have worked

with Team Prevent for several years and is one of the few occupational health providers NHS Trusts use. Contract meetings take place with trust they are providing the advice expected as part of the SLA.

KN confirmed that the ER team is part of the HR business team reporting to one of the business partners, therefore there should be a tighter control.

7.4 Learning Lessons to Improve People Practice

The Learning Lessons to Improve People Practice Report was circulated prior to the meeting. The committee confirmed assurance with the frequency the report is presented and the depth of information received.

7.5 EDIB Belong, Inclusion Group

RMc provided an update around the EDIB Belong, Inclusion Group which meet quarterly and feeds into the People Committee and through to Board. The terms of reference has been refreshed to align with the new strategy with an updated membership. Support from the exec PA's is provided from a secretariat perspective to strengthen governance in terms of minute taking and action log. The group did not meet over the summer due to low attendance however a meeting with the refreshed terms of reference is due to take place next week.

RMc will meet with the comms team regarding Black history month national campaign which is pending. This provides an opportunity for the organisation to celebrate and support diversity.

7.4 People Delivery Group Approved Minutes – 3rd May 2022

For information only.

8. Evaluation of Meeting

The committee provided feedback that the meeting had good focus on key areas of concern. MC highlighted that focus should continue with the GMC survey.

9. Date and time of next meeting

Tuesday 6th December 2022, 10:00-12:00, Microsoft Teams