

## People Committee Meeting

### Item 6.2.1 (ii)

## minutes

### Minutes of the People Committee Meeting

held on 11th September, 2018

#### Present:

Mark Jones, Non-Executive Director (Chair)  
Ken Morris, Non-Executive Director  
Nick Brooks, Non-Executive Director

#### In Attendance:

Jo Twist, Director of Workforce Development  
Dr. Raph Perry, Medical Director  
Sue Pemberton, Director of Nursing and Quality  
Tony Wilding, Director of Strategic Partnership and  
Chief Operating Officer  
Vicki Wilson, Head of Human Resources  
Steven Colfar, Divisional Head of Operations  
(Clinical Services) (item 6.3)  
Katie Fitzsimmons, Divisional Head of Operations  
(Surgery) (item 6.3)  
Tony Bennett, Divisional Head of Operations  
(Medicine) (item 6.3)  
  
Julie Ryan, Executive Secretary (minutes)

#### 1. Apologies for Absence

None.

#### Action

The Chair welcomed Nick Brooks, Non-Executive Director, to the meeting.

The Chair reviewed the purpose of the Committee by quoting the Main Priority and Objective from the Committee Terms of Reference, as follows:-

“The People Committee shall provide the Board of Directors with a means of independent and objective review of Team LHCH at its Best Framework in line with the annual planning process. The Committee’s main priority is to review and scrutinise assurance that the Trust’s strategic priorities for attracting, developing and retaining the best staff are identified, implemented and monitored. Key priorities for 2018/19 will be continued monitoring of the organisation’s use of bank and agency against the planned reduction, implementation of the recruitment map

and ensure an overall improvement in learning, development and succession planning across the Trust”.

The Chair noted that the Committee is an assurance committee, not an operational committee.

## **2. Declarations of Interest Relating to Agenda Items**

There were no declarations of interest.

## **3. Minutes from Previous Meeting**

The minutes of the meeting held on 19th June, 2018 were agreed as a true and accurate record.

With regard to discussion under item 5.3 around the development of a Workforce Model included in the CVD Modelling work, the Director of Workforce Development advised that the Director of Human Resources for the STP is supporting the Trust in gathering the data with regard to a single cardiology service. A workforce model will then be developed around a single cardiology workforce and presented at a future date to the CVD Programme Board. However, these discussions are at a very early stage currently.

With reference to discussion under item 6.4, the Director of Workforce Development noted that Freedom to Speak Up is now discussed at Board meetings and a quarterly summit has been arranged to triangulate information together, the first of which is to be held in October.

## **4. Action Log**

All outstanding items on the action log were included as items on the agenda, except for the two items scheduled for December 2018, i.e. Service Improvement LiA Update and Retention Plan Update.

## **5. Strategy**

### **5.1 National Workforce Update/**

### **5.2 National Pay Award Implementation Plan**

The Director of Workforce Development informed the Committee as follows:-

- Immigration Settlement Status: The Trust is included in a national pilot to test the new Immigration Settlement Status scheme, which is due to commence on 13th September. This is a voluntary scheme but the Trust has written to all EU staff in case they wish to participate in this.
- Tax and Pensions for High Earners: This was the main topic discussed at the recent North West HR Directors meeting, where it was noted that a large number of high earning staff are contracting out of the pension scheme, which is expected to have financial and operational implications in the future.
- Public Sector Pay Award: The pay award was included in the July payroll, with the arrears appearing in the August pay. In

summary, feedback indicates dissatisfaction that the award was not as expected, and confusion with regard to the many changes concerning performance related pay.

- **Medical Staff Pay Award:** The Government has approved a pay rise of 2% for junior doctors, 3% for salary graded doctors, 1.5% for Consultants and 2% for GPs, but the award is not due for implementation until October 2018. The British Medical Association have expressed their dissatisfaction and are to consult with members.

The Committee noted the update.

## **6. Dashboards**

### **6.1 Team LHCH (including Workforce KPIs and Staff Survey Results Correlation)**

The Committee reviewed the Team LHCH Dashboard 2018/19 – Summary of Performance for Quarter 1.

The Director of Workforce Development noted as follows:-

**Recruit:**

Positive actions for recruitment regarding under representation can be measured by monitoring an increase in the number of diverse applications, but this result will only be available in quarter 2.

**Develop:**

This is linked to the Staff Survey. The number of appraisals undertaken is RAG rated red (17% against a target of 90%). However, an up-to-date figure for this is 83%, with a final date for forwarding of appraisals scheduled for 14th September, by which time it is expected that the 90% target will be achieved.

It was noted that following the new pay award and the new requirements for progression through the pay bands, the Committee would like to see a review of the appraisal process, with particular reference to the distribution rankings, at the December meeting.

