

## minutes

### E-Meeting of the People Committee Meeting

#### Minutes of People Committee Meeting held on Tuesday 7<sup>th</sup> June 2022

##### Present:

Margaret Carney (MC) (Chair)  
Bob Burgoyne (BB)  
Nicholas Brooks (NB)  
Ruth Dawson (RD)  
Rachael McDonald (RM)  
John Morris (JM)  
Karen Nightingall (KN)  
Sue Pemberton (SP)  
Louise Robson (LR)  
Sarah Smith (SS)  
Beth Williams-Lalley (BW-L)

Non-Executive Director  
Non-Executive Director  
Non-Executive Director  
Head of Learning, Education & OD  
Head of Health & Wellbeing, Inclusion & Culture  
Associate Medical Director, Medicine  
Chief People Officer  
Director of Nursing  
Non-Executive Director  
Head of HR Operations  
HR & OD Manager

##### In Attendance:

Ruth Gaunt (RG) (Minutes)

Senior Executive Assistant

##### Apologies for Absence:

Dr Raph Perry (RP)

Deputy CEO and Medical Director

The Chair, Margaret Carney (MC) welcomed Louise Robson (LR), new non-executive director for the Trust. LR provided a background to her 36 years working for the NHS, to include 25 years on boards of organisations and former FT chief executive.

The Chair thanked NEDs for individual contribution forms which were circulated to colleagues. The Chair requested NEDs raise their questions and comments during the meeting.

##### 1. Apologies for absence

All meeting participants were included in the e-meeting and in attendance at the Microsoft Teams meeting. Apologies were noted as above.

##### 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.

##### Action

### **3. Minutes of meeting held on 8<sup>th</sup> March 2022**

The minutes were approved as a true and accurate record of the meeting.

### **4. Action Log**

The action log was reviewed and updated as follows:

Action 1 - People Strategy to be brought back to the next meeting.

Outcome – Action complete.

Action 2 - EDIB strategy to be brought back to future meeting June / September 2022.

Outcome – Action complete.

### **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:

Trade unions are representing lower paid staff in around cost of living increases and reintroduction of car parking fees. Trade unions are seeking support nationally and directly to individual Trusts. The Trust has responded and will support working in partnership through the partnership forum.

Themes include retention, wellbeing of people in terms of resilience of the workforce EDI and workforce recovery. The LHCH EDI strategy was presented to the Board and includes information around workforce recovery.

The Trust completed an application for the health care people management association award for excellence in employee engagement and have been shortlisted. A panel interview will include Nigel Scawn, Deputy Medical Director. Nigel Scawn has been involved with 'Be civil, be kind' for which BWL has supported from a HR. 'Be civil, be kind' was devised by the Director of Nursing based on civility as a spike was noted in different areas across the Trust. Benefits of this are highlighted in the staff survey and culturally across the organisation.

The professional nurse advocate national programme supports nurses to remain in the profession with a target of 1:15 nurses. The Trust currently have 5 qualified and 3 on the programme, 1 of which provides wraparound support for international nurses.

KN highlighted challenges around the people promise. The people plan for 2020-21 will be morphed into a people promise to include themes making direct comparison in the staff survey difficult. The team are currently writing the people strategy for the next 5 years. The people promise was a short-term plan which will be built into the people strategy around the world of work changing, retention, improving leadership culture, addressing urgent workforce shortages in nursing, delivering 21<sup>st</sup> century care and a new operating model for the workforce of the future. Challenges include work life boundaries, early career boundaries, late career challenges, belonging and inclusion and inclusive menopause challenge. Work is taking place for each of those areas within the Trust. The short-term people plan includes recovery, maintaining working life in the NHS. KN highlighted challenges for the HR profession going forward ensuring LHCH is a great place to work.

LHCH is one of the early adopters for Scope for Growth which is a talent acquisition and talent retention approach developed nationally by the NHS. Several pilots have taken place across the Trust with the objective of encouraging people to stay. To be rolled out across the Trust

#### **5.2 GMC Survey Progress**

Associate Medical Director, John Morris (JM) informed the committee that a disappointing response was received to the annual GMC survey of training doctors last year with an action plan in place. Internal feedback received in April this year was much improved except for 1-2 specific areas particularly around the cardiology induction process which was disrupted by late running of other sessions at the induction programme. Detailed results of this years GMC survey are not yet received, however top line confirmation reports no concerns relating to patient safety or bullying. Full details will be available later in the summer.

GMC survey results and action plan to be presented to the committee when received.

