

People Committee Meeting

Item 7.1.2.2

minutes

Minutes of the People Committee Meeting held on 19th March, 2018

Present:

Mark Jones, Non-Executive Director (Chair)
Darren Sinclair, Non-Executive Director

In Attendance:

Jo Twist, Director of Workforce Development
Sue Pemberton, Director of Nursing and Quality
Hayley Kendall, Divisional Head of Operations –
Surgery (representing Tony Wilding)
Vicki Wilson, Head of Human Resources (observing)
Lucy Lavan, Director of Corporate Affairs (item 7.2)
Helen Turner, Freedom to Speak Up Guardian
(observing) (item 7.2)
Fiona Altintas, Divisional Head of Nursing and Quality
– Surgery (item 5.3)
Steven Colfar, Divisional Head of Nursing and Quality
– Clinical Services (item 5.3)
Karen Wafer, Divisional Head of Nursing and Quality –
Medicine (item 5.3)
Julie Wilkins, Head of Allied Health Professions (item
5.4)
Julie Ryan, Executive Secretary (minutes)

1. Apologies for Absence

Dr. Raphael Perry, Medical Director
Tony Wilding, Chief Operating Officer
Nick Brooks, Non-Executive Director.

Action

The Chair welcomed members to the meeting, particularly Darren Sinclair in the role of Non-Executive Director and Hayley Kendall (as Tony Wilding's representative).

It was noted that Vicki Wilson (newly appointed Head of Human Resources) was present as an observer and that Helen Turner (newly appointed Freedom to Speak Up Guardian) was in attendance to observe as regards item 7.2 (Freedom to Speak Up Annual Report).

The Chair highlighted the constitution and remit of the Committee, i.e. that the Committee is established as an Assurance Committee of the

Board of Directors in order to provide the Board with assurance in respect of workforce governance.

The Committee's main priority and objective was noted 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 highlighted the importance of the Committee's objectives being met in the lead up to an approaching period of uncertainty and change.

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 5th December, 2017 were agreed as a true and accurate record, apart from on page 1, in attendance – Yvonne Altintas to be amended to Yvonne Heslop.

4. Action Log

All outstanding items on the action log were included as items on the Agenda, with the exception of the following:-

- WFP Presentation (deferred until June meeting).
- New Agenda Format – this is now in place.
- Issues regarding viewing of Documents on iPads – this is an on-going issue with possible solutions to be considered).

5. Strategy

5.1 National Workforce Update

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

- Certificate of Sponsorship (CoS) Immigration Rules for non-EU staff: five certificates had been applied for with regard to clinical fellows to assist with the issues with POCCU. However, these certificates had not yet been approved, meaning that the staff in question cannot legally work for the Trust. The majority of these certificates are approved for nurses as these come under the auspices of national skills shortages; however, this does not apply to doctors, and it is hoped that this issue will be rectified. This issue has now been recognised by NHS Improvements, who have contacted all NHS Trusts as a result and are escalating the issue.

The Divisional Head of Operations – Surgery noted that this obstacle would also be encountered with regard to international fellowships in the future.

- Brexit: The Home Office have confirmed that staff already in post, together with their families, will be allowed to stay in the country post-Brexit, and all pertinent staff have been written to and provided with the relevant information in this regard. The issue has also been included in the team brief.
- Public Sector Pay Award: This is imminent but still needs to go through Parliament.

The Committee noted the update.

5.2 Update on Gender Pay Reporting

The Director of Workforce Development presented this report, which provided the Committee with an update relating to its response to the legal requirement to publish gender pay gap data annually, and to provide assurance that this data will be published by the 30th March deadline.

The data shows that, with regard to ordinary pay, on average women are paid 24.63% less than men, with a median (or mid pay) of 4.42% lower than men. However, with regard to nursing and midwifery posts, these are undertaken by 90% of women as opposed to 10% of men. This figure stands at 83% of men and 16% of women in medical and dental posts. Under representation in these areas is therefore the key element to consider with regard to this issue in terms of addressing the pay gap.

The draft report is to be considered by the Executive Team this week and the March Board.

The Committee noted the report.

5.3 Annual Safe Nurse Staffing Annual Review

The Committee received a report presented and prepared by the Heads of Nursing for Surgery, Medicine and Clinical Services.

The Divisional Head of Nursing and Quality – Clinical Services advised as follows:-

This is an annual paper which systematically assesses factors which determine nursing staffing establishment. In line with NICE guidelines, two models (AUKUH and professional judgement) have been used to assess the staffing required across Trust clinical areas. This information has then been triangulated against quality indicator data for each area.

