

minutes

E-Meeting of the People Committee Meeting

Minutes of People Committee Meeting held on Tuesday 6th December 2022

Present:

Margaret Carney (MC) (Chair)
Justine Brislen (JB)
Bob Burgoyne (BB)
Nicholas Brooks (NB)
Peter Cook (PC)
Steph Donnelly (SD)
Emma Hill (EH)
Phil Jones (PJ)
Rachael McDonald (RMc)
Karen Nightingall (KN)
Sue Pemberton (SP)
Dr Raph Perry (RP)
Louise Robson (LR)
Sarah Smith (SS)
Beth Williams-Lalley (BW-L)
Joan Mathews (JM)
Clare Quarterman (CQ)

Non-Executive Director
Clinical and Medical Education Lead
Non-Executive Director
Non-Executive Director
Recruitment and Resourcing Lead
Medical HR Business Partner
HR Manager, Corporate and Non-Clinical Services
HR Advisor
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
Deputy Director of Nursing
Director of Medical Education

In Attendance:

Ruth Gaunt (RG) (Minutes)

Senior Executive Assistant

Apologies for Absence:

None

The Chair, Margaret Carney (MC) welcomed all to the meeting.

1. Apologies for absence

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

2. Declarations of Interest

No participants declared any interests.

3. Minutes of meeting held on 29th September 2022

Action

The minutes were approved as a true and accurate record of the meeting with the following amendment. 7.3 HR/OK amend to HR/OD.

BB stated that the minutes are a correct record. However, queried whether it is necessary to identify which committee member raised/commented on every issue or who wrote/presented each paper. LR suggested the minutes were more comprehensive than other committee minutes and it is helpful to identify who raised issues, however there should be consistency of minutes for all committees.

MC to discuss with Karan Wheatcroft.

MC

4. Action Log

All actions to be discussed as agenda items.

Action 1 – GMC training survey 3 monthly pulse surveys to be undertaken and results referred back to People Committee.

Update – CQ to discuss during item 5.2.

Outcome – Action complete.

Action 2 – GMC Training Survey – Regular updates to be provided to People Committee in between formal meetings.

Update – CQ understands the requirement as part of her new role. MC requested pulse survey results, key information and intelligence be reported to MC if received prior to the next committee. MC will provide updates to NEDs.

Outcome – Carried forward until Pulse survey results are presented to the committee.

Action 3 - Consideration to be given to engaging an organisation to carry out surveys to identify who is suffering from financial hardship.

Update – BW-L actioned as part of the wellbeing group. Impact statements will be requested from providers with examples of reports to ensure surveys will be impactful and meaningful so the Trust can make more informed decisions on initiatives introduced.

Outcome – Action closed.

Action 4 – Ensure People Strategy Action Plans capture the need to promote LHCH to people who have never worked in the Trust.

Update – SS confirmed the information is incorporated into the recruitment retention strategy which has also been incorporated into the people strategy. The committee agreed significant prominence in the people strategy.

Outcome – Action closed.

5. Strategy

5.1 National Workforce Update

KN provided the Committee with a verbal update which informed colleagues of impending strike action being the focus of national discussion and employee relations activity taking place across the NHS. RCN have voted 2 days industrial action in the form of a strike on 15th and 20th December.

Outcome of strike ballot from Unison was received on 30th November. LHCH are 1 of 2 Trusts in Cheshire and Merseyside where Unison members have voted for action.

GMB have also voted, however benchmark of 50% was not met, therefore no authority for strike or action short of strike.

The Trust have returned derogations to RCN, with criteria based on either a bank holiday or Sunday working, highlighting requirements for patient safety.

NB asked if Trust leadership is supportive of the cause of strikers and suggested this may have considerable influence in the long-term consequences of the action. KN explained understanding on both sides with patient safety being the priority. Leadership understands the reason for strike action ie pay, retention, burn out and patient safety. Pay is set by government and Trusts at local level are not responsible for this.

