

## Board of Directors (in Public)

### Item 6.1.2a

**Subject:** People Committee BAF Key Issues Report  
**Date of Meeting:** Tuesday 29<sup>th</sup> March 2022  
**Prepared by:** Karen Nightingall, Chief People Officer  
**Presented by:** Margaret Carney, Chair of People Committee  
**Meeting Held:** 8<sup>th</sup> March 2022 (E-Meeting)

Agenda Item	Lead Exec	Assurance Received	New/ Emerging Risks	Actions/Comments
5.1	KN	National workforce update	None	<p>Absence – staff sickness had increased significantly in the last quarter due to the Covid Omicron variant and reached 10%, it was stated that some other Trust's within Cheshire &amp; Merseyside had reached 15%.</p> <p>Reference was made to the time and efforts that went into (Vaccination as a Condition of Deployment (VCOD). Although Covid vaccines are no longer mandated, colleagues were informed that talks in relation to guidance had been taking place.</p> <p>It was stated that one of the Trust priorities was to focus on retention and wellbeing; colleagues were informed that £100k funding for wellbeing became available in Cheshire and Merseyside and that the HR &amp; OD Manager (BW-L) placed a bid for funding and managed to secure £60k for the Trust.</p> <p>In the last quarter it was reported that turnover stretched to over 11% within the Trust, with other Trusts having experienced similar numbers. Following analysis, it was understood that promotion and relocation were the most common reasons, and those leavers would recommend LHCH as a place to work.</p>

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				<p>It was reported that Nationally, the People Promise has been paused (effectively people plan 2); initially halted due to VCOD, and Prerana Issar has stood down as Chief People Officer for NHS E. The work underway in relation to annual planning has been significant, locally and nationally. It was anticipated that the People Promise would gain momentum and dovetail into the People Strategy, with the ED&amp; I Strategy on track to be refreshed in Q1 2022.</p> <p>Nationally conversations have been taking place with regards to assessing the reintroduction of car parking charges, and the impact on workforce in relation to National Insurance (NI) increases due to commence.</p>
5.2	KN	GMC Survey Progress	None	<p>Consultant Respiratory and Critical Care Physician and Director of Medical Education, James Greenwood (JG) provided an update on the GMC Trainee Doctor Survey and subsequent actions.</p> <p>It was reported that good progress has been made against the action plan in relation to most of the actions. Local surveys and feedback have been gathered recently from trainees, the results of which have been positive which indicated a significant improvement. There were however some areas of concern that remained, in relation to feedback obtained; it was felt focus was to improve survey results rather than improving the service.</p> <p>The Committee were assured of the progress made and efforts in identifying issues and the transparency of such. The complexity of the work required was acknowledged.</p> <p>It was stated that there is a huge commitment from the AMD's in driving and sustaining improvements. The importance of driving improvements with support from Divisional leads was acknowledged, the risk in relation to CQC was flagged.</p> <p>The Chair acknowledged the risk discussed and suggested further updates would be beneficial for assurance purposes.</p>

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5.3	KN	People Plan Annual Summary	None	<p>Clarification was sought in relation to specific steps taken or planned to improve leadership development within minority groups. It was stated that this had been explored and the feedback received didn't support the targeted approach. It was explained that with the development of the People Strategy, and Equality, Diversity, Inclusion and Belonging being one of the four pillars, it was stated that focus would be given to engagement sessions to gain feedback in relation to leadership development with the aim to close disparity gaps.</p> <p>It was stated that engagement with the leadership programme had been low due to pressures within the Trust such as staffing and resources focussing on VCOD.</p> <p>Colleagues were informed that Health and Wellbeing counselling for staff would continue post Covid, funded from the £60k funding that was recently secured.</p> <p>The Trust SCHWARTZ rounds are due to launch on 25<sup>th</sup> March 2022, it was reported that engagement do far has been high from both non-clinical and clinical staff; further information would be provided at the next People Committee meeting.</p>
5.4	KN	Staff Survey 2021	None	<p>The Staff Survey closed with a final response rate of 62%; a 3% decrease in comparison to the previous year. It was reported that feedback gathered indicated that work pressures were the biggest factor of non-responses.</p> <p>The top 5 scores were shared, along with the most improved scores, which demonstrated that the Trust had scored higher than the picker average in relation to the top 5 scores, and the Trusts most improved scores had increased compared to the previous year.</p> <p>In addition, the bottom 5 scores were shared, along with the most declined scores which showed the comparison versus the picker average and the previous year.</p> <p>Colleagues were informed that the embargo would be lifted on 30<sup>th</sup></p>

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				March 2022, which would allow results to be shared and undertake further analysis and action.
5.5	KN	Pulse Survey	None	<p>It was reported that 160 responses were completed. It was recognised that the low response rate was felt across the whole NHS.</p> <p>A detailed breakdown was shared in a table within the presentation. It was anticipated that that the next survey in April would gain more engagement.</p>
5.6	KN	Retention Plan Update	None	<p>It was highlighted that in relation to BAF impact, although good progress had been made, assurance was confirmed as partial.</p> <p>It was reported that feedback sessions with new nurses had been taking place bi-monthly, and the work in relation to preceptorship was highlighted. Colleagues were informed of the work undertaken in relation to a retention summit; a comprehensive action plan has been introduced and lots of focus has been made with induction. It was stated that the Trust is focussed on induction with the view to improve retention.</p> <p>It was highlighted that the predominant reason for staff leaving was promotion, it was wondered whether this related to less opportunities within the Trust due to being a specialist Trust. It was recognised that career progression could be looked at as part of the retention plan and career pathway moving forward. Staff leaving within 1-2 years was a concern which needed to be addressed. It was recognised that more exposure was desired and work in relation to rotation would be beneficial in addressing retention.</p> <p>Discussion took place in relation to flexible working and it was recognised that further work was required to attract candidates with targeted adverts. The challenges in relation to ward managers managing flexible working was acknowledged. It was recognised that further work was required in relation to attraction and promoting flexible hours and part time nursing roles. It was reported that the flexible</p>

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				working policy has been changed whereby now staff from day one can request flexible working.
5.7	KN	HR, OD & Education Quarterly Assurance Report	None	<p>In relation to data on retention for national recruits, it was reported that the Trust had retained all of the International Recruits from the latest cohort; a further 40 International Nurses were due over the next 6-9 months.</p> <p>It was highlighted that 65 of the 68 nurse recruits from last year passed training first time which was credit to the Trust's two PEF's.</p>
6.1	KN	HR/Team LHCH Dashboard	None	<p>Assurance was sought in relation to sickness levels and it was reported that the numbers were beginning to improve.</p> <p>Sickness levels were reported at 3.6% (including Covid) against a target of 3.4%. It was highlighted that during the Omicron variant, focus had been given to long-term sickness absences to support staff returning to work or leaving the Trust in a dignified way.</p>
7.1	KN	People Committee Annual Report		The Chair presented the Annual report; no comments were received.