

People Committee

Item 6.2.3

Minutes

Date of Meeting: Tuesday 6th September 2016

Time: 1.30-4.30pm

Venue: Boardroom

Present: Mark Jones, Chair/Non-Executive Director
David Bricknell, Non-Executive Director
Lawrence Cotter, Non-Executive Director

In attendance: Debbie Herring, Director of Organisational Development & Strategy
Sue Pemberton, Director of Nursing and Quality
Dr Raphael Perry, Medical Director
Tony Wilding, Chief Operating Officer

Ruth Dawson, Interim Head of Education & Learning (Item 4.1 & 4.2 only)
Hayley Kendall, Divisional Head of Operations-Surgery (Item 4.3 only)
Lucy Lavan, Associate Director Corporate Affairs (Item 7.2 only)
Sandra Cudlip, MIAA
Jennifer O'Brien, Secretary

Apologies for absence: Helen Turner, Secretary to the Committee

Sandra Cudlip introduced herself to Committee members that she was in attendance at the meeting as part of the Well Led review MIAA were undertaking in the Trust. Sandra informed Committee members that she would also be in attendance at the People Committee meeting in December in order to identify the progress made between meetings.

The Committee heard a staff story detailing the development of a staff member who had starting working in the Trust in 2009 as a HCA and was currently progressing through her Nurse training, hoping to continue to work in the Trust when she became a fully qualified Nurse. Committee members stated how the staff story highlighted the importance of staff development and the Trust support of this.

1. Apologies for absence

As given.

2. Declarations of Interests Relating to Agenda Items

None declared.

3. Minutes of meeting held on 14th June 2016

Agreed as a true record.

4. Action Log

The action log was reviewed and updated as follows:

Action 1: For review at the December 2016 Committee meeting.

Action 2: Completed and closed as per agenda item 8.2

Action 3: Completed and closed as per agenda item 7.1

Action 4: Completed and closed as per agenda item 5.3

Action 5: Completed and closed as per agenda item 7.1

Action 6: Completed and closed as per agenda item 4.1

Action 7: For review annually from March 2017, added to People Committee business cycle and action closed on action log

Action 8: Completed and closed as per agenda item 5.2 and 4.1

Action 9: Completed and closed; Raph Perry confirmed that Community Services had always been a difficult area to recruit in, however, the Trust were not currently recruiting into this area.

Raph Perry confirmed that the medical strategy had been to the AMD's and Clinical Leads for comment and was now with HR for inclusion at Ops Board on 30th September 2016 for it then to be seen at People Committee at the 6th December 2016 meeting.

Action 10: Complete and closed as per agenda item 7.1

Action 11: Raph Perry updated Committee members that Clinical Leads have assured that there is a cap at 12 PA's on job plans and any working alone this would be required to sign the European opt out agreement. Members were assured that any Consultant working 10 PA's or above were onsite for at least 4 days. Job planning review would commence in October 2016 with assurance to be given to People Committee at the December 2016 meeting that this had been completed before the next round of planning in January 2017.

Action 12: Completed and closed as per agenda item 7.4

Action 13: Completed and closed as per agenda item 7.1 and 8.1

Action 14: Completed and closed, Raph Perry confirmed that 85% of Medical Education Supervisors appraisals had been completed with the remainder anticipated for completion by the end of September 2016. It was seen from agenda item 4.1 that a plan with dashboard and targets was included in the overall training and development plan for the Trust.

Action 15: For review at the December 2016 Committee meeting.

4.1 Training and Development Plan

Ruth Dawson presented the paper on the Learning and Development Plan. Given the issues raised regarding the lack of personal development opportunities in the Staff Survey the committee were concerned at the loss of trainers due to the end of secondments; the reduction in mentorships and triennial reviews; and the challenge of insufficient suitably qualified staff and learning resources needed to provide the Cardiothoracic Degree programme.

It was identified that;

- End of Life training would need to be more specific to areas with a

- review into the content of the training delivered
- The Trust had to ensure realistic targets were set
- A review was taking place over the way in which training is delivered, taking into account the possibility of more modules being delivered via e-learning and pulling essential training together to be delivered in a day rather than sporadically.
- Ensure integrated training plans were in place with clarity around the reporting of targets being met together with sufficient time in the system for staff to deliver these plans.

Whilst the committee were reassured that all key issues were being addressed an update of progress was requested for the December Committee meeting.

RD

The Chair congratulated Ruth Dawson on the outcome of the negotiations with Edge Hill University which resulted in the reduction of the costs of the partnership.

4.2 Apprenticeship Standards and Levy

Ruth Dawson briefed the Committee on the upcoming changes to apprenticeship schemes following the reform programme from the Government. Whilst the final funding rules would be published in October 2016 it was clear that each large organisation would pay a levy of 0.5% of their entire payroll bill with certain offsets for specific groups. This is currently estimated to be 340K for LHCH. Ruth Dawson outlined the actions for introducing the new apprenticeship scheme.