RAP

### **5.3 HR, OD & Education Quarterly Assurance Report**

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

LR asked if there were accuracy issues regarding iDigital Stat Mand reporting. RD confirmed there are no accuracy issues however producing reports is time consuming. The team are working with iDigital to see if there are easier and quicker ways to produce the report. Work is taking place to help managers review their own reports with appropriate guides available.

MC asked how regularly mandatory training requirements are reviewed as performance hovers around the target. RD advised that reports are produced weekly and presented at Gold and Bronze command. Reports are also presented monthly at team brief, Ops board and divisional board meetings. Emails are sent weekly to areas that are noncompliant.

NB raised questions around international nurses and how they are placed onto the Nursing & Midwifery Council (NMC) register. RD advised that international nurses come from a variety of locations, prior to being shortlisted for interview, they must be registered in their own country as a registered nurse with a minimum 2 years' experience, prior to interview they complete the Operational English Test and Computer Based Test around nursing skills. LHCH staff interview nurses via Microsoft Teams. Nurses are paid band 4 until being registered with the NMC. Nurses complete Organisational and Safety Climate Inventory (OSCI) 7-week intense training programme followed by assessments. Once OSCI's are completed they then apply to the NMC register. Once registered they are paid band 5.

SP advised that the programme has been successful however the skill mix in some areas needs improving as there are several overseas nurses in certain areas. Despite all training, some require further development for critical care, coronary care and other areas meaning they are supernumerary for longer, however this is also relevant to nurses recruited from this country.

SP explained that she sits on the oversight board for nursing where it was highlighted that the programme is not impacting on numbers as people are still leaving. Discussion will take place to agree whether to continue with the programme with the consideration of skill mix. SP highlighted the issue around the difficulty in recruiting experienced nurses. SP advised that there are much less vacancies within the organisation and nurses are coming into post continuously.

Issues have been raised around international nurses not being recognised for their experience, therefore national conversations are taking place to agree whether experienced nurses should be expedited up the agenda for change. LR asked if there are a series of timelines for decisions to be made. SP confirmed that discussion will take with an assurance provided at the next meeting. An understanding is required around the impact of the retention work, SP understands the Trust currently loses around 5 nurses per month mostly due to relocation or moving for a promotion.

SP

SS advised that the recruitment calendar includes specific events to include the nursing recruitment event will take place on 25<sup>th</sup> June and the team have engaged with John Mores University to arrange a further event. An admin event has also been arranged to take place on 25<sup>th</sup> June.

MC agreed that recruitment and retention continues to be a risk for the Trust.

#### **5.4 Health & Wellbeing Framework**

HR & OD Manager, Beth Williams-Lally (BW-L) provided key issues from the health and wellbeing framework report which was circulated prior to the meeting.

In the last 12 months, the successful delivery of the people plan had seen a significant improvement in the Trust HWB offer, the new framework will enable the Trust to build on this good work. This was reflected in the 2021 staff survey results whereby LHCH ranked top against acute specialist trusts and were invited to share the approach as best practise nationally as the Trust was deemed as one of the leaders in this area.

NHSE have evolved the current HWB framework to address everchanging needs and wants of employees and the present dynamic work environment. Previously, the framework concentrated mainly on reducing sickness absence.

This framework is a high-level culture change toolkit, and the diagnostic tool provides a structured way to self-asses the organisation against each section of the new NHS health and wellbeing framework, aligned with the NHS model describing what 'good' looks like. This will provide LHCH with a view of where to prioritise health and wellbeing efforts and provide an understanding of HWB within the context of the organisation and the diversity of people.

This toolkit will provide definitions of each of the seven elements of the NHS health and wellbeing model as well as evidence and rationale for change, critical questions, and considerations to apply to the organisational context and diversity of people. It will help provide understanding of the components of HWB to gain inspiration for what is possible to improve HWB within LHCH.

The seven elements of the new NHS health and wellbeing model include: improving personal health and wellbeing, professional wellbeing support, data insights, environment, managers and leaders, fulfilment at work, relationships.

Many of the initiatives during the previous 12 months and beyond have put the Trust in good stead.

LR asked if there are new elements for the Trust to consider. BW-L confirmed that most elements are already being addressed, however although the Trust scored best for 'we are safe and healthy' the score was 6.5/10, therefore there is still room for improvement. This will allow the Trust to have a focused and targeted approach for moving forward.

MC highlighted an interested in the support provided to those staff struggling with the cost-of-living increase. BW-L stated that there is a piece of work in development around financial offers and the team will engage with staff groups to understand what support is required. National resources will also be used. BW-L to provide a financial wellbeing update at the next meeting.

