

Item 6.1.4.2

People Committee Meeting

Item 3

minutes

Minutes People Committee Meeting

held on 05th September 2017

Present:

Mark Jones, Non-Executive Director (Chair)
David Bricknell, Non-Executive Director

In Attendance:

Jo Twist, Director of Workforce Development
Sue Pemberton, Director of Nursing and Quality
Tony Wilding, Chief Operating Officer
Dr Raphael Perry, Medical Director
Hayley Kendall, Divisional Head of Operations for Surgery (Item 10.3)
Tony Bennett, Divisional Head for Operations for Clinical Services (Item 10.3)
Robin Wiggs, Divisional Head of Operations for Medicine (Item 10.3)
Debbie McEllenborough, Executive Assistant

1. Apologies for Absence

Darren Sinclair, Non-Executive Director.

Action

2. Declarations of Interest Relating to Agenda Items

There were no declarations of interest to declare

3. Minutes from previous meeting

The Minutes of the previous meeting were agreed as a true and accurate record.

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 informed the Committee of a rally that was taking place in London on 6th September to call on the government to end the 1% cap on

public sector pay. A further update would be provided once the outcome of the rally and any threat of strike action or work to rule were known.	JTw
The Committee noted the update.	
5.2 AHP Staffing Strategy	
This item was deferred to the next meeting on 12 December 2017	JW/SP
5.3 Team LHCH Framework*	
The Committee received the report and the final version of "Team LHCH as its best 2017-2020 for information" The documents had been approved by the Board of Directors following a few minor amendments. The Committee commented on the excellent document that had been produced.	
Going forward Team LHCH would be available throughout the Trust; located on information boards with obsolete material removed.	
The Committee noted the streamlined approach and supported the framework.	
5.4 Electronic Staff Record (ESR) Development Project	
The Director of Workforce Development presented the report that informed the Committee of the recently initiated ESR Development Project and the proposed timescales for completion.	
The Committee received confirmation that Clinical member(s) of staff had been identified to help address specific issues from a clinical perspective and further assurances would be provided once the Learning and Management Module within ESR in line with the project plan	
A discussion followed on relinquishing the use of MyPACT that staff were now familiar with in favour of ESR. The Committee were informed that although there would be a learning curve for staff, a comprehensive training and communication exercise would be undertaken prior to the new system being rolled out across the Trust.	
The Committee went on to consider wider scale integration and potential issues where Sustainability and Transformation Partnerships (STPs) had identified opportunities to streamline activities between Trusts.	
In making these changes over time, the Committee would need to have a good understanding of why the changes were being made and what benefits would be realised. In addition further assurance would be required to ensure that where work was performed to LHCH standards any changes would not have an adverse impact on the Trust and any staff concerns were addressed.	

The Committee would receive a further update in 6 months.

5.5 Workforce Race Equality Standard (WRES)

The Committee received the report that provided a summary of key workforce updates in relation to Equality and Inclusion (E&I).

In 2016 the staff survey results identified differences in experience when compared against its White and Black, Asian and Ethnic Minority (BAME) workforce, particularly in relation to career progression and promotion with BAME staff potentially experiencing a higher level of discrimination from staff in comparison to the white workforce.

Since the findings, the Trust had taken a pro-active approach by seeking feedback via several protected engagement sessions. Feedback from the sessions had been very open and engaging; an action plan was in place and a number of key work streams relating to WRES results were agreed through the E&I Steering Group.

The Committee focussed on a number of specific issues including

- Bullying and harassment
- Exclusion (particularly in relation to conversations)
- Not being considered for training or promotion

To address the above, BAME staff were completing case studies to identify when and where the issues mentioned above were perceived to have occurred and these would be built into staff training sessions.

The Committee went on to consider the Recruitment and Selection package that was in development and expressed a level of caution in relation to including staff on interview panels.

In conclusion, the Committee agreed it was the responsibility of the Trust to look at the evidence and data to support any changes to interview panels or how training was allocated. The Director of Workforce Development would raise the considerations mentioned above with the senior workforce team to ensure any decisions were managed appropriately.

JTw

6. Dashboards

6.1 Revised Team LHCH Dashboard

6.2 Workforce Strategic

6.3 Workforce Recruitment

The Committee reviewed the 3 revised team LHCH Dashboards and went on to discuss aligning the data and narrative together with streamlining the number of dashboards and focussing on the top 5 key areas of concern requiring improvement, rather

than looking at numerous indicators.

The Committee recognised the importance of the LHCH Strategy and the need to have key metrics in place to measure progress.

In summary, the Director of Nursing and Quality and Director of Workforce Development would work together to produce a more streamlined report akin to the document developed for Quality Committee and the Corporate Strategy, whilst building in the required elements for People Committee.