It was confirmed that the Trust currently employed 33 apprentices, 25 of which were Clinical Health Support workers. It was therefore the aim to roll out apprenticeship schemes into a wider range of areas with it noted that there was particular potential in the Medical Engineering department.

The Committee congratulated Ruth Dawson on the quality and thoroughness of the report and actions and requested an update on progress at the March 2017 People Committee ahead of implementation in April 2017.

RD

4.3 Theatre Culture Work

The Chair in his introduction to this agenda item reminded Committee members that people issues in Theatres had been flagged up in Staff Surveys since 2014; excess agency usage had been a feature throughout 2015/16; and that sickness rates continued to be high. He also shared his observations from his joint walkabout with Debbie Herring in Theatres when staff commented on inefficient list scheduling and witnessed a culture at odds with that seen across most parts of LHCH.

Hayley Kendall provided the committee with a paper and verbal update on the on-going work in Theatres to deliver a safe and supportive culture, and in addition reduce agency usage. Following a Safety Culture and Work programme in 2014/15 a number of improvements had been instigated in Theatres including better scheduling of lists and rostering to take account of

longer procedures; Human Factor training; introduction of the HALT and Speak out Safely programmes and an escalation programme to report poor/unacceptable behaviour.

Hayley Kendall informed Committee members that since the new Theatre Manager had been in post, huge progress had been made on the culture and morale within Theatres. The stronger management structure meant that Clinical Leads, Consultants and Anaesthetists were all taking more responsibility to ensure that the culture within Theatres was improved. Senior Leadership was more visible and staff were encouraged to be part of the solution to any problems identified with recent feedback from staff more positive.

Hayley Kendall acknowledged that there was still considerable work to be done, however a definite change in behaviours of Theatre staff at all levels had been recognised and any new information that resulted following more in depth discussions with the Consultants would be built into the new culture programme.

Hayley Kendall outlined the new culture programme using external support which was being rolled out into theatres where one to one staff engagement would help define a culture change programme which would then be introduced using individual and group mentoring sessions across all teams.

Hayley Kendall recognised that further improvements were needed in list scheduling with there still being some timing issues with specific Anaesthetists and Surgeons. However, as there was now a suitable escalation process in place, with any issues reported to the Clinical Lead, then DHoO and finally the AMD it was hoped that greater improvements would be seen.

Committee members also noted that tighter controls were now in place over case lists to try and alleviate over running of cases, with 2 weeks' notice now being given on lists rather than 2 days and good engagement from Consultants had been seen.

It was suggested that staff in theatres be asked to complete a pulse check survey now and then again in 12 months' time to measure progress.

The latest data on agency usage in Theatres was shared and was seen to be below budgeted costs and the recruitment drive that enabled the improvement. The latest sickness and absence data showed an increase over the same period in 2015 however this was largely explained by three long term sickness cases all of whom had now returned to work.

People Committee were assured that there was a strong plan in place to identify culture issues and a more robust escalation process to deal with any issues. The Committee welcomed the pulse check suggested and requested that a progress review be presented at the March meeting.

HK

Strategy

5.1 National Workforce Update

5.

Debbie Herring confirmed to the Committee that the Junior Doctors strike scheduled for week commencing 12th September 2016 had been cancelled, although the strikes scheduled for October, November and December were still scheduled to take place.

Intelligence suggested that there was not complete support from all Junior Doctors for the strikes, although there were still several areas of contention within the proposed Junior Doctors contract, noted as;

- Pay for weekend/7 day working
- Role of Guardians for safe working (it was confirmed that LHCH have one in place)
- Whistleblowing
- Contract being detrimental to part time staff

Debbie Herring assured Committee members that the Trust had good relationships with their Junior Doctors and strong contingency plans were in place for the upcoming strikes.

5.2 People Strategy Plan Update

The Chair reminded colleagues that assurance on the relevance and implementation of the People Strategy was one of People Committee's key responsibilities. The Committee welcomed the operational plan update but noted the number of ambers against "Provide access to the right education and development opportunities for all our people to achieve their maximum potential in their roles". Given the feedback in the Staff Survey training and development opportunities this was of concern to the Committee, although it was noted that work was progressing.

It was identified that a full Training Needs Analysis would be undertaken People Committee requested to see a draft education dashboard at the December 2016 People Committee meeting and the full TNA and dashboard at the meeting in March 2017.

5.3 AHP & Nursing Strategy

Sue Pemberton updated the Committee on the progress on the 2016 to 2018 AHP and Nursing strategies. Staff consultation events and workshops had taken place on the AHP strategy eliciting views and action plans from AHP and Nursing staff on the direction they would like the strategy to take and these suggestions had been built into the plans.