The report incorporates detailed information pertaining to occupancy and acuity levels on the wards, departments and community services, alongside other nurse sensitive indicators. Staffing data accrued monthly has been uploaded to the National Database (Unify) and to the

LHCH website for public access and reported to the Board. The report confirms compliance with safe staffing across the Trust.

Summary of Key Recommendations and Actions taken since January 2017 Report

Significant work has been undertaken to reduce the level of agency spend across the Trust in order to achieve compliance against targets set by NHSI and to maintain financial sustainability. It was noted that areas which have previously been at risk of high agency spend (Critical Care, Theatres and Catheter Labs) have seen significant improvement across the board.

Care Hours Per Patient Day (CHPPD)

A national audit on care teams and care hours per patient day is still being undertaken and may supersede or complement traditional ratios of staff to patients. The Trust is reporting the data on a monthly basis until a decision is made how this data will be utilised by NHSI.

It was noted that nurse recruitment continues to present a challenge.

The Director of Nursing and Quality noted that a benchmarking exercise was proving difficult due to each Trust being set up differently.

It was noted that the staff survey results would provide an indication of staff confidence in individual areas.

Cost Improvements

In 2017, a comprehensive nurse-wide cost improvement programme (CIP) was undertaken and, by year end, the nursing workforce is expected to deliver a 2.39% CIP.

Questions

No concerns were expressed regarding a shortfall of Band 7 nurses in Critical Care as there is sufficient structure in place, including education, to compensate for this.

As regards Advanced Critical Care Practitioners (ACCPs) covering for anaesthetic registrars in Critical Care due to difficulty in recruiting anaesthetic registrars, it was noted that this is part of a detailed two to three year phased plan, including a small pilot study, which is achievable, if challenging.

The Divisional Head of Operations – Surgery advised that a recent meeting of the North West Deanery concluded that the most immediate required action is the provision of daytime cover and the mitigation of risk in the short to medium term via service provision. Feedback received was of positive steps forward as regards tangible deliverables and a long term plan for five day cover.

The Director of Nursing and Quality expressed anxiety with regard to staff retention in the future and the need for the Trust to consider a

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retention strategy.

The Committee remains concerned that the training of ACCPs will be sufficiently timely to meet the requirements of the unit and would like to review progress at the next meeting to gain further assurance.

The Divisional Head of Nursing and Quality – Surgery advised as follows:-

With regard to a shortage of registered nurses on Cedar Ward, it was confirmed that this arose from the movement of Band 4 staff from POCCU into ward areas due to organisational change. These staff members have been included in Health Care Assistant figures as they are not trained nurses. There is also a challenge with regard to staffing of wards as these staff members are not registered. However, it is not felt that this issue presents a risk and there is a robust plan in place to change the way that Cedar Ward operates, with a mock CQC inspection having demonstrated improvement. Internal monitoring is also taking place in this area.

The Chair noted actions being taken and improvements made.

As regards the absence rate for Cedar Ward of 6.55%, it was noted that this is a very difficult, busy, pressurised area to work in; however, the team is working with HR to ensure that the staff sickness is appropriately managed. The Director of Nursing and Quality reiterated the difficulties of working on Cedar Ward but noted that strategies are in place as regards the provision of improved leadership and support in order to ensure continued improvement.

The Head of Allied Health Professions advised that she had been involved in the mock CQC inspection and her independent view was that there has been a remarkable improvement in the level of care over the last six to eight months on Cedar Ward, evidenced by very strong leadership.

The Divisional Head of Nursing and Quality – Medicine advised as follows:-

Birch Ward is a 42 bedded medical ward, which facilitates both cardiology and chest medicine patients. The ward comprises both inpatients and occasional day case patients who require procedures, and acute transfers from other organisations.

Birch Ward was recently split into two wards with two ward managers. One of the managers left the organisation and the ward is being managed by one ward manager for a period of six months, whilst the most suitable way forward is assessed.

Birch Ward has been identified as having the highest throughput in both the Division and the organisation and is being supported through this period of change by HR, the Matron and Head of Nursing.

The decision to split the ward into two wards was a proposal emanating from staff engagement sessions facilitated by HR at which staff

expressed unhappiness and difficulties regarding emerging divisiveness.

The Divisional Matron, Head of Nursing and Ward Manager are creating an action plan for the next six months to ensure stability on the ward area and offer assurance regarding the maintenance of standards, with the one manager in post.