BW-L

BW-L advised that health and wellbeing support provided to staff is generally run by NHS organisations and feedback was received that some staff feel uncomfortable with this, therefore the Trust have linked with Rugby League Cares who provide support to NHS staff.

## **5.5 OD Update and Plan**

HR & OD Manager, Beth Williams-Lally (BW-L) provided key issues from the OD update and plan report.

Investment has been made in the OD team to maximise the offering and deliver on national and local priorities. This investment and focussed approach will continue to enable the team to have a greater, positive impact Trust wide.

The OD plan is fully inclusive, open to all disciplines, will create career pathways, identify hi-potentials to assist with succession planning, enhance manager to leader journey and better equip people with the skills required to perform their roles effectively.

The learning will consist of a blend of internal, external, and accredited elements. All learning and development opportunities have been designed to improve collaboration, communication, and teamwork to continue to build a high performing culture of safety, civility, and kindness.

The LHCH OD plan will support the delivery of the 3P's 'developing people' strategic objectives, NHS People Promise, LHCH people strategy and the four NHS people plan pillars.

This updated offering will build on the work that has already been undertaken across the organisation and is considered in the Education & OD, Recruitment and Retention, Equality, Diversity, Inclusion and Belonging (EDIB) strategies.

The OD team has clear responsibilities and objectives to include building leadership capability, talent management & appraisal, increase learning opportunities and accessibility for all.

The Trust is partnering with NHSE for resources available to include Scope for Growth to identify high potentials. It has been highlighted from the staff survey that appraisals are not meaningful or valuable with 23% of people nationally stating it didn't make a difference to how they do their job, therefore a review of appraisals will take place next year nationally.

BB asked if there are possibilities of development work in collaboration with other Trusts including placements. BW-L confirmed that discussions take place at network meetings with a view of having a more collaborative approach which will include an appraisal system which is in development. RD confirmed that several collaborations have already commenced.

## **5.6 Career Pathways**

Head of Learning, Education & OD, Ruth Dawson (RD), presented key issues from the career pathways paper. The report was circulated prior to the meeting.

BB asked if collaboration with other Trusts could be used to include administrative staff completing placements in other Trusts. RD advised that as part of the retention process, LHCH specific pathways have been developed with an individual administration pathway for staff to gain growth and potential, developing themselves across the organisation.

SP stated that pathways should be available during recruitment events so that people can see what is available within the organisation.

LR advised that work is taking place in the Cambridge economy, looking at placements not only within the NHS but across industries providing a much broader arrangement between organisations. KN agreed that the model should be considered in the future.

## **5.7 Recruitment Strategy**

KN advised that the recruitment strategy was presented at board where long discussions took place and suggestions made. The strategy has been updated to include some of the suggestions.

SS advised that the retention element has been updated and aligned to reflect the retention action plan developed in the last few months.

NB advised that the report states the intention to remove paper application forms which would assume all candidates have both IT literacy and access to the internet. SS advised that the Trust is restricted as the national recruitment system, NHSJobs is currently used. However, the team have referenced other ways to be able to advertise in the strategy. Paper applications are encouraged during recruitment events. There is a close link with the EDIB strategy to bridge the gap.

RM advised digital inclusion is one of the priorities included in the operational action plan for the EDIB strategy, and the recruitment team are working closely with the digital.

NB asked which staff group poses the greatest challenge with recruitment and retention? SP stated that as well as nursing, there are also national shortages in Operation Department Practitioners (ODP's) with ongoing discussions taking place to address this. Numbers of Tier 1 doctors will reduce and a plan to recruit more ANP's will be presented at Ops Bord next month. SP advised that there is a shortage in occupational therapists and radiology staffing and admin staff being the most recent group identified with a struggle to recruit good candidates.

### **5.8 EDIB Strategy**

RM advised that the strategy was presented at Board with changes recommended. The strategy complimented the EDI annual update. RM has worked closely with Jo Shaw, EDI lead for the patient agenda to agree the pledge and objectives with consideration from a national perspective. The 4<sup>th</sup> pledge is solely related to patient EDI and is kept broad so actions can be aligned into that pledge. A strong workforce is included in the strategy, however by improving culture and the experience of the workforce with will have significant benefits to the patients.

Objectives have been reviewed and updated following comments made by the board to enhance the patient related objectives. RD is in the final stages of developing an operational action plan which will be aligned to the pledges and objectives, to be finalised by the end of June. RD to present to the People Committee for assurance and track progress.

RD

The committee endorsed changes to the strategy.

