

## People Committee

### Item 6.1.1a

## Minutes

**Date of Meeting:** Tuesday 6<sup>th</sup> December 2016  
**Time:** 12.30 – 15.30  
**Venue:** Boardroom

**Present:** David Bricknell, Non-Executive Director (Chair)  
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  
Jo Twist – Mersey Care and pending Associate Director of HR (LHCH)  
  
Sandra Cudlip, MIAA  
Debbie McEllenborough, Support Secretary  
Justine Brislen, Head of Learning and Development (Item 9)

**Apologies for absence:** Helen Turner, Secretary to the Committee  
Mark Jones – Non-Executive Director

#### 1. Welcome and Apologies for absence

As given.

#### 2. Declarations of Interests Relating to Agenda Items

None declared.

#### 3. Minutes from Previous Meeting 6<sup>th</sup> September 2016

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

#### 4. Action Log

The action log was reviewed and updated as follows:-

**Item 1 & 2** – Completed and closed as per Agenda item 5.5

**Item 3** – Verbal update provided by RAP on job planning, economies,

consistency, training etc. The job planning process will be audited in March 2017 after the next Job Planning round has taken place in January 2017. The committee discussed the development of metrics (part of the Medical Workforce Efficiency project) around efficiencies for outpatients department and theatres to further determine productivity and time efficiencies and for individuals and teams to deliver against activities in the Annual Plan. Any requirement for additional consultants to be identified early 2017 to help align with the plans. Verbal update to be provided at the next People Committee meeting in March 2017.

RAP

**Item 4** - Completed and closed as per agenda item 9.3

**Item 5** – Update and explanation required for RAG ratings of Amber and Red as per Agenda item 9.2

**Item 8** – Guiding principles would be raised with the Executive Team for discussion at the next BoD Strategy meeting as per Agenda Item 5.2

**Item 12** – Carried forward to March 2017

## **5. Strategy**

### **5.1 National Workforce Update**

The Director of Strategy and Organisational Development briefed the Committee on the National Workforce priorities and confirmed that no further strike action was planned by junior doctors. Implications of the new contracts were yet to be determined and the Committee received assurance that the Trust had plans in place to mitigate any concerns.

In addition, a number of changes and development opportunities had been raised by the Secretary of State including apprenticeships, escalator opportunities for staff to develop and progress and a possible route for health care assistants to progress to nurses

The Director of Nursing informed the Committee that a number of Advanced Nurse Practitioners were now in post. Plans were in also in place to streamline the development process and potentially make it more attractive to enable staff to enhance their skill levels.

In summary, the Committee acknowledged the good work that had been completed to date and the additional work that was underway to grow the Trust's leaders and managers.

### **5.2 STP and Organisational Change Programme**

The Committee received the paper that was taken as read and the Chair commented that the revised format for the report was much improved as it reflected work that had already been completed and risk rated the changes.

The Committee discussed a number of concerns in relation to the future configuration of back office and clinical support services across Cheshire and Merseyside as part of the STP and the impact this could have on staff retention and morale as these changes were implemented and the need to ensure that standards and patient safety were not compromised.

It was highlighted that a need for guiding principles would be prepared by the Executive Team for discussion at the Board of Directors Strategy Meeting in February to ensure that quality of service and patient safety was

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not affected by subsequent changes. Changes affecting the workforce are being managed in line with the Trust's Organisational Change Policy.

The Committee also asked that a comprehensive communication plan be developed to keep staff informed about the STP changes.

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The Committee would receive a further update in March 2017.

### **5.3 People Strategy Plan Update**

The Committee received an update on progress with the People Strategy Operational Plan for 2016/17. The key issues included:-

- Proposals for the implementation of Values Based Recruitment.
- Development of a talent management plan
- Organisational Learning Needs analysis
- Review of My Pact and OLM to enable the use of streamlining LHCH's training data and packages with other NHS Partners.

In addition, a career framework and pathway for nursing staff was under review and would take into account data from the Learning Needs Analysis that is being completed together with discussions with focus groups and senior nursing colleagues.

The committee noted the contents of the report and asked to receive an update on the career framework and pathway for nursing staff at the next meeting in March 2017.

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### **5.4 Equality Strategy Update**

The Committee received an update on the Equality and Inclusion Strategy. The Committee was asked to note the report and the progress being made in relation to the Equality and Inclusion Strategy.

### **5.5 Approved Medical Workforce Strategy (RAP)\***

The Committee received the Approved Medical Workforce Strategy report for information and received assurance that plans were being taken forward. The report focussed primarily on the medical workforce rather than junior medical staff or ANPs and had previously been presented in draft format at the People Committee in June 2016.

The Chair commented on the comprehensive level of detail contained in the report and asked for it to be shared with the Board of Directors.

RAP

### **5.6 Health Education England Workforce Planning Submission**

The Committee received the report for information and noted that the submission was required by Health Education England and identified an expected reduction in staffing numbers to meet the 3% CIP saving which would need to be considered carefully by the Board.