The Committee asked for an update on the action plan for further assurance that the current issues are being resolved, particularly with regard to Birch Ward B.

Community Services

An appendix providing an overview of the staffing and structure of the Knowsley Community Services and hospital based heart failure, cardiac rehabilitation and respiratory/oxygen specialist nurses had been prepared, in order to provide assurance that staffing meets national guidelines where applicable and that safe and quality care can be provided to patients in the community managed by staff employed by Liverpool Heart and Chest Hospital.

It was noted that there is no single national workforce tool for Community Services that can incorporate all factors. Chartered Society of Physiotherapists, College of Occupational Therapists and Royal College of Nursing Guidelines were consulted; however, the diverse models of care provided by community teams and the trans-disciplinary working means that benchmarking would not add value to this exercise, as there are no similar complete models of care such as those provided by LHCH.

Respiratory Team: A recent team away day had been received very positively over all with genuine concerns being raised and discussed.

It was confirmed that the Cardiovascular Service (CVD) and Knowsley Community Respiratory Teams were awarded EECS (Excellent, Efficient, Compassionate and Safe) gold status this year.

As regards CIP targets, it was confirmed that following the move from a hospital to a community setting, only the hospital CIP would be achieved.

COPD Service: The key risks outlined with regard to current pressures within the COPD service due to winter pressures within the Rapid Response service were noted, together with identified solutions.

The Committee will continue to seek assurance that the interventions are having a positive effect and that there is no impact upon the safety of patients.

In summary, the Committee noted the report and appendices and received assurance that a detailed workforce review across the Trust has demonstrated safe nurse staffing Trust-wide.

The Divisional Heads of Nursing left the meeting at this point.

5.4 AHP Staffing Strategy Update

A presentation had been received from the Head of Allied Health Professions, who highlighted as follows:-

Who are the AHPs?

Allied Health Professions are challenging to bring together under one umbrella as they encompass very different areas, as follows:-

- Art Therapists
- Drama Therapists
- Music Therapists
- Chiropodists
- Dieticians (in post at LHCH)
- Occupational Therapists (in post at LHCH)
- ODPs (in post at LHCH)
- Orthoptists
- Osteopaths
- Paramedics
- Physiotherapists (in post at LHCH)
- Prosthetics and Orthotists
- Radiographers (in post at LHCH)
- SALT (in post at LHCH)
- Health Care Scientists – physiological sciences (in post at LHCH)

Health Care Scientists work under a different structure to the rest of the AHPs.

Significant developments have been made in this area, as follows:-

- AHP Lead now in post
- Attendance at Senior Nurse Business Meeting
- Senior nurse walkabouts
- AHP Group
- AHP e-mail (national briefings)
- AHP Conference 2017
- Evidencing the quality and productivity of AHP care (NHSI June 2017)
- AHP Conference June 2018
- LHCH recruitment event.

Contributions made over the past year are as follows:-

- PJ paralysis initiative
- AHP newsletter Summer 2017 (Winter 2017/18)
- Contribution to Leadership Development Programme
- AHP implementation of supervision policy
- Blended roles between therapy and nursing staff on wards to maximise rehabilitation
- Falls study day to improve the knowledge and skills of therapy and nursing staff to reduce falls
- Development of a pre-habilitation programme

- Development of 'Welcome to LHCH – your Inpatient Stay' safety briefing video
- Grow your own talent pipeline – Radiology
- Rotations – 5 Boroughs and Aintree
- Looking forward – 7 day working.

Priorities for 2018/19 will centre around benchmarking against other similar organisations, working in partnership with peers, driving the 'AHPs into Action' agenda, and taking part in more rotations.

The presentation was summarised as follows:-

Strengths:

Collaboration with Nursing.

Communication between AHPs.

Influence.

Talent.

Weakness: Accountability.

Opportunities:

Benchmarking.

Partnership with peers.

'AHPs into Action' – drive the agenda.

Rotations.

Threats:

Maintain engagement from Healthcare Science.

The Committee expressed thanks for the update and congratulations for the achievements so far.

6. Dashboards

6.1 Team LHCH (including Workforce KPIs)

The Committee reviewed the Team LHCH Dashboard 2017/18 – Summary of Performance for Quarter 3.

The Director of Workforce Development advised that, although sickness had considerably reduced, the current year to date rate of 3.94% was still above the target rate of 3.40%. A detailed sickness report for each area is to be considered by the Operational Board. The Director of Workforce Development had received assurance that long-term sickness is being appropriately managed. As regards short-term sickness, this had been high in December/January due to cold and flu episodes, but had reduced significantly in February. There is, however, concern that the end of year to date March target will not be achieved.

