

## Item 3

## Minutes

**Title of Meeting:** People Committee Meeting  
**Date:** Tuesday 8<sup>th</sup> March 2016  
**Time:** 3pm – 5.30pm  
**Venue:** Boardroom, Trust Headquarters

**Present** Mark Jones (Chair)  
 David Bricknell, Non-Executive Director (NED)  
 Lawrence Cotter/Non-Executive Director (NED)

**In Attendance:** Debbie Herring, Director of Strategy & Organisational Development  
 Sue Pemberton, Director of Nursing  
 Raph Perry, Medical Director  
 Tony Wilding, Chief Operating Officer  
 Liz Pritchard, Head of Education (in attendance for item 8.1)  
 Lisa Salter, Head of Nursing (Surgery) (in attendance for item 8.5)  
 Helen Turner, Executive Assistant (note taker)

<b>1</b>	<b>Apologies For Absences</b>  None	<b>Actions</b>
<b>2</b>	<b>Declarations of Interest</b>  There were no Declarations of Interest from the People Committee members in relation to items on the agenda.	
<b>3</b>	<b>Minutes from Previous Meeting held on 8<sup>th</sup> December 2015.</b>  <b>Item</b>  Agreed as a true record subject to Item 5.1 amendment  <i>5 year Medical Workforce Strategy (MWS) was being developed which would complement the Divisional Workforce Plans but would not be available until March 2016. Amended to June as reflected in the action log</i>	
<b>4</b>	<b>Action Log</b>  The channels for 'Raising Concerns' item of the monthly corporate induction be	

	captured and brought to the June meeting of People Committee.	DH
5	<p><b>5.1 National Update – Junior Doctors Contract</b></p> <p>People Committee noted the contents of the paper, welcomed it as a helpful briefing and reviewed the details of the new Junior Doctor's contractual arrangements which will apply from August 2016.</p> <p>Discussions were had on the overlap between the EU monitoring directives; (the 'new deal' and EWTD) presented in item 7.8 and the new contractual arrangements which will be implemented with the 'new deal' once Junior Doctor's transfer to the new contract.</p> <p>It was agreed that the focus for the People Committee on this matter will be to monitor and seek assurance that the safeguards on working hours for junior doctors are being met both across LHCH and for any external work with which they may be involved.</p> <p>A letter and petition with over 2000 signatures sent to all Foundation Trusts asking them reject the new contract was shared with the Committee.</p> <p><b>5.2 People Strategy Plan Update</b></p> <p>The amended RAG ratings in the plan, which are now based upon performance versus delivery, were welcomed by the committee as a better assurance tool for monitoring the delivery of the People Strategy.</p> <p>Concern was expressed on the number of Amber ratings for many of the Development &amp; Training objectives particularly given comments on this area in the Staff Survey and the pending introduction of AHP and the Nursing Strategy.</p> <p>The Committee sought assurance on the red rating under Priority 1 for Education and Development and were assured that an appointment had been made to the PEF role and a potential candidate had been lined up for the Clinical Practice Educator, both posts are difficult to recruit to due to the specialised nature of the work, with this work underway an amber rating would be more appropriate.</p> <p>As an assurance to the committee that training and development was progressing to plan DH was asked to present an update on the programme at the next committee meeting. To assist in the identification of trends in the data the committee asked for future reports to have a summary matrix of performance versus delivery of the projects. The Quarterly KPI chart at the back of the Clinical Quality paper submitted to the Quality Committee was cited as a potential template.</p>	DH

	<p><b>5.3 Draft 2016/17 Operational Plan – Workforce</b></p> <p>DH submitted the Operational Plan - Workforce for noting. It was suggested by the committee that under "Related Risks" consideration should be given to adding 'Potential Impact on Staff Morale' due to changes to the operating model. DH agreed to amend the plan accordingly</p> <p>The committee sought and received assurance on the areas of outsourced support services and shared services with Royal Liverpool and Broadgreen Hospital Trust chiefly to monitor staff morale and be assured that LHCH management still has control over key areas.</p> <p>The committee also noted and commended the positive culture change in Cath Labs.</p> <p><b>5.4 AHP Strategy and Nursing Strategy</b></p> <p>SP submitted the AHP and Nursing Strategies for approval in principle. Explanation of the methodology of the strategies was positively received and the committee commended the consultative approach particularly to those areas of staff who traditionally have felt "out of the loop".</p> <p>People Committee supported the strategies in principle and agreed that the final draft strategies and action plans which sit alongside them would be submitted to the June meeting.</p>	<p>DH</p> <p>SP</p>
<p><b>6</b></p>	<p><b>6.1 Annual Staff Survey Results</b></p> <p>DH shared the findings from the early release of the National Staff Survey. Across a range of measures LHCH was ranked within the top 5 organisations in the country. After a discussion on all the findings in the report the committee raised the following areas for further assurance;</p> <p>the percentage of staff reporting near misses and incidents; the effectiveness of related procedures for reporting however after discussion this would be better addressed by the Quality Committee. The People Committee would however like to see plans for</p> <ul style="list-style-type: none"> <li>• Addressing Staff appraisal rates – 2016/17 appraisal process will be brought to June meeting</li> <li>• The percentage of staff experiencing violence from patients; A paper outlining actions and breaking down the violence as malicious or as a result of dementia/medical conditions to be brought to People Committee in June</li> <li>• Opportunities for flexible working patterns. DH assured the committee that this was not a risk.</li> </ul> <p>The committee sought assurance that work was on-going to disseminate the information and to 'drill down' into the report to find the pockets of dissatisfaction for further action and support. Executive's confirmed this was</p>	<p>DH</p> <p>TW</p>

