

## minutes

### E-Meeting of the People Committee Meeting

#### Minutes of People Committee Meeting held on Tuesday 5<sup>th</sup> September 2023

##### Present:

Margaret Carney (MC) (Chair)  
Justine Brislen (JB)  
Nicholas Brooks (NB)  
Peter Cook (PC)  
Alex Garbett (AG)  
Stephanie Keelan (SK)  
Vinny Langan (VL)  
Rachael McDonald (RMc)  
Karen Nightingall (KN)  
Sue Pemberton (SP)  
Raph Perry (RP)  
Clare Quarterman (CQ)  
Louise Robson (LR)  
Julie Roy (JR)  
Beth Williams-Lally (BW-L)

Non-Executive Director  
Clinical and Medical Education Lead  
Non-Executive Director  
Recruitment