The correlation between staff survey results, levels of sickness, staff retention, staff engagement, and also quality, were discussed. The Director of Workforce Development advised that a mapping exercise with regard to issues such as these will be undertaken in the future.

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The Committee noted the information provided.

Assurance Reports:

HR Assurance Reports

6.2 Head of HR Quarterly Update Report

The Committee received a report providing an update and assurance relating to key HR areas.

With regard to streamlining, the Director of Workforce Development highlighted that the HR and Education functions continue to work proactively as part of the North West Streamlining Project (Cheshire and Merseyside). Progress made since the last update was detailed and it was noted that LHCH has representation in every area, including training, recruitment, terms and conditions, etc. However, the Director of Workforce Development noted that overall conformity of Trusts is difficult due to considered areas not being mandatory.

With regard to medical staffing, the Committee noted good progress with regard to work with junior doctors.

The organisational change register, detailing live and planned workforce change plans, was noted. It was agreed to review the presentation of this data as a number of projects remain pending.

The Committee noted the contents of the report.

6.3 Retention Plan

The Committee received a report providing an update relating to turnover within the Trust, and providing assurance that this data is being utilised to explore reasons why and identify key work streams to better understand turnover.

Concern was expressed with regard to the high percentage of staff leaving within a one to three year period, either to work for neighbouring Trusts or due to poor experience and training. The Director of Workforce Development advised that the first 'Grass Greener' session had recently been held (attended by eight members of staff) at which key themes of lack of career progression and staff not being valued (not receiving a thank you) had been cited.

The Director of Workforce Development highlighted a number of initiatives put in place over the last 12 months to improve the data collected in relation to staff leaving, including looking at rotation and secondment issues, training, education and widening of skill sets. Next steps will be to develop a retention strategy with particular focus on critical posts.

The Committee agreed that the next step should be to develop a retention strategy with particular focus on critical posts, key capabilities and high potential staff.

The Committee noted the contents of the report.

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6.4 Staff Survey Results 2017/Staff Constitution Pledges

The Committee received a report summarising the key findings from the 2017 National Staff Survey, stating that the results were positive, with the Trust coming top nationally against other acute specialist Trusts in eight of the 32 key findings (nine last year). In addition, even though there was a reduction in the response rate (from 69% to 62%), the Trust still maintained the top response rate for specialist trusts nationally.

The Director of Workforce noted the positive results, particularly with regard to great improvement as regards support from immediate managers and involvement in decision making.

Areas requiring work to be done remain the same, i.e. reporting errors, near misses and incidents witnessed in last month (91% compared to national average of 92%), experiencing physical violence from patients, relatives or the public in last 12 months (10% compared to national average of 7%), and experiencing physical violence from staff in last 12 months (2% compared to national average of 1%).

The Director of Nursing and Quality expressed surprise at the result with regard to reporting errors, near misses and incidents witnessed as reporting had increased in this area.

The Director of Workforce noted that the staff survey results had been reported in the team brief and been circulated to divisional heads and managers, and been posted on the intranet and via Communications.

It was noted that further analysis of the results will be on-going and that Divisions and Departments will be asked to submit action plans for review by the People Committee in June 2018 and will also present progress against the plans in September 2018. An overall Trust action plan will then be developed, focusing on areas for action as identified in the report.

Education, Learning and OD Assurance Reports

6.5 Head of Education, Learning and OD Quarterly Update Report

The Committee received a report prepared by the Head of Learning, Education and Organisational Development, informing the Committee of the current status in relation to Education, Learning and Organisational Development work streams.

The Committee noted the contents of the report.

6.6 Talent Management Plan

The Committee received a report outlining the Trust's Talent Management and Succession Planning process, with the aim of ensuring that all staff have access to the right opportunities, exposure, stretch and development, in order to be able to reach their potential in their current role or identified roles for the future.

The Director of Workforce Development advised that this process would commence in April 2018, and a progress report would be provided to the Committee in June 2018.

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The Committee noted the contents of the report.

6.7 Appraisal Window 2018

The Committee received a report prepared by the Organisation Development Facilitator, containing a review of learning from the 2017 appraisal window (May to August 2017) and ensuring that this learning is used to improve the process and outcomes for the 2018 window.

The Committee noted the contents of the report.