There is a target of 95% for non-mandatory training – this currently stands at 94% and is high when measured against peers.

**Leadership development:** there is a target of 52 members of staff to undertake internal courses and 10 members of staff to undertake external courses by the end of quarter 4 – an increase on the previous year's figures.

**Retain:**

Quarter 1 Family and Friends response rate is red RAG rated at 17% against an improved target of 25% by quarter 4 (2018/19). However, this is still the second highest score in Cheshire and Merseyside.

Quarter 1 has shown a drop of 10% from quarter 4. However, the timing of Quarter 1 Family and Friends test was immediately after the LiA Pulse

Survey, which had an excellent response rate of 62%.

Be the Best NHS Employer:

Consistency was noted in the scores for recommendation as a place to work (74% against a target of 76%) and recommendation as a place for treatment (93% against a target of 96%).

Sickness:

With regard to the specialist trusts sickness comparison, it was noted that the method of reporting and classification of sickness can vary between trusts and this is being addressed nationally.

Stress related sickness is the largest overall denominator, averaging at around 25% of the total amount.

Support mechanisms in place include immediate referral for all stress absences and access to 24 hour counselling services. Also, as financial issues are a major cause of stress, a company is to attend the next health and wellbeing event with regard to providing advice on financial issues in the run up to the Christmas period.

It was noted that a health and wellbeing programme is being further developed to include holistic practices.

The Committee noted the information provided and requested continuous monitoring of this issue.

## **6.2 Key Issues Paper from Workforce Development Group**

The Committee received a report, prepared by the Head of Human Resources, setting out the key highlights from the various other groups within the Workforce Governance Structure.

The following issues were highlighted:-

- **Workforce Utilisation Group:**  
This Group is looking at effective utilisation of the Trust's workforce through the Health Roster system. Attention is being focused on allocation of annual leave, with some areas allocating annual leave in excess of agreed levels and requesting bank to backfill. The management of time owing across a number of areas in the Trust was also highlighted. The Group and the People Committee will continue to focus on management of time owing and bank and agency usage over the coming months.

It was noted that there has been an increase in bank usage over the summer months with regard to PAS data cleansing and Hotel Services.

The Chief Operating Officer noted that planned staffing reductions in relation to the hotel services department need to be measured against housekeeping and cleanliness standards.

- The Chair expressed congratulations to both the Health and Wellbeing and Equality and Inclusion Groups for the positive work being undertaken in these areas.

- Strategic Education Group:  
It was noted that the previous focus of this group had centred around nursing staff but was now also encompassing allied health professionals and the wider workforce.

The Committee noted the contents of the report.

## **HR Assurance Reports**

### **6.3 2017 Divisional Staff Survey Action Plans - Progress Update**

The Committee received presentations on Divisional Staff Survey Action Plans for Clinical Services, Medicine and Surgical Divisions.

#### Surgical Division

The Divisional Head of Operations (Surgery) noted themes to be focused on as follows:-

- Senior managers acting on feedback and not involving staff in decisions.
- Violence and aggression.
- Organisation takes action to ensure errors are not repeated.
- Adequate resources to do job.

For each area (Oak, Elm, Cedar and Theatres), actions taken to mitigate the above areas for improvement and a progress update with regard to these were noted. It was reported that although Mulberry Ward (now Aspen Suite) did not have a specific survey result due to not having sufficient staffing for an individualised result, it has also been included in the action plan.

The Committee noted the contents of the presentation and actions taken.

#### Clinical Services

The Divisional Head of Operations (Clinical Services) noted similar results to those reported for Surgery, with five key themes identified as follows:-

- Management – Staff not receiving access to staff training or development in the last 12 months.
- Errors and near misses – Staff not receiving feedback from errors/near misses/incidents that could hurt patients.
- Bullying and Harassment – Staff experiencing bullying, harassment or abuse from managers.
- Patient and service users – If a friend/relative needed treatment, they would not be happy with the standard of care.
- Health and Wellbeing – In the last three months, staff have felt under pressure to come to work when not feeling well.

Divisional and specific departmental actions taken to mitigate the above areas for improvement and a progress update with regard to these were

noted.

The Committee noted the focus within the action plan with regard to bullying and harassment and the work being undertaken with BAME staff around leadership development and educational opportunities.

The Director of Workforce Development advised that the 'Ready Now', Stepping Up and Florence Nightingale Windrush Programmes are to be launched as part of the leadership strategy, with expressions of interest having been sought for this.

Work carried out with regard to the implementation of the Delirium Policy and the training to be undertaken in this regard was noted.

