

People Committee

minutes

Date: Thursday 1st October 2015

Time: 9.30am

Venue: Boardroom

Present: Mark Jones/Non Executive Director (In the Chair)
David Bricknell/Non Executive Director
Laurence Cotter/Non Executive Director
Debbie Herring/Director of Strategy and Organisational Development.
Sue Pemberton/Director of Nursing and Quality
Raph Perry/Medical Director
Tony Wilding/Director of Operations

In attendance: Sarah Bradley/Secretary
Steven Colfar/Head Clinical Service (Item 8.5)
Julie Wilkins/Head of Therapies (Item 8.2)

1	Apologies received None	
2	Declarations of Interest Nothing to declare	
3	<p>Terms of Reference</p> <p>The terms of reference were noted and approved. The Chair stressed that the People Committee needed to be mindful of duplication. The aim of this Committee was to identify issues, implement solutions and monitor effectiveness of interactions to address people related issues. The People Committee covers every member of staff in order to give the Board assurance that these issues are being addressed.</p> <p>Operational workforce matters will be managed through the HR and Education Group which reports to the People Committee.</p> <p>The Committee would review its Terms of Reference in Summer 2016 based on the results of the 2015 National Staff Survey.</p>	<p>DH</p> <p>All</p>

4	<p>Challenges for 2015/2016</p> <p>The Chair advised the Committee about the discussion held in the Non-Executive Directors meeting to ensure their concerns about the workforce were being addressed through the People Committee. The priority areas arising from the NED discussions are listed in Appendix 1 and include Agency usage, sickness and absence rates managing growth demand and improving engagement.</p> <p>The Committee considered the Terms of Reference. The Terms of Reference were approved subjected to a few minor changes.</p>	All
5	<p>People Committee Business Cycle</p> <p>Debbie Herring presented the business cycle which was noted by the Committee and approved. A date would also be identified for a meeting in June 2016. The next People Committee Meetings are scheduled to take place on 8th December 2015 and 8th March 2016. These dates have been secured so that discussions are meaningful and timely as matters arise eg staff survey results to ensure they are discussed at an appropriate time.</p>	DH
6	<p>6.1 People Strategy and Plan</p> <p>The four pillars of 'The People Strategy' were outlined in the document presented to the Committee.</p> <p>Debbie Herring presented the Strategy and the 3 year delivery plan which would be referenced and reviewed every quarter.</p> <p>It was noted that each member of the Human Resources Team have objectives under pinning this plan and these will focus on areas for improvement. The Trust was in a favourable position compared to other organisations in relation to its staff survey results.</p> <p>Targets were monitored through the HR dashboard and actions would come to the People Committee for assurance.</p> <p>The Committee discussed the limited information available from the Occupational Health Department in relation to staff suffering from stress and depression and noted there were no particular patterns against sickness absence.</p> <p>It was confirmed that "special leave", was at the discretion of managers but the new policy provided more guidance and offered the employees support, occupational health appointments, counselling and a phased return to work.</p> <p>The Committee agreed that it would review this plan quarterly allowing regular review and scrutiny assuring that the Trust's Strategic Priorities for staff are identified, implemented and monitored providing assurance to the Board.</p> <p>6.2 National Workforce Update</p> <p>Debbie Herring presented the National Workforce Update. It was agreed that a regular update would be provided quarterly.</p>	<p>DH</p> <p>All</p>

7	<p>Collective Leadership</p> <p>7.1 Staff Survey Action Plan</p> <p>The Committee were informed about progress against the 2014 Annual Staff Survey action plan and the 2015 campaign for the Staff Survey which commenced in September 2015. Discussions had taken place to ensure that feedback and action planning was meaningful. Progress would be monitored through the HR and Education Group and results fed back to the People Committee.</p> <p>7.2 Trainee Doctor's Survey Review – Trainee Doctors Induction</p> <p>Feedback from the Trainee Doctor Induction review was presented to the Committee. The majority of the feedback was positive and any risks that were identified had now been addressed providing the Committee with assurance. Evidence has been prepared in preparation for the forthcoming Deanery Visit in October 2015. The Committee would be updated further in December 2015.</p> <p>7.3 HR/ED Policy Review</p> <p>The Committee received an update on the HR and Education policy review. This would be an on-going process and progress would be presented to the People Committee bi-annually. The target date for all policies to have been reviewed was December 2015.</p> <p>7.4 Staff Survey and Friends and Family Test</p> <p>The results of the Quarter 2 Staff Survey and Friends and Family Test were fed back to the committee. The survey consisted of 2 questions as follows:</p> <ul style="list-style-type: none"> • How likely you are to recommend LHCH to friends and family if they needed care or treatment? • How likely you are to recommend LHCH to friends and family as a place to work? <p>Scores had improved since the results in Quarter one in 2015/16. The next Friends and Family Test would take place in Quarter four in 2015/16 as the National Staff Survey would be completed in Quarter three.</p> <p>Sue Pemberton assured the Committee that the divisions were feeding the results and action plan back to the Operational Board.</p>	<p>DH</p> <p>RAP</p> <p>DH</p> <p>DH/SP</p>
8	<p>Resourcing</p> <p>8.1 Workforce KPIs 2015/2016 Overall Performance Dashboards.</p> <p>Debbie Herring informed the Committee that a new Head of Resourcing, Jennifer Davies, had been appointed and was actively involved in the recruitment process working with LiA following staff feedback and a</p>	