## **6. Collective Leadership**

### **6.1 Leadership and Management Development Review**

The Committee received the review that provided an update on the current position of Leadership and Management Development against the original plans in terms of what had been delivered to date and what was planned.

A series of Master Classes had been delivered and attended by the Divisional Heads of Operations and Associate Medical Directors. Feedback had been positive and more programmes were scheduled for next year.

The Committee noted the contents of the report and asked for a further update to be presented to the Committee in 6 months.

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### **6.2 Trainee Doctor Action Plan and Deanery Visit Feedback (RAP)**

The Committee received the updated action plan and were informed that all outstanding actions had been completed following the last visit by Health Education North West (HENW).

The Committee welcomed the positive progress that had been made with all items on the action log satisfactorily completed. In addition, the Trust had received constructive feedback following the recent visit by HENW enhanced monitoring team and a recommendation that the Trust will be coming out of enhanced monitoring in the summer of 2017. Subject to the outcome of the next GMC Junior Doctor's survey in March 2017 full visit would be arranged during 2017 and reported back to the People Committee in March 2018.

A further update would be provided at the next meeting in March 2017.

**RAP**

Moving forward multi-disciplinary team working and the development of Advanced Nurse Practitioners (ANPs) roles alongside junior doctors would be key and all staff would be encouraged to attend audits days and regular forums as part of their development journey.

**RAP/JTw**

The committee was asked to note the progress made in managing the outstanding issues raised by HENW and the GMC and received assurance that the Trust would be coming out of enhanced monitoring.

The Chair and the Non-Executive Director expressed their thanks to the staff and medical education team with their help in improving the process and bringing the outstanding actions to a successful conclusion. The Committee acknowledged that staff had worked hard to achieve this and should be congratulated on their efforts.

### **6.3 Staff FFT (DH)**

The Committee received the Staff Friends and Family Test dashboard that summarised the results of the latest test covering Q2 in 2016/17 and also provided a comparison with data from 2014/2015. The results showed there had been little change between the two surveys the Recommendation for Treatment score and the Recommendation as a Place to Work had stayed the same as the previous year.

The Committee were informed there would be no FFT survey in Q3 in view of the Staff Survey running concurrently. The Trust remained one of the highest nationally completing the staff survey and the results would be presented for review at the next meeting in March 2017.

The Committee were asked to note the information provided in the Staff FFT Dashboard.

## **7. Resourcing**

### **7.1 Vacancy Levels and Recruitment Plans**

The Committee received a detailed report outlining work in progress to ensure the Trust had a proactive recruitment procedure in place. An internal rotation process had been implemented for catheter laboratories to help reduce the use of agency staff in that department.

The Committee discussed the time to hire rate and delays in the shortlisting process. These were being addressed by the new Head of Resourcing and a proactive planning approach had been developed to support managers to improve this.

A number of issues on Cedar and Oak ward concerning skill mix and experience had been identified and were being addressed by the Director of Nursing and Quality together with the Heads of Nursing. Vacancies had been appointed to and candidates were under-going pre-employment checks

Whilst staff had been recruited, they were still inexperienced on Cedar ward and the Director of Nursing had made some organisational changes within teams to enable the less experienced nurses to gain more confidence and these changes would be reflected on the Workforce Plan.

Although the Committee gained assurance that overall vacancy levels were dropping and recruitment processes had improved, the challenges experienced on Cedar and Oak wards remain a risk. The committee asked to be kept updated on progress.

**SP**

### **7.2 Bank and Agency Usage**

The Committee received a detailed review of agency spend that indicated the Trust would deliver its NHSI agreed trajectory reduction for 2016/17. However, agency spend had increased in some areas including Catheter Laboratory, Radiology and some corporate areas

The HR Business Partners and Departmental Leads were working in partnership to help reduce reliance on agency staffing with particular focus on the top 5 areas with high spend. There were still a few areas requiring improvement with the emphasis on clinical and nursing areas. E-rostering was being rolled out across each area of the Trust with most clinical areas now complete.

Two non-clinical areas had been identified as recruiting agency staff in isolation this had ceased in one area that had recently appointed new staff and the other area was undergoing a contract review and as a result

vacancies were being held.

The committee received assurance that the continued work within the Divisions, Temporary Staffing and Resourcing Teams would achieve an on-going reduction in agency usage and spend. Changes to the Health Trust Europe (HTE) framework to include total Workforce Solutions would also result in further reductions. The Trust was now in a position to negotiate with approved agencies to review both the price and wage cap and the Head of Resourcing would work with finance to develop further financial analysis and bank and agency profiling.

In conclusion, the plan was challenging and the Committee requested that the teams now produce a forecast outturn for the end of the year. The Trust would need to carefully monitor spend and identify staff gaps where departments were unable to recruit and robust plans in place to mitigate the risk.

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The Committee were asked to note the contents of the report and the plans in place to reduce bank and agency spend.

#### **Agency Usage – Board of Directors (Private Paper)**

The Director of Strategy and Organisational Development tabled an additional agency usage paper that was going to the Board of Directors (BoD) meeting on 13 December 2016 for their consideration.