JTw

7. Resourcing

7.1 Vacancy Levels and Recruitment Plan Update

The Committee received the report that provided the People Committee with an update on vacancy levels, recruitment plans and activities in priority areas.

The Committee noted the continued improved timescales for recruitment and time to hire with the target reduced to 40.6 day against a target of 42 working days.

The report highlighted a number of areas that were facing workforce pressures and these were being picked up and addressed by the Divisions, although in radiology this was a national issue due to a lack of qualified staff.

The Committee went on to discuss how workforce pressures impacted on existing staff and operational issues affected patients. Of particular concern was the difficulties experienced in recruiting to specialised roles such as Cath labs with variable leadership during the past few years. However, although Cath labs were operating efficiently, the lack of a Cath Lab manager had put pressure on senior staff and other options were being investigated such as filling the post via an agency until the Cath Lab Manager was in post.

The Committee considered the initiatives underway to provide assurances given the issues highlighted above; how the Divisions were reviewing ways in which services were delivered and teams restructured to better overcome shortages. A number of new initiatives had been introduced including

- Radiology had developed a “growing our own scheme
- Radiology sharing services with cardiology for imaging
- Organisational changes introduced within cardiology to make best use of staff
- Examining the culture in cath labs, to help improve staff survey results

The Committee noted the report and the steps put in place by the Divisions to address workforce pressures.

7.2 Bank and Agency Trust Wide Usage

The committee received the report that provided an updated position on Bank and Agency usage and included recruitment and bank and agency trajectories for key areas.

The Committee noted the significant improvements that had been realised for Quarter 1 with the actual spend for bank and agency staff being considerably below that of the planned figure. However, given the medical staffing gaps in the junior and middle grade rota together with workforce changes within therapies and finance departments there would be an increase in Q3; planned recruitment and completion of the finance organisational change process during Quarter 2 would see this reduce.

Nursing vacancies would be appointed to in September and the new intake of doctors in December would see the number of vacancies reduced further and as a consequence the diminishing use of bank staff.

Although the Trust were still in enhanced monitoring in relation to Junior Doctors training the situation was improving and the a further visit was planned in November.

In addition, the Trust had received a positive report from the General Medical Council who were reviewing the Trust's training programme and the Trust had received positive feedback compared with other organisations.

In conclusion, the Committee received assurance that previous concerns raised had been addressed and were under control. However, if further issues were raised the Committee would require sight of the underlying details

7.3 Organisational Change Update

The Committee reviewed the report that provided an update relating to progress with organisational change programmes which impacted on the workforce.

The Committee discussed the review of specialist nurses (Cardiology / Respiratory Services) and the complexities within that particular staff group and the implications of staff sickness and the difficulties with providing cover for specialist roles.

The Committee were informed of an initiative underway to review how Knowsley Community nurses could provide cross cover and in addition, a generic specialist nurses' role was being looked at nationally.

In summary the Committee received confirmation of a number of planned training programmes in place in relation to the Cardiology training programme; preceptorship programme; competencies and degree and other pathways available for Registered Nurses.

7.4 Annual HR/ED Policy Update*

The Report was received for information only, there were no further comments.

8. Leadership and OD

8.1 Organisational Development Update

The Committee received the report that provided a brief update on Organisational Development activity with a particular focus on Leadership and Management Development and staff engagement during June – August 2017.

The Committee noted the positive amount of work that had been undertaken; good progress that had been made and received assurance that staff engagement events had focussed on several key issues including Harassment, Bullying and Abuse.

8.2 Appraisal Policy and Divisional Action Planning

The Committee received the report that summarised Appraisal activity to 14th August 2017 and the commitment to achieve 90% compliance by 31st August 2017

The Committee were informed that as of 14 August 2017 appraisal compliance was at 49% and in total 70% of appraisals were either in progress or completed. A further progress update on 4th September 2017 had confirmed that 83% of appraisals had been started and it was likely the planned target would be reached.

The Committee noted the huge improvements that had been made both in terms of appraisal completion and the positive feedback from the evaluation process by appraisees following completion of their appraisal.

9. Education and Development

9.1 Learning Need Analysis Update

The Committee received the report that provided an update on the current status in relation to the corporate Learning Needs Analysis (LNA) for 2018/19

The Committee noted the contents of the report; progress made and received assurance on the approach going forward to establish LNA processes for 2018/2019 via focus groups and discussions at targeted internal meetings.

9.2 CPD/HEE Provision Update

The Committee received an update on recent developments with the provision of Continuing Professional Development (CPD) and the partnership between LHCH and Edge Hill University.

The Committee focussed on the current position and the proposals mentioned in the paper particularly in relation to the Education, Training and Development Policy. The Policy outlined that not all funding would be sourced centrally and

where appropriate, divisions, departments and individuals may fund programmes.