	<p>considerable amount of progress had been made.</p> <p>A number of open days are taking place together with a local recruitment campaign. A European International recruitment campaign was being taken place using Skype as a more cost effective means of accessing candidates.</p> <p>8.2 Allied Health Professionals Staffing Levels</p> <p>This report was presented by Julie Wilkins to provide assurance that staffing met national guidelines where applicable and that safe, quality care would be given.</p> <p>A number of opportunities would be explored including a review of KPIs used for individual therapy teams. An investment of £137K has been made to provide additional physiotherapist for rehab in the Critical Care Area and to work between Surgery, Anaesthetics and Critical Care and stroke /rehab teams to gain wider experience in both fields. A review of the Therapy Department workforce plan should be undertaken to consider areas where skill could be changed to improve staffing in Occupational Therapy.</p> <p>The Therapy Department were confident they could provide full assurance that staffing levels were adequate to provide safe care and meet national guidelines in the major specialities.</p> <p>8.3 Vacancy Levels & Recruitment Plans and KPI</p> <p>Debbie Herring presented the Vacancy Levels and Recruitment Plan updating the Committee on vacancy levels and associated recruitment plans and activities.</p> <p>The Committee were informed that the Trust was now recruiting more staff than the number of leavers following a nurse recruitment drive.</p> <p>A revised vacancy approval process had been implemented in August enabling fast track authorisation for clinical roles.</p> <p>The Committee were assured that the new process would be monitored to ensure it was improving the recruitment process and that it is was also assisting managers. LiA have an Enabler Group focusing on any issues arising and feedback.</p> <p>There was a proposal in place for an International recruitment campaign and open day recruitment events.</p> <p>8.4 Bank and Agency Usage KPIs</p> <p>The Committee noted there had been a sharp upward trend in the use of agency staff. The Trust had a set target to reduce the amount spent from 4% to 3.6% to save £270k but current spending levels were far above this.</p> <p>The Committee were informed that Monitor has capped the use of agency staff at 3% of the total pay bill. The Trust had set a trajectory to reduce reliance on Agency Cover to 7% and spend by the end of 2015/2016. This trajectory improvement has been approved by Monitor.</p> <p>The Committee were guaranteed assurance that work streams were in place to help reduce reliance on agency staff and efficiency savings which included</p>	
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	<p>a new E-roster system enabling staff to book shifts from their phone/ipad, new bank rates of pay, improved recruitment processes, improved sickness absence rates and reduced staff turnover.</p> <p>Progress would be monitored by the People Committee through workforce metrics(core set to be finalised for discussion at the December meeting) and CIP Steering Group outputs.</p> <p>8.5 Bank & Agency Spend - Critical Care</p> <p>Steven Colfar presented action plans for the management of bank and agency staff. Recruitment initiatives were discussed to reduce the effects of turnover and to support an improved pathway to reducing the nurse agency spend in Critical Care.</p> <p>Sickness on CCA was at approximately 8%. Plans were in place to reduce this to 5% by the end of the year.</p> <p>Off duty was planned starting with lower numbers on a Monday and increasing in numbers through the week as activity rose, and then reduced again at the weekend. Weekend working and/or additional sessions impacted on this and this was being revised.</p> <p>Other issues raised were as follows:</p> <ul style="list-style-type: none"> • Staffing resource and budget broadly similar to that of 2012 • Bank and Agency usage was at a premium. • Activity in Critical Care had increased year on year since 2012 • There is a marked increase of level 3 patients • Band 4 Intensive Care Assistants are not trained to care for Level 2/3 patients. They are only allowed now to care for Level 1 patients and therefore this has become a less effective use of resource. • Retention remains a concern with Band 5 Registered Nurses. • Critical Care Staff have been providing ward cover elsewhere. <p>Variable shifts had been implemented within Critical Care. The activity for the number of beds was over established and as a result there were challenges trying to get the balance of staff right throughout the shifts. Sickness had also led to a spike in agency use. Usage by band 4 staff in an Intensive Care Unit is no longer supported by the Care Quality Commission.</p> <p>The Committee discussed the fluctuations in Critical Care Staffing levels noting the optimum level would be 9 registered nurses +/- 5 to manage transfer over more effectively.</p> <p>There was a requirement for substantive posts and it was noted that six vacancies would be accrued when the High Dependency Unit beds in Cedar Ward had been incorporated in October 2015.</p> <p>After consultation with Critical Care, staff concerns were noted in relation to the frequency of pay ie monthly versus weekly. From November 2015 the</p>	<p>DH</p>