### **5.9 National Elective Workforce Recovery**

KN shared a presentation which had previously been presented to the Board as part of the Chief Exec update. KN highlighted key messages around enhancing and expanding the capacity of the workforce and the importance of staff taking annual leave, breaks and having access to health and wellbeing support and providing the opportunity to work additional hours to restore increased elective activity.

KN explained the high impact actions which organisations are being asked to revisit and consider. The Trust is currently in a good position, striding forward in all areas however further work is required. As well as the high impact enabler, NHSi/E are taking forward several actions at a national level to include extension to temporary pension rules, innovations in maximising education and teaching opportunity, workforce redesign, workforce innovation and collaborative networks to enable the rapid sharing and implementation of best practice.

MC highlighted the importance of understanding the balance and risk of recovery and health and wellbeing to deliver targets and this should be a focus for the People Committee.

## **6. Dashboards – Workforce Intelligence**

### **6.1 HR/Team LHCH Dashboard**

Head of HR Operations, Sarah Smith (SS) presented the workforce dashboard which compares 3 months LHCH workforce KPI's data. LR asked for further information around the longer-term trend for turnover indicator and how this is compared to similar specialist trusts and Trusts in the local economy. SS advised that an interactive workforce dashboard is available on the intranet which displays a longer period of turnover data. The organisation has hovered just above the Trust target of 10%. The team have previously accessed benchmarking information but have been unable to feed this information into Athena. SS will revisit this with the workforce analyst.

SS

KN highlighted that work is required around people leaving the Trust within 12 months. However, Model Hospital provides data on how the Trust compares broadly across the NHS and the Trust is consistently better than peers and the national median for turnover of leavers less than 12 months.

39% of registered nurses and 33% of AHP's are leaving for pay and reward. The Trust is unable to create further band 6 posts therefore other creative incentives should be considered to encourage people to stay.

KN advised that the report states 7.06% sickness for April, however this had reduced to under 5%. When benchmarking against Cheshire and Mersey, LHCH is the best performer. When removing Covid, the Trust met the target of 3.4%.

SS advised that the team have spent time finetuning the dashboard which is work in progress to ensure all informative information is included to enable data to be triangulated with finance colleagues and operational colleagues. The dashboard is periodically reviewed and enhanced.

LR requested information around unfilled roster request and how the impact of patients and staff morale is assessed. LR also queried the cost of sickness that is used in the organisation. LR will discuss with colleagues outside of the meeting.

## **7. Governance**

### **7.1 Business Cycle Annual Review**

The committee approved the updated business cycle.

### **7.2 Board Assurance Framework (BAF) 2022/23**

The BAF was circulated prior to the meeting and KN welcomed questions from colleagues. LR asked if the team looked at ways of binding staff to the organisation. KN stated that the 3 major risks are considered in aspects of work. In terms of binding people, working is still required around reducing risk and making LHCH is a great place to work then understanding what attracts people to LHCH and what makes them stay. LHCH being an outstanding Trust is often what people are proud about. Ensuring people feel valued will bind them to LHCH.

### **7.3 Staff Survey action plans**

Head of HR Operations, Sarah Smith (SS) presented the staff survey action plan and raised key points. Departments have their results have been asked to formulate action plans. Although the Trust scored well in terms of comparisons to peers and other organisations, there are areas of improvement. HR business partners are partnering with operational teams to ensure data is understood and compared to last years results. It is difficult to fully compare due to the change in themes to align the survey with the people promise. Themes carried forward include staff engagement and staff morale, both of which have seen a slight decline since the

2020 survey. Divisional business partners will triangulate scores with other data and KPI's. High level analyses and results to be included in the workforce dashboard going forward.

BB asked if the Committee will have site of the divisional action plans and subsequent information around outcomes. SS advised that action plans are due to be complete by 13<sup>th</sup> June and will feed into the overall divisional action plan.

LR asked if there are opportunities in place for execs to hear directly from divisions. KN confirmed that exec walkarounds are arranged. Execs sit in on listening groups with many ways for teams to engage. The exec team have discussed the staff survey results in depth highlighting areas to be improved. Cultural pieces have been led by SP and others in terms of QCQ listening rooms.

#### **7.4 People Delivery Group Approved Minutes – 3<sup>rd</sup> February 2022**

For information only.

#### **8. Evaluation of Meeting**

The committee provided feedback that the meeting had good focus on key areas of concern.

#### **9. Date and time of next meeting**

Tuesday 20<sup>th</sup> September 2022, 12:00-14:00, Microsoft Teams