KN invited Joan Mathew, deputy director of nursing to attend the meeting. JM is leading the contingency planning for the industrial action for LHCH from a silver perspective and provided assurance to the committee around preparedness of the impending industrial action along with challenges. Since RCN announced LHCH would be a strike venue, the Trust has communicated with all colleagues within to reiterate the strike is for nursing staff only. Silver command meet daily with multiple professionals and the HR team are heavily involved in providing guidance throughout the process. Information received from RCN is limited at this stage.

JM explained that RCN are prioritising patient safety within the organisation with an automatic derogation for ITU staff. ITU manager is confident most staff will be in work. Information from the critical care network, explains that critical care staffing should remain in critical care and will not cover other ward areas. Theatres will be running as Unison is the main union for theatres. The primary PCI service runs 24/7 therefore derogations have been made for 2 trained nurses to maintain the service. EBUS, patients on cancer pathways should be continued although this has not been confirmed at this stage.

JM provided assurance to the committee that the Trust is prepared as much as possible for strike dates.

SS stated that the Trust are adopting a consistent HR approach across Cheshire and Merseyside. All eventualities have been explored with a well-rounded approach.

5.2 GMC Survey Action Plan

CQ took over the Director of Medical Education role last month and has been working on understanding progress made with the GMC survey together with general training concerns across the Trust. The report provided includes an update on the action plan and CQ has added new points of areas that should be addressed that will contribute to improvements in GMC survey results and training experience of the trainees.

Engagement has been received from the education team, ensuing the induction process is more streamlined across specialities, pulling together the most positive aspects of induction. Information feedback has been positive.

Divisional breakdown of GMC survey results has been circulated to all training leads and action plans are in place.

On review of the action plan and discussion with educational leads from all areas of the Trust, changes have been implemented to improve the induction experience for new starters across all areas and to address those areas where concerns have been highlighted through the GMC survey. The pulse check survey is being assessed and will be circulated in January 2023, allowing time for the impact of the improvement actions to be realised. This, along with feedback from trainee groups, will identify other improvement areas which will be added to the action plan prior to the next national survey.

Engagement with individual trainee groups has been highlighted as an issue. CQ is keen to set up liaison meetings and formal meetings. A successful meeting took place with the surgical group last week because of concerns raised regarding some of their facilities. It was agreed

meetings will take place every 2 months at a convenient time. Depending on concerns, RP and training leads will be invited to attend.

LR suggested the executive team meet with each house of junior doctors for informal discussion in order to receive direct feedback. LR experienced this at a previous Trust. CQ stated that once plans are in place this option would be considered.

SP requested assurance around 'Be civil, be kind' and the use of the civility charter being rolled out with current consultant workforce and doctors. BWL advised that further work is required and offered to support CQ going forward. MC requested the committee receive feedback on those conversations highlighting any specific actions and impact.

Culture in theatre has been highlighted previously and was a concern raised again in recent surveys. RP has discussed calling out dis-appreciation of trainees with faculty leads, AMDs and clinical leads.

RP provided assurance that education appraisals occur annually which requires doctors to undertake training which should be supported.

BWL provided an update around 'It's not ok' which is an extension to 'Be civil, be kind'. This was introduced due the increase in abuse and aggression from patients, family members and carers. Posters have been created with a human emotive approach which are supported by an empowerment pyramid including 4 levels of de-escalation.

BWL recommended drama-based learning provided by AFTA Thought Training Consultants be provided to junior doctors.

MC stated that the committee should continue to focus on improvements to the GMC survey results with expectation that Pulse surveys will show improvement following ongoing work. There should be focus on the culture question and how this is embedded. Update to be provided on engagement both individually and group sessions and the opportunity to liaise flexibly with the next update to include soft intelligence gathered through those engagement mechanisms.

5.3 HR/Learning & Development Quarterly Assurance Report

The paper was circulated prior to the meeting and was noted as read. SS explained that the report highlights the volume and range of activity taking place across the team during a challenging time.