### Medicine

The Divisional Head of Operations (Medicine) agreed to circulate the Medicine Division Staff Survey Action Plan, Action Plan Outcomes and Divisional Staff Survey Action Plan Report presented to the July Operational Board meeting, and noted as follows:-

- Three areas of concern highlighted were Cath Labs, Birch Ward and Knowsley Community Admin. Hub.
- Divisional Level, Cath Lab, Birch Ward and Knowsley Admin. Hub Action Plans were noted, together with outcomes of the action plans with regard to:-
  - Leadership Away Day.
  - Continuation of Weekly Meetings.
  - Bullying and harassment sessions.
  - Cath Lab Manager appointed.
  - Band 5 Senior Team Leaders introduced onto Birch Ward.
  - Appraisal Training.
  - Staff Survey Results Communicated.
  - Learning in Action (LiA).

In summary, the Committee noted the common themes highlighted in the staff survey results across all three divisions, but received assurance that concerns raised are being addressed via the development of appropriate action plans and progress made against these.

### **6.4 Thematic Turnover**

The Committee received a report, prepared by the Head of Human Resources, detailing turnover levels and the emergence of consistent and concerning themes cited in feedback of staff choosing to leave the Trust.

It was noted that the common themes highlighted included senior manager/team, lack of progression/opportunities and lack of development, consistent with themes identified during 'Grass Greener' conversations undertaken in the last 12 months.

The Chair suggested identifying key critical roles and addressing the issues noted as a primary focus with regard to reducing turnover rates.

**TB**

It was noted that work is being undertaken with regard to the development of the Trust's Retention Strategy, which will be underpinned by a Retention Plan to ensure delivery of retention objectives, and it was agreed that this issue would be discussed at the December People Committee meeting.

JTw/VW

It was also agreed that an initial talent grid would be presented at the next meeting following the closure of the appraisal window. Work will then continue with the maximising potential conversations with professional groups and areas.

JTw/VW

The Committee noted the contents of the report.

## **Education, Learning and OD Assurance Reports**

### **6.5 HEE Education Transformation Investment**

The Committee received a report, prepared by the Head of Education, Learning and Organisational Development, outlining the support available from Health Education England (HEE) for the academic and financial year 2018/19.

The Director of Workforce Development highlighted that the emphasis of support from HEE has altered from Continuing Professional Development (CPD) to Workforce Development: Up-skilling, and the funding is now available to all staff, whereas previously this was directed at professionally registered staff. Also, up-skilling investment can only be utilised against identified priority areas.

In conclusion, the report noted that a plan is being developed to ensure that all staff have equal access to funding against the agreed priorities, and that the funding support offered by HEE will be fully utilised by the Trust.

The Committee noted the contents of the report.

### **6.6 Trainee Doctor Action Plan and Review Update**

The Committee received a report, prepared by the Medical Director, updating the Committee on doctors in training staffing levels and progress with improving training opportunities.

The Medical Director highlighted as follows:-

- The Trust has been taken off enhanced monitoring by the GMC due to improvements in the delivery of surgical training evidenced in the 2018 trainees' survey, mainly as a result of surgical registrars having been released from daytime cover in POCCU with the provision of support from ANPs.
- Agreement has been reached for the recruitment of eight new Tier 1 doctor posts to support critical care training.
- Work is continuing to improve the educational/training offer from LHCH to training grade doctors.
- The surgical division has engaged positively with the programme

- review and the report from HEENW.
- Staffing issues are slowly improving.
- The results of the 2018 GMC survey are much improved.

The Committee noted the contents of the report and the continuing efforts to improve doctors' training.

## **7. Governance**

### **7.1 Workforce Risks**

The Committee received a report with regard to a review of workforce risks, prepared by the Head of Human Resources and the Head of Education and Learning.

It was noted as follows:-

- There are currently eight live workforce risks, the highest of which scores 9, that all recorded risks are regularly reviewed and reported through the Workforce Development Group, and that the live risks indicated are due for review in October 2018.
- Risk 484 (Risk to patient experience, operational/non-clinical performance and Trust finances, caused by high turnover of staff with one to two years' experience): should be rated as amber, not red.
- Plans are in place to provide safe and appropriate accommodation for the Education and Training Team via an interim long-term solution involving the use of Moroney House as an education centre.
- Risk 6124 (Risk to staff compliance with mandatory requirements and competency assessments, caused by high DNA rate of training sessions): a full day's clinical skills training is now being undertaken, supported by the Education Team.

VW/RD

The Committee noted the contents of the report and the provision of assurance that plans are in place to identify and address identified workforce risks.

## **8. Date and Time of Next Meeting**

The next meeting will be held on 18th December, 2018, from 12.00 noon until 2.00 p.m. in the Research Meeting Room.