

Item 6.2.4a

## People Committee Meeting

minutes

### Minutes of the People Committee Meeting held on 18th December, 2018

<b>Present:</b>	Mark Jones, Non-Executive Director (Chair) Ken Morris, Non-Executive Director Nick Brooks, Non-Executive Director
<b>In Attendance:</b>	Jo Twist, Director of Workforce Development Dr. Raph Perry, Medical Director Sue Pemberton, Director of Nursing and Quality Vicki Wilson, Head of Human Resources Ruth Dawson, Head of Education Julie Ryan, Executive Secretary (minutes)
<b>Apologies:</b>	Tony Wilding, Director of Strategic Partnerships and Chief Operating Officer

#### 1. Apologies for Absence

As above.

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

There were no declarations of interest.

Action

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

The minutes of the meeting held on 11th September, 2018 were agreed as a true and accurate record.

The Chair raised some matters arising from the minutes, as follows:-

Health and Wellbeing Programme – the Chair asked for an update in relation to addressing stress in the workforce. The Director of Workforce Development advised that this is being done via open days, further promotion, resilience training and closer working with Team Prevent, the Trust's occupational health advisers, and this will be monitored via sickness data. The Head of Human Resources noted that the stress risk assessment is currently being simplified as feedback points to this provoking anxiety due to a lack of understanding of the process. The Director of Workforce Development noted that this work will be part of a continuous programme and an update will be provided twice a year, beginning in March 2019.

JTw

### **4. Action Log**

All outstanding items on the action log were included as items on the agenda.

### **5. Strategy**

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

The Director of Workforce Development reported that the focus at present is implementing the pay award and pay progression elements, and noted that it had been confirmed that pay progression only relates to staff starting in post after 1st April, 2019 and staff who are newly promoted from 1st April, 2019, and that performance related pay will only apply to current staff from April 2021.

It was noted that the Trust is working towards a consistent approach with other Trusts in the Cheshire and Merseyside region in this regard as there is concern that it will create a two tier workforce.

The Director of Workforce Development agreed to provide an update in March 2019.

JTw

#### **5.2 Retention Strategy Report**

##### **5.2a Retention Strategy 2018-2021**

##### **5.2b Retention Strategy Action Plan Summary**

The Committee received the Retention Strategy and Action Plan, prepared by the Head of Human Resources, together with associated documents. The report set out the aim of the retention strategy and outlined a number of retention objectives identified to support this aim.

The Chair asked what actions would be taken differently going forward with regard to the objective of promoting a positive and flexible working environment. The Director of Workforce Development noted that flexible working was also a focus of NHSI and internally, stating that the skill mix on the wards was dominated by newly qualified staff, and the need to attract more experienced staff or staff returning to practice was being

explored. It was also noted that the culture or mind-set with regard to flexible working may need to be addressed. The Director of Nursing and Quality expressed agreement with flexible working but noted the impact of this upon other staff; however, suggested that this could be addressed by working with ward managers. The Head of Human Resources noted that flexible working would assist with staff engagement and staff morale, and that support could be provided to managers via flexible rostering and briefing sessions, for example. The Head of Education suggested that ward staff who have experience of flexible working could be invited to take part in case studies.

As regards this Committee receiving assurance that patient care would not be adversely affected, the Head of Human Resources confirmed that impact on services would be considered as part of the process.

The Head of Human Resources agreed to discuss the roster system with the Director of Nursing and Quality.

The Medical Director stressed the importance of defining what is meant by flexible working and the Head of Human Resources agreed that education is required around this issue.

The Director of Nursing and Quality highlighted the requirement for a robust preceptorship programme for all new starters to include follow-ups, possibly in year two.

The Chair noted a poor response rate to Exit interviews. The Director of Workforce Development advised that there had been delays regarding managers submitting leaver forms, with managers not realising the link between the forms and the interviews; education was therefore being provided around this issue.

As regards senior leaders taking an active role in the development of the current and next generation of LHCH leaders, the Director of Workforce Development noted that this is included in the leadership strategy and that awareness of the many different ways of capturing learning, in addition to training courses, needs to be raised. It was noted that leadership opportunities need to be extended across all tiers of the organisation.