Particular attention has been given to the recruitment process over the last 12-18 months moving through several systems in the last few years, finally using the most up to date version of NHS jobs. The Digital HR project continues utilising SharePoint in the recruitment process to bridge the gaps of the current NHS jobs system. Complaints regarding the recruitment process have reduced significantly. Communication has increased with recruitment managers with candidates receiving weekly updates. Further work is required as part of enhancing the recruitment experience.

SS stated that the reporting feature is not yet available on NHS jobs, however PC has been involved in looking at mechanisms internally to be able to monitor data in order to show improvements. Basic data is provided via SharePoint around start and end times of the recruitment processes. PC is working on developing specific KPIs to be incorporated onto the workforce dashboard.

RM advised that the team are considering improvements to the ESR appraisal process to enable it to be more meaningful and valuable there will be no national solution next year. A training needs analysis is being developed to support the process moving forward.

Mandatory training compliance has increased since the reported was circulated, currently 93.2%. This remains a priority for the organisation with an action place in place around the improvement is resuscitation mandatory training and health and safety modules.

RM confirmed that managers are expected to provide time to facilitate mandatory training within working hours. JB stated that education governance around mandatory training elements has recently been improved with new training to be discussed at the People Delivery Group to agree mandatory and essential. Refresher period elements will be reviewed and reduced where appropriate.

RM explained that the 12 month EDIB action plan was developed following the strategy being refreshed in June, The action plan will run from September to September. RM will enhance and incorporate status progress update and timescale for each action.

RM

5.4 People Strategy (includes Health & Wellbeing and & WRES and WDES action plan

The paper was circulated prior to the meeting and was noted as read.

In reference to the culture and wellbeing element of the people strategy, BWL explained the team will be completing a comprehensive health and wellbeing diagnostic assessment to identify the needs of staff. This diagnostic tool will enable the team to self-asses LHCH against each section of the NHS health and wellbeing framework, aligned with the NHS model describing what 'good' looks like. It provides a view of where the Trust should prioritise health and wellbeing efforts and will provide an understanding of health and wellbeing within the context of the organisation and diversity of NHS people.

Additionally, a financial wellbeing staff survey will take place to assess the impact rising costs of living is having on staff. Data obtained will enable the team to make data informed decisions around the most valuable and meaningful health and wellbeing initiatives required. Furthermore, the data will support shaping a meaningful and impactful culture and wellbeing strategy.

Data will be collated and analysed in February and subsequently the culture and wellbeing strategy will be launched end of March.

5.5 Industrial action landscape

Discussed in item 5.1.

5.6 Retention action plan

The paper was circulated prior to the meeting and was noted as read. PC explained that exit interviews are not mandatory however SharePoint site provides information of staff who have submitted leavers forms, therefore 2-3 months before leaving, they are invited for an informal chat regarding reasons for leaving the Trust. Managers with higher turnover are contacted for informal chats around themes and reasons for leavers with HR business partners involvement.

Exit interviews are anonymous making it difficult to discuss further with individuals. The main reason for leaving is career progression linking to pay progression.

KN explained that there is an extensive action plan linking to the people promise. Work around 'You said, we did' has taken place which highlighted issues around the availability (on-call) payment which was addressed through the approval of the Exec committee. Retention summits are run every other month.

KN explained that many NHS staff are moving to roles elsewhere that do not include shifts, on call and unsocial working time. Turnover has not improved however some of the processes that PC has implemented may take time to come to fruition. Social media is used where possible to boost the profile of working at LHCH.

SS explained that the national pay review body team have an awareness of pay and inflexibility of the NHS having a big impact on retaining staff and understand that work is required across the NHS around flexible working and pay.

SP stated that the role of the band 5 nurse on the ward is no longer an attractive role for new students who do not want to work on wards and are desperate for promotion as soon as they qualify. Work is required on a national level around strengthening the role of the ward nurse, looking at how staffing establishments are made up, making the role more attractive. The role of the ward nurse is the backbone of the NHS and SP suggested this be considered as a Trust.