	<p>happening.</p> <p>The committee raised the data in the report for Workforce Race Equality Standard where the figures suggested that BME individuals experienced a greater level of bullying from staff; discrimination at work and a lower belief that the organisation provides equal opportunities than their white counterparts. The committee were asked to look at item 7.9 KPI and received assurance that through the Equality and Inclusion steering group, trends were to be measured. Other measures being taken to address the issues raised are the inclusion in the quarterly friends and family survey of the four questions relating to WRES and monitoring of recruitment.</p> <p>More background and the plans to address the issues raised opposite equality and diversity to be provided at the next committee meeting.</p> <p><b>6.2 HR/ED Policy Review</b></p> <p>People Committee noted the contents of the report and queried the participation of the unions in reviewing policies. The Committee discussed the LNC and the recent retirement of its Chair and requested an update and assurance on the LNC key contact at the June meeting</p>	<p>DH</p> <p>RAP</p>
7	<p><b>Resourcing</b></p> <p><b>7.1 Bank and Agency Trust Wide Usage Update</b>  <b>7.3 Vacancy Levels and Recruitment Plan Update</b>  <b>7.4 Recruitment KPI</b>  <b>7.5 Turnover KPI</b></p> <p>The committee reviewed the data on resourcing (7.1, 7.3, 7.4 7 7.5) and sought assurance on the following points:</p> <ul style="list-style-type: none"> <li>• The committee requested details of the additional premium being paid for cover by agency compared with substantive staff</li> <li>• Higher than expected levels of non-clinical bank and agency staff were confirmed as hard to recruit business critical areas such as IT and clinical coders.</li> <li>• Investigate agency use in Medical Secretaries, Porters and Domestics and report back in June</li> </ul> <p>The committee agreed that whilst the reduction in Agency from 14.6% of nursing staff costs to 9.4% in January is a significant achievement the committee remains concerned that the Agency Trajectory Monitor of 6% by March will not be reached. The committee asked to see a revised Agency trajectory for review at the next meeting and also would like an update on the effectiveness of recently introduced measures to reduce Agency usage (rates and frequency of pay for Bank: e roster: recruitment activities, agency staff moving to bank staff)</p> <p>The Committee noted the commendable changes in Critical Care with only 6</p>	<p>DH</p> <p>TW</p> <p>DH</p>