The Committee also reviewed progress of the Nursing Strategy action plan and congratulated Sue Pemberton on the progress to date, however asked whether given work demands and the lack of mentors as mentioned in agenda item 4.1 whether on-going plans may be overly ambitious. Sue Pemberton confirmed that the action plan was be closely monitored on a monthly basis by Senior Nurses with involvement from both the Medical Director and Director of Nursing as appropriate.

DH

People Committee were assured that a detailed action plan was in place to deliver the strategy and requested 6 monthly updates.

6. Collective Leadership

6.1 Staff Survey Action Plan

Debbie Herring reported that following the 2015 survey there had been Trust wide feedback to 31 staff groups by neutral facilitators with action plans developed to address issues identified by the survey results. Common themes emerging from the feedback were: staff development, recognition and flexible working; inter and intra departmental communications and staff facilities.

The 2016 survey will be carried out in the autumn in either electronic or paper formats as appropriate to each work area.

6.2 HR/ED Policy Review

The committee noted the policy development and reviews as itemised in the paper.

6.3 Staff FFT Quarter 1

The Q1 staff FFT survey had a 27% response rate and a score that was consistent with previous quarters.

Debbie Herring informed the committee that new questions had been added to the Staff Survey which would inform the strategic board and equality and inclusion dashboards.

People Committee noted the reporting issue identified by the Trust whereby some of the data for 2015/16 Q4 which had been drawn from the survey monkey in April 2016 had inadvertently been included in the Q1 figures which had been submitted to NHS England.

7. Resourcing

7.1 Bank and Agency Usage

The Chair thanked the teams for the clarity of the new report in particular the trends analyses for the top ten areas of Agency, Bank and Overtime usage. Over Q1 2016/17 there had been a significant drop in agency usage which was largely a response to increased recruitment; tighter control measures and improvements in sickness and absence rates. Committee members were asked to note that the increase in agency spend for Knowsley Community was due to the expansion in the service resulting in an increased 7 day admin service from a 5 day and the reliance on fixed term contracted staff to deal with this expansion.

Debbie Herring presented an analysis of the impact of the introduction of weekly pay for Bank, whilst the data suggested that this was a contributing factor it was difficult to measure its impact compared with other initiatives.

SP

Committee members welcomed the campaign to attract registered nurses onto the Bank, as there were currently only 14 registered.

The Chair asked Debbie Herring whether the financial data in the tables matched the numbers sent by Finance to the Integrated Performance Committee. Debbie Herring responded that the report was jointly produced between HR & Finance and the figures seen at both Committees' should correlate, although some deviation would be due to usage versus invoices paid that month.

Whilst the reduction in Agency usage in Q1 was welcomed, particularly the progress made on SICCU, the Committee will continue to monitor this closely over the rest of the year.

Wellbeing

7.2 Report from Freedom to Speak Up (FTSU) Guardian (agenda item 10.1 refers)

Lucy Lavan provided an update on the Freedom to Speak Guardian Initiative. Following the last update, four expressions of interest from staff in the BME group to become Guardians had been received and two of these had been selected, bringing the group to twelve, all of whom had now participated in an induction session.

A system had been put in place for Guardians to submit their record logs to the FTSUG so that referrals could be collated; themes identified; and deliverables checked.

The national FTSU Guardians had strongly recommended alignment of local policies with the published national Whistleblowing Policy, Lucy Lavan assured the Committee that the revised policy was aligned with the National best practice guidance and had been agreed with the Trade Unions.

The question was raised how other campaigns such as Speak out Safely linked in with the reporting provided from issues raised with the guardians. Lucy Lavan confirmed that she would triangulate these and provide an annual report to ensure all concerns were reported.

Lucy Lavan was asked to provide biannual updates and any key themes emerging. The People Committee business cycle would be updated accordingly.

HT

7.3 Vacancy Levels and Recruitment Plan Update (agenda item 7.2 refers)

Debbie Herring presented the latest vacancy level and recruitment data, at the end of July there were 140 wte vacancies of which 77.8 were for nurses however 6 started in August, 59 were currently going through pre-employment checks and 22 international had been offered jobs. Of the five "difficult areas to recruit to" Critical Care, through a successful recruitment programme, now had a full complement; Cath Labs were still finding it difficult to recruit but had managed to keep turnover low; Theatres were starting an innovative "Job

Shops” programme with local universities; The challenges seen on Oak and Cedar remained and a review was under way to consider the moving of patients to reduce the demanding patient requirements.

The time from advert closing to candidate recruitment at 22 days was still over the current KPI of 12 days, management training was in place. The time taken for pre-employment security checks was also above the KPI however a change of provider for the Occupational Health service was expected to rectify the situation.