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	<p>Trust had made changes with payroll to enable bank staff to be paid fortnightly. The possibility of weekly pay has been considered but there were Her Majesty Revenue and Customs implications if this was to take place before the start of the next financial year.</p> <p>Debbie Herring would look at rates of pay for each staff group. An initial agreement was been made to over recruit by five Band 5 nurses and then review.</p> <p>It takes approximately six months to get staff in place and fully operational. Plans have been developed to replace the 9.1 wte Band 4 Intensive Care Assistants with Band 5 nurses.</p> <p>A new attendance policy is in place and a robust sickness management plan has be developed to reduce absence to 5%.</p> <p>Human Resources would discuss with St. Helens & Knowsley payroll department the move to weekly pay for Bank shifts in the new financial year.</p> <p>In the meantime a fortnightly payroll for bank shifts will be initiated from November 2015. The Committee were assured that further plans were in place for 2016 and that processes were being reviewed and monitored by the Head of Nursing for Critical Care.</p> <p>8.6 Turnover KPI</p> <p>The Committee received an update on turnover levels within the Trust incorporating exit interviews and the implementation of the new process from April 2015.</p> <p>As part of the Trust Workforce Utilisation Project that had been set up to review the amount of bank and agency staff a work stream had been created to reduce turnover by understanding why employees are leaving, where they are going and why. A project plan has been developed and an update on progress would be reported to the committee on a quarterly basis.</p> <p>8.7 Payroll</p> <p>The Committee received assurance that St. Helens and Knowsley pay role department were extremely efficient. An agreement had been made to extend their contract for a further two years at a reduced price.</p> <p>8.8 PMO Workforce Change Programme</p> <p>The Committee received a briefing on the position in relation to the two transformational work force related schemes; namely workforce utilisation and Agenda for Change Maximisation.</p> <p>The Project Management Office were working on 8 work streams and the Committee were assured that the processes would be reviewed regularly as the deadlines near to completion to ensure Quality and Safety Risks continue to be managed appropriately.</p> <p>Copies of the Project Initiation Document and current Quality Impact Assessment for the work streams were presented to the Committee.</p>	<p>DH</p> <p>DH</p> <p>SP</p> <p>DH</p>
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	<p>8.9 Doctors in Training</p> <p>Dr. Perry presented an update on feedback received following the Improvements to the Doctors in Training Induction Programme.</p> <p>It was agreed that Dr Raph Perry would provide routine monitoring reports which would include updates on doctors being in the correct band allocation and to check that they comply with the New European Working Time Initiative. This would be presented bi-annually to the Committee by Raph Perry.</p> <p>The Committee were assured that all rotas had been monitored prior to the next Deanery Visit due on 22nd October 2015.</p>	RAP
9	<p>9.1 Appraisal Rates</p> <p>The 2015 round of appraisals were due to be completed by the end of October 2015. A new process had been introduced (PACT) available via the Intranet for all staff excluding medical staff who have a separate appraisal process linked with revalidation. The consultant's job plans would be revisited December 2015.</p> <p>9.2 Mandatory Training</p> <p>The Trust's targets of 95% compliance for Mandatory Training is higher than most other organisations. There was a new Mandatory Training package in place (PACT) which was more user friendly and available to all staff via the intranet.</p>	
10	<p>10.1 Sickness Absence</p> <p>The Human Resources department has introduced a new Attendance Policy and training package to help managers including how to manage staff with absences relating to stress and disabilities. This was based on training sessions and the HR advisors were confident the Trust was on track to reduce sickness absence to its target of 3.6%.</p> <p>10.2 LiA Progress Report (expand)</p> <p>Since its introduction in April this year over 200 staff had raised issues through LiA 'Big Conversations'. There were 10 clinical improvement projects being focused on, one involving cath labs who were to engage in feedback with staff who wanted more patient contact.</p> <p>The Committee was informed that recruitment time to hire was an issue raised by staff but this had improved by reducing Executive approval and a change in the number of references required.</p> <p>The medical secretarial team had raised the issue of noise levels in their open plan office so new head phones had been ordered to address this.</p> <p>The Intranet Staff Directory had been updated.</p> <p>Suggestions and suggestion boxes were available to use as the next round LiA engagement approached.</p>	

Appendix 1

Challenges for 2015/2016*

- **Use of Agency and Bank**
- **Sickness and Absence Rates**

- **Leavers**
- **Challenged Areas e.g. Critical Care**
- **Junior Doctors**
- **Pay and Conditions and Models of Working.**
- **Managing Growth in Demand**
- **Engagement**
- **Building the LHCH Brand**

****Source Neil Large "A People Strategy 26/3/15 & NED Meeting 8/9/15***