The Committee reviewed the additional report and noted that it conformed with the previous item they had already received and provided further assurance of the work underway.

#### **7.3 External Contracts Monitoring**

The Committee received the report for information.

### **8. Dashboards**

#### **8.1 Workforce Strategic Dashboard**

The Committee received the Workforce Strategic Dashboard. Current performance improvements were required in a number of areas including agency spend and absence rates. Appraisal compliance was also slightly below target although this was expected to improve as staff had their appraisals planned before the end of the year.

The Committee noted the dashboard and received confirmation that steps were underway to complete appraisals and reduce agency spend.

#### **8.2 Workforce Recruitment**

The Committee received the Quarterly Recruitment Key Performance Indicators Report. There were a number of improvements being made to advance time to hire and the shortlisting process. Team Prevent were currently working through the pre-employment checks and this was expected to improve over the coming months as the new provider was expected to obtain occupational health records in a more timely manner.

The Committee noted the KPIs and the improvements and progress made to date.

## **9. Education and Development**

### **9.1 Learning Needs Analysis and Draft Dashboard**

The Committee received the report and the draft dashboard and the papers were taken as read. The Learning Needs Analysis and dashboard that are being developed will inform the Committee on the training and funding required and will provide an indication of where the Trust needs to focus and how this will dovetail with the appraisal process.

The Committee went on to discuss the engagement sessions and how they needed to reach all front line staff to ensure that engagement and communication was robust. The CQC preparation earlier in the year and the staff survey had also provided confirmation that education needs for non-clinical staff were an issue that needs to be addressed.

The Director of Nursing confirmed she is also undertaking a review of Band 2 and Band 3 roles and responsibilities for staff on the wards to ensure they are clear about their responsibility and consistently applied.

The Committee was asked to note the contents of the report and the progress that had been made to date.

### **9.2 Learning and Development Plan**

The Committee received an update on the current status in relation to Learning and Development from the Head of Learning and Development. There had been several changes within the Education team that provided the department with an opportunity to review roles and responsibilities.

The Committee also reviewed the Learning and Development Plan including end of life care training and received an update on a number of areas that had been prioritised for training.

The Committee were informed that an education dashboard was currently in design and would report on mentorship updates, various internal compliances and cardiothoracic programme data. The dashboard would be available for review at the next meeting in March 2017.

The Committee voiced concern about the lack of funding available for the mentorship programme and the availability of nursing staff to attend the training and the impact this would have on support for student nurses. The Committee went on to discuss various options including:-

- Cross working with staff from Mersey Care
- Paying for bespoke additional training places
- Sharing costs with other Trusts
- Tailored courses for LHCH staff
- Using charitable funds

The Committee went on to discuss the Workforce Streamlining Project and

the possibility of reverting back to Oracle Learning Management (OLM) instead of MyPact for mandatory training and how this could potentially increase the risk of staff not being fully compliant with their training.

Given the above, the Committee voiced their concerns in relation to quality of service and patient safety issues if staff were not fully compliant with mandatory training. However, the Committee was informed that further work was planned to agree training requirements across the patch and to review the benefits and risks of using MyPact versus OLM and interfaces with other systems to ensure that patient safety was not compromised.

The Committee reviewed the Education and Learning Action Plan and it was explained that the Amber RAG ratings were shown as a caution as they had yet to be completed. The Chair asked for the reasons for amber or red ratings to be included in the plan going forward and an explanation of what was being done to address this

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/RD

The Head of Education on leaving was asked to ensure that the one term of Learning and Development be consistently used when referring to the function and plan.

In conclusion, the Committee noted the contents of the report and the Chair commented on the excellent progress that had been made.

### **9.3 Review of 2016/2017 Appraisal Process and Talent Management Governance**

The Committee received a review of the 2016/2017 appraisal process that included an overview of the proposed talent post of the 65 staff that had been identified as exceeding expectations. Plans were underway to develop this talent pool to help improve staff morale and develop home grown talent.

The Committee received assurance that the gap between appraisals completed and the expected target would close.

The members of the People Committee were asked to note the content of the paper and the talent management plan that had been devised to help with succession planning. The committee asked to be kept updated with progress.

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## **10. Governance**

### **10.1 Workforce Risks**

The committee received a paper that summarised the top workforce related issues as listed on the Board Assurance Framework (BAF) and the Corporate Risk Register.

The committee went on to discuss 7 day working, concerns highlighted by specific staffing groups and ensuring safe staffing levels on wards where there were less experienced nurses.

In conclusion, the Committee noted the report and asked that STP organisational changes were appropriately reflected and scored in the BAF and Corporate Risk Register and all risks shared with the relevant

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department.

The Chair closed the meeting and thanked the Director of Strategy and Organisational Development for all her efforts whilst at the Trust and wished her well in her new role.

**11. Date of Next Meeting**

Tuesday 6<sup>th</sup> March 2017 08.30 – 11.30 Boardroom