A discussion followed on the impact on staff members if they were expected to self-fund training and education and how staff members may be treated differently depending on whether training was desirable or essential

Further deliberation followed on the importance of the Apprenticeship levy that may solve some of the issues raised and how valuable courses must be continued and available for staff to attend going forward.

In summary, the Committee strongly questioned the proposal in the report for staff to self-fund their training and education; recommending a single policy for all staff.

10. Wellbeing/Staff Experience

10.1 Family and Friends Q1 Findings

The Committee received the report that summarised the results of the latest Staff Friends and Family Test covering Quarter 1 2017/2018. The report compared data from 2014/15, including data from the Staff Survey for the respective reporting timeframes.

Whilst the response rate was marginally higher than the previous survey, work was on-going to examine the process with a view to increasing the number of responses together with a suggestion to compare the Trust with other organisation's results such KPMG / Grant Thornton.

The Committee noted the information provided in the report.

10.2 Freedom To Speak Up (FTSU) Guardian Compliance

The Committee received the report that provided a 6 monthly update on concerns raised via FTSU. The FTSU policy had been updated and the triangulation of data would be presented to Executive Team may forward on a regular basis together with a high level report to be presented at People Committee in March 2018.

The Committee noted the content of the report.

10.3 Divisional Staff Survey Action Plan Updates and Trust Staff Survey 2017 Action Plan

The Committee received the report that provided an update on divisional action planning following the 2016 Staff Survey and progress on plans for the 2017 Survey.

Divisional results had been discussed following the 2016 Staff Survey and action plans monitored. The Divisional Heads of Operations each presented a progress update on their action plans together with the top 5 strengths and top 5 areas for improvement. The key highlights were as follows:-

Surgery Division (HK)

64% response rate with key workstreams underway to deliver improvements together with positive feedback from staff particularly in relation to:-

- Theatre culture programme with lead clinicians addressing challenges, identifying improvements and leading change
- The introduction of matrons had impacted positively on staff and provided significant support to ease the daily work pressures

In addition, the Divisions had combined their performance meetings to analyse cross divisional themes with a view to making improvements and implementing consistent ways of working.

The Director of Nursing and Quality went on to say that theatres was one of the most improved areas; culture was more positive; with close engagement encouraging good communication which had made a huge difference to the openness and honesty in the area.

The next steps would be to communicate improvements to staff ahead of the next survey via audit days and staff meetings.

Clinical Services Division (TB)

65% response rate with key workstreams identified to deliver improvements with the key focus on:-

- Developing a strong radiology leadership team (given the recent appointment of a new Head of Radiology)
- Improving the skills, knowledge and competence of the workforce
- Introducing and embedding a safety culture for radiology teams
- Developing and embedding a culture of learning from incidents and complaints

The top 5 areas for improvement were being addressed, mini conversations had taken place and given the recent changes in the radiology department improvements would be expected when the results of the next survey were published.

Medicine Division (RW)

71% response rate with key workstreams identified to deliver improvements with the key focus on:-

- Cath Lab (weekend working organisational change)
- Cherry Ward (merger of wards/single manager)
- Knowsley admin hub (weekend working organisational change, staff turnover)

All 3 areas had been through major organisational change

with the Community Admin Hub undertaking a significant change to implement 7 day working; a number of staff had been on temporary contracts and once the leadership team was in place at the end of October 2017, it was expected that a number of temporary posts would transfer into permanent positions.

Team away days on culture and values had been arranged together with mini conversation to enable the Community Team to better understand how the department dovetailed with the processes and procedures.

Pulmonary Function had a new interim leadership team in place and was undergoing a full service review of capacity and demand. Boston Scientific were doing a modelling exercise and running process improvement mapping workshops with the Team empowered to review issues and look at ways of redesigning the service.

Further work was also underway to address concerns raised by the Specialist Nurses about their environment and also to address leadership concerns in Cath labs.

In conclusion the Chair stated that what had been seen in each of the Divisions' presentations together with the actions going forward demonstrated a very thoughtful and detailed evaluation.

11. Governance

11.1 Workforce Risks

The Committee received the Workforce Risks report that informed the People Committee of the top (score of 10 or above) workforce related risks as listed on the Board Assurance Framework and the Corporate Risk Register. Currently there were no workforce risks on the Board Assurance Framework scoring above 8.

The Committee noted the content of the report and received assurance that appropriate measures and robust actions were in place to mitigate risks.

11.2 MIAA Job Planning Report

This was a starred item and received for information only. However as the Annual Report was taken to Audit Committee and monitored by MIAA there was no requirement for Job Planning to be presented at subsequent People Committees.

Any Other Business

The Committee discussed the frequency of the meetings and the need to streamline reports and discussions with a clear focus on staff, particularly around education and development.

The production of a concise dashboard would provide the Non-Executive Directors with a level of assurance without the need for complex or

detailed reporting.

Date of Next Meeting – 12th December 2017, 13.00 – 16.00 Boardroom