People Committee recognised the on-going work into recruitment programmes and commended the novel approaches taken in both Cath Labs and Theatres. Committee members were informed that a paper was being taken to the Board of Directors regarding the beds on Critical Care explaining that the reduced length of stay was due to a more streamline discharge process resulting in reduced occupancy and this would be factored into both recruitment and annual planning for the next two years.

7.4 Organisational Change Register (agenda item 7.3 refers)

Debbie Herring informed Committee members that as part of the Cheshire and Merseyside STP, Aintree Hospital would be leading on the provision of the Estate Services across a number of Hospitals. The Trust was waiting for written confirmation from Aintree of the proposal, with a paper expected to go to the Board of Directors in September 2016.

Debbie Herring confirmed that the Trust would be submitting plans in October 2016 following a review into all ‘back office’ functions and to identify whether any additional areas would be outsourced.

It was agreed that the Organisational Change register would be amended and risk rated and presented quarterly to allow the committee to monitor the impact of change programmes.

DH

7.5 Equality and Inclusion Progress Update (agenda item 7.4 refers)

Debbie Herring advised the Committee that the Trust had submitted its WRES data on 1st August 2016 and the document was included for information. Key highlights for the Trust were around career progression and levels of discrimination of BME groups of staff.

Debbie Herring reported that a recent BME Listening into Action event had been well received and had generated a number of useful ideas for improvement such as recruitment, training and leadership.

An Equality and Inclusion dashboard was presented to the Committee who noted the progress made and the positive engagement with BME staff.

8. Dashboards

8.1 Workforce Dashboard

Debbie Herring highlighted that although a high turnover is traditionally seen in

certain areas of the Trust due to the specialist work, the current level of turnover at year's 1-2 service was of some concern and this would be closely monitored.

Time to hire was slightly worse due to a joint problem of managers taking slightly longer to efficiently complete shortlisting the promotion of the previous manager to a new role. The new recruitment manager was due to start on 3rd October 2016 and would be focussed on improving performance.

A difference in the target for time to hire on the detailed recruitment dashboard and that reported on the quarterly KPI was noticed and Debbie Herring said she would investigate.

DH

Committee members were encouraged to see that absence rates were green even though the targets had been tightened and were assured that appraisal compliance was expected to improve in October following the completion of 2016 appraisals.

I

8.2 Equality and Inclusion

The dashboard provided colleagues with in depth data extracted from the Q1 Friends and Family Test results, with additional questions included to align with the staff survey and strategic dashboard. The staff survey for 2016 would be conducted in Quarter 3 and therefore comparison data would be used for the E&I dashboard in Quarter 4.

Committee members raised concern that over 21% of staff said they had experienced harassment, bullying or abuse at work from other members of staff. A Trust wide initiative would be put in place to tackle this problem if following a review of the results from the 2016 staff survey this issue was still highlighted as a problem. In the meantime, staff would be encouraged to report any concerns to the Freedom to Speak Up Guardian.

DH

The People Committee Chair agreed to highlight to the Board of Directors the feedback received from this dashboard and the concern raised above.

MJo

9. Education and Development

9.1 Medical Education and Supervisor Appraisals Update

People Committee members were satisfied with the update provided by Raph Perry under action log item 14 in relation to this matter.

10. Governance

10.1 Workforce Risks (agenda item 11.1 refers)

The Committee reviewed those areas of the Corporate Risk Register that related to its mandate:

- Low recruitment or retention leading to high Agency usage. Following

the discussions during agenda items 7.1 and 7.3 the Committee were assured that the necessary measures were in place and were being monitored

- The impact of reduced funding from Health Education England on Medical, Clinical and Vocational development. The Committee were assured following the action plan shown under agenda item 4.1 that an action plan was in place to educate and develop staff despite the reduced funding.

Debbie Herring also raised the issue of the Apprenticeship levy impact upon education and finances. The view of the Committee was that this issue should be raised with the Board of Directors to determine whether this should be on the risk register.

Debbie Herring confirmed that the risk rating for the Junior Doctors strike would be amended to reflect the strike actions planned for October, November and December.

11. AOB

Following a question raised over whether the LNC was still an active Committee, Raph Perry informed colleagues that it was, although this was owned and driven by the BMA and the Consultants body, not the Trust.. Raph Perry confirmed that he had offered to reinstate the quarterly Board of Clinicians meeting to encourage medical staff engagement, although he was yet to receive feedback from colleagues in relation to this matter.

Committee members were informed that the next meeting was scheduled for October 2016 and there was now a new BMA representative and representation from the Junior Doctors. A new Chair would also need to be elected by the Consultant due to the retirement of the current Chair.

Date of Next Meeting:

12.

Tuesday 6th December, 12.30-3.30pm, Boardroom