	<p>vacancies, reduction in sickness, improved leadership and appointment of a new matron under Fiona Altintas.</p> <p>The Committee welcomed the changes in vacancy rates which have reduced significantly from 140.8 April'15 to 95.3 Jan'16; our starter rate now exceeds leavers; and the reductions in time to recruit from 77.7 to 57.1 days. The committee wished to pass on their thanks to all the teams involved.</p> <p><b>7.2 Nurse Staffing Levels</b></p> <p>People Committee noted the contents of the report and that it had been presented at the January Quality Committee and had no further comments or questions.</p> <p><b>7.6 Payroll KPI</b></p> <p>People Committee noted the Payroll KPI and had no further comments</p> <p><b>7.7 Carter Review - Workforce</b></p> <p>A summary of the Workforce recommendations in the Carter Report was shared with People Committee. Neil Large has asked that the IPC be the lead assurance committee to monitor implementation of the report however it was agreed that assurance of adherence with the new national People Strategy should be led by the People Committee. MJ agreed to discuss this with Neil.</p> <p>The Committee noted that further information is expected for specialist Trusts and will be shared with the committee as soon as it is received. Work is already underway to ensure accurate reporting on ESR to gain a clear picture on where efficiencies can be made.</p> <p><b>7.8 Junior Doctors Monitoring</b></p> <p>People Committee noted the contents of the Junior Doctors Monitoring report and as recorded in item 5.1 plans to monitor compliance with the new European Working Time Directive were presented to the committee who were informed that the necessary monitoring was in place to assure compliance. The committee was assured that the new directives would be maintained once the new contract for Junior doctors was implemented later in the year.</p> <p><b>7.9 Equality &amp; Inclusion Report/KPI</b></p> <p>People Committee noted the contents of the Equality and Inclusion report and had discussed and sought assurance on the pertinent issues in item 6.1</p> <p><b>7.10 Workforce Plans</b></p> <p>People Committee noted the contents of the report and the level of detail the Division's undertake for the annual plan. The Committee noted that investment in recruitment was yielding results.</p>	MJ
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8	<p><b>8.1 Learning Needs Analysis</b></p> <p>People Committee noted the contents of the Learning Needs Analysis report presented by Liz Pritchard, Head of Education and were assured that there was a full organisational needs analysis on-going and would be in place to be presented at the June meeting.</p> <p>The committee also sought assurance that a rolling six monthly review of all mandatory training took place. Additional to the training outlined in Appendix 1 a request was made to include End of Life and Patients with Enhanced Needs in the mandatory training.</p> <p><b>8.2 Appraisal Rates KPI</b></p> <p>People Committee noted the Appraisal Rates KPI as discussed and actioned at item 6.1 and had no further questions or comments.</p> <p><b>8.3 Mandatory Training Levels KPI</b></p> <p>People Committee noted the Mandatory Training Levels KPI as discussed and actioned at item 6.1 and had no further questions or comments.</p> <p><b>8.4 Medical Revalidation</b></p> <p>People Committee noted the contents of the report and that it had been recently presented at the January meeting of Quality Committee and had no further questions or comments.</p> <p><b>8.5 Nurse Revalidation</b></p> <p>Lisa Salter, Head of Nursing (Surgery) presented the Nursing Revalidation report. While acknowledging the time needed for the process it was acknowledged revalidation was a useful tool and enhanced the appraisal process. Discussion was had on the similarities between medical and nurse revalidation and the rigour of process was confirmed. It was also confirmed that revalidation was not the channel to pursue if there were concerns over a member of staff and revalidation could still happen if this was the case.</p> <p>People Committee noted the contents of the report and were assured that the Trust had the necessary arrangements in place to implement national policy.</p> <p>Annual Summary of Revalidation to be brought to People Committee</p>	<p>LP/SP</p> <p>SP</p>
9	<p><b>9.1 Sickness Absence KPI</b></p> <p>People Committee noted the contents of the Sickness Absence report and KPI as discussed at item 6.1 and had no further questions or comments.</p> <p><b>9.2 LiA Progress Report</b></p> <p>People Committee noted the contents of the LiA Progress report and commended the progress and achievements by the LiA team due to the focussed nature of the programme. Discussion was had on keeping the</p>	

	<p>momentum going and the positive affect on staff morale.</p> <p><b>9.3 Occupational Health KPI</b></p> <p>People Committee noted the Occupational Health KPI and had no further questions or comments.</p> <p><b>9.4 Raising Concerns</b></p> <p>People Committee noted the Raising Concerns report and sought assurance on how feedback was given to those raising concerns.</p> <p>The Committee was assured that the process for reporting was strong, that the profile about raising concerns was high, the message reinforced daily at Safety Huddle and although feedback did happen through a number of channels it needed to be sensitively strengthened.</p>	
10	<p><b>10.1 NHS Constitution - Staff Pledges</b></p> <p>People Committee noted the contents of the NHS Constitution report and had no further comments or questions.</p> <p><b>10.2 Workforce Risks</b></p> <p>People Committee noted the contents of the Workforce Risks report and sought assurance on Risk 150 Consultant Intensivists. Steps are in place to address the risk and People Committee will continue to monitor progress.</p> <p><b>10.3 HR &amp; Education Group Key Issues</b></p> <p>People Committee noted the contents of the HR &amp; Education Group Key Issues report and had no further questions or comments.</p> <p><b>10.4 People Committee Annual Report</b></p> <p>People Committee noted the contents of Annual Report and asked for inclusion within it that the committee's work date had centred on core workforce activity monitoring and addressing improvements to</p> <ul style="list-style-type: none"> <li>• Agency Staff</li> <li>• E-Rostering</li> <li>• Bank Rates</li> <li>• People Strategy action plan</li> <li>• Development plans</li> </ul>	DH
11	<p><b>Date of Next Meeting</b></p> <p>14<sup>th</sup> June 2016 12.30pm – 3pm Boardroom</p>	