6.8 Knowsley Community Culture Work

The Committee noted the progress being made with this work stream. Two team development sessions have been held and an action plan developed by the whole team is being progressed.

6.9 Key Issues Paper from HR/Education Group*

The Committee noted the contents of a paper outlining the key issues from the HR and Education Group Meeting held on 24th January, 2018.

6.10 Key Issues Paper from Workforce Utilisation Group*

The Committee noted the contents of a paper outlining the key issues from the Workforce Utilisation Group Meeting held in January 2018.

7. Governance

7.1 Workforce Risks

The Committee received a report detailing the top scoring (score 10 or above) identified workforce risks as listed on the Board Assurance Framework (BAF) and the Corporate Risk Register, to give assurance that these are being identified and escalated and that robust actions are in place to mitigate risks.

As regards Knowsley COPD, the report stated that the score was posted in March 2013 – the Director of Workforce Development stated she would check this date.

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The Committee noted the contents of the report.

7.2 Freedom to Speak Up (FTSU) Guardian Annual Report

The Committee received a report prepared by the Director of Corporate Affairs. The report provided a reflection on the work undertaken during the second year of implementation of the Freedom to Speak Up Guardian role and Freedom to Speak Up Champions Network at LHCH, and its effectiveness in supporting positive cultural change through enabling staff to freely speak up.

The report provided a summary of FTSU activity over the last 12 months, with the aim of giving assurance that the local arrangements in place continue to meet best practice and support staff to raise concerns.

It was noted that benchmarking data from the staff survey results indicates that LHCH performs well within the cohort of comparators for staff engagement and willingness to report unsafe practices.

The Director of Corporate Affairs wished to put on record the excellent work carried out during the previous two years by the former Freedom to

Speak Up Guardian (Liz Pritchard), who had left the Trust in January. Helen Turner's very recent appointment to this role was noted and the Director of Corporate Affairs advised that her role as executive lead in this area would continue. It was planned that Helen Turner would meet various staff groups and particularly focus on engagement with junior doctors, members of the BAME community and interim temporary staff.

With regard to BAME staff, the Director of Workforce advised that a BAME listening group had been set up to meet three or four times a year. This meeting was well attended and Helen Turner was to become a member. It was noted that there are now two BAME FTSU champions.

Helen Turner will also be invited to attend the junior doctors' forum and will also become a member of the Equality and Inclusion Steering Group.

With regard to national recommendation 2 – Potential Conflicts of Interest – the Director of Corporate Affairs confirmed that it had not been necessary for any Guardians/Champions to stand down as a result of a potential conflict of interest, which could arise where a guardian also has a role as a human resources professional. It is therefore recommended that guardians do not have a role in any aspect of staff performance or human resources investigations. As such, it was noted that the Director of Corporate Affairs has the least level of managerial responsibility of the Executive Team and has an independent role of Company Secretary. It was also noted that Helen Turner does not have a wide managerial aspect to her role. If such an issue did arise, it was reported that a champion from another area of the Trust could be selected as there is no status or packing order amongst the champions.

As regards national recommendation 7 – Access to Senior Leadership – it was confirmed that Marion Savill is the non-executive director with responsibility for speaking up.

National recommendation 10 - Time – It was noted that the FTSU champions/guardian are afforded time to attend regional, national and other events.

The Chair particularly welcomed the information with regard to LHCH assessment against National Recommendations and expressed the Committee's thanks for a thorough and informative report.

The Committee noted the report and recommended it for consideration by the Board of Directors in March 2018.

Lucy Lavan and Helen Turner left the meeting at this point.

7.3 Revised Work Plan

The draft People Committee Business Cycle for 2018/19 was received and approved by the Committee.

7.4 Annual Review of People Committee

The Committee received the People Committee Annual Report 2017/18, prepared by the Director of Workforce Development, together with proposed changes to the Terms of Reference.

The Committee noted the contents of the report and confirmation that the Committee has operated effectively during 2017/18.

The Committee noted that any agreed actions arising from the MIAA Committee assurance review will be implemented by the Committee.

The Committee approved the revised Terms of Reference (including a change of priorities for 2018/19 to reflect the introduction of Team LHCH at its Best Framework in July 2017, and minor changes to job titles) and recommended that these be approved by the Board of Directors.

7.5 Change to Committee Membership

The Committee noted a change to the Committee membership, i.e. Nick Brooks to replace David Bricknell.

8. Date and Time of Next Meeting

The next meeting will be held on 19th June, 2018, from 12.00 noon until 2.00 p.m. in the Research Meeting Room.