KN stated that the pension scheme is being reviewed, should partial retirement be allowed, whilst continuing to work full time, KN expects this would be lucrative and will have an impact mainly for people who have been in the NHS for a long time and people who are highly paid. It is unsure if this will extend to the nursing discipline. The Trust is looking at providing advice and guidance around pensions to understand the financial position.

SS stated that the NHS pension used to be a real retention focus, however this is no longer the case.

MC confirmed that retention is a key priority for the Trust and People committee was assured that the team are doing everything they can. The need for innovation is at the forefront for the Trust.

6. Dashboards – Workforce Intelligence

6.1 HR/L&D LHCH Dashboard

SS explained that healthy level of turnover is around 10%. SS explained that ward budgets are inflated by around 23% to cover sickness, training, and annual leave.

NB highlighted good progressive reduction in bank and agency spending August to October with static sickness levels and overtime costs which seems counter-intuitive; and asked how it was achieved. SS explained that vacancy rates plus supernumery international nurses results in bank and agency peaking. HR business partners triangulate the information with divisions.

KN highlighted agency spend as a broader focus for the NHS and the Trust has improved its robust process, requiring sign off by Exec.

LR asked for assurance that there is no negative impact in terms of the quality and safety on unfilled shifts. SP explained that gaps are referenced on staffing reports provided to the Board which will highlight quality and safety issues. SP receives staffing levels daily during Safety Huddle and staff are moved where the need is greatest.

7. Governance

7.1 Board Assurance Framework (BAF) 2022/23

The committee received the board assurance framework and agreed the framework is reported accurately.

7.2 Staff Survey action plans & completion rates

Completion rate currently 63.9% with a final figure due on Friday which is expected to be 3-4% higher than last year. Organisational level questionnaires and frequency tables will be available at the end of December and the final report in January 2023. Action plans will be shared going forward.

7.3 HR Business Partner action plans

SS explained that divisions are supportive of the HR business partner model and appreciate that a HR business partner has been aligned to each of the divisions who will form relationships with key stakeholders and triumvirates providing advice on key issues.

SD explained that focus is required around the culture in theatres, therefore the new theatre matron and SD will become more visible in theatre talking and listening to staff and holding listening events, using this as a platform for 'be civil, be kind'

The HR front door has been well received providing a one stop shop for managers and staff to access HR information. Work is ongoing to digitalise further processes with a SharePoint tracker to track ER activity.

Clinical coders are now employed by Alder Hey and LR suggested the Trust should have oversight of the performance of this areas as it has highlighted at IPC as reason for delayed data. SS to provide an update at the next meeting.

SS

7.4 People Delivery Group Approved Minutes – 4th August 2022

For information only.

LR highlighted the power of clinical leadership on human factors and asked for the current position of the Trust. JB advised that the new patient safety lead, James Greenwood is looking to develop human factors training for himself and Ria Carter. Human factors training is offered as part of several different training programmes across the Trust with bespoke human factors training available when required. SP suggested RP nominate a clinical lead. RP advised that James Greenwood will invite individuals to become patient safety champions in various areas which could be extended to a clinical leader.

RP

A bid has been submitted with charitable funds for a simulation centre with the potential for a simulation lead, there may be scope for this to be incorporated into the human factors lead role.

8. Evaluation of Meeting

The committee agreed that the meeting had good focus on key areas of concern. Reports provided the correct level of assurance.

9. Any Other Business

9.1 Employment Tribunal

RP provided an update regarding an employment tribunal that was received this week. Consultant surgeon was dismissed and took the Trust to a tribunal for unfair dismissal. The claimant was unsuccessful, and the Trust was not held responsible.

9.2 Unison Strike

KN confirmed that Unison have announced their first strike for 21st December 2022.

10. Date and time of next meeting

Tuesday 7th March 2023 at 10am, Microsoft Teams.