With regard to Retire and Return, the Head of Human Resources noted that this issue is not adequately promoted, with a lack of awareness as to the various options available.

With reference to Career Progression and Development, the Chair asked if the rotational programme and working across boundaries could each be brought forward by 12 months, in order to support closer cross-divisional and organisational working. The Head of Human Resources advised that this issue will be reviewed at the end of year one but would depend upon the Trust having a detailed workforce plan in order to aid identification of roles/posts.

The Committee confirmed the receipt of assurance that the Trust has a robust retention strategy in place and will monitor developments in this regard.

**VW/SP**

### **5.3 Equality and Inclusion Strategy Update**

#### **5.3a Equality and Inclusion Action Plan**

#### **5.3b Equality Delivery System Summary Report**

The Committee received an Equality and Inclusion Update Report, jointly prepared by the Head of Nursing and Human Resources Business Partner, together with appendices as above.

The Director of Workforce Development advised that patient engagement takes place via the Quality Patient and Family Experience Committee and assurance with regard to inclusivity is provided via attendance at patient and staff governance meetings and patient stakeholder groups. It was also noted that work around protected characteristics and how to capture these is continuously being reviewed, and that quality impact assessments are undertaken and design architects consulted with regard to issues such as changes to the physical environment.

The Committee noted the comprehensive reports and the Director of Workforce Development advised that a revised strategy will be produced in quarter 4.

**JTw**

### **5.4 Leadership Strategy Report**

#### **5.4a Leadership Development Strategy Presentation**

The Committee received the Leadership Strategy, prepared by the Director of Workforce Development and the Organisational Development Practitioner, together with a Leadership Development Strategy Presentation. The paper was well received.

In relation to mentors, it was noted that mentors will normally put themselves forward for the role and that mentor study days are held regionally by the North West Leadership Academy. The Head of Education also advised that observed practice sessions are held, and that it is hoped to further develop this area and increase mentor numbers by providing extra practice sessions.

The Committee noted the leadership strategy and implementation plan.

## **6. HR/Education/OD Assurance Reports**

### **6.1 Workforce KPI Dashboard**

The Committee reviewed the Team LHCH Dashboard 2018/19 – Summary of Performance for Quarter 2.

The Chair noted below target scores with regard to 'Be the Best Employer' strategic objective measures. The Director of Workforce Development advised that the figures fluctuate in line with Friends and Family test results, which has a low response rate, but that the pending quarter 4 staff survey results will provide a true reflection.

It was noted that increasing sickness rates are a cause for concern and that uptake of the flu jab stands at 74% against a 75% target.

The Committee noted the information provided.

## **6.2 Key Issues - 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.

Poor attendance at both the Workforce Development Group and Partnership Forum was noted. The Head of Human Resources advised that the Workforce Development Group Terms of Reference and membership had been revised and nominated attendees consulted, with no attendance issues anticipated for 2019. The Director of Workforce Development also highlighted that the Group's remit now included decision making.

With regard to the Partnership Forum, it had been identified that staff side representatives had been meeting with Human Resources teams on separate occasions and it had therefore been agreed to cancel these informal meetings and discuss any relevant issues at the Partnership Forum in future. Timings of the meetings had also been changed, with improved attendance anticipated going forward.

The Committee noted the contents of the report and the work done to deliver within the pilots.

## **6.3 Talent Management Leadership Plan**

The Committee received a Talent Management and Succession Planning Report, prepared by the Organisational Development Practitioner, providing an update on the Talent Management pilot, progress to date and details of future plans.

The Director of Nursing and Quality queried the accuracy of some of the appraisal scores for nursing staff and the Head of Education agreed to examine the spread-sheets to ensure that the scores are accurately recorded.

The Committee noted the contents of the report and the work done to deliver within the pilots.

## **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.

The Director of Workforce Development reported no issues of concern.

The Committee noted the contents of the report.

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

The next meeting will be held on 12th March, 2019, from 9.30 until 11.30 a.m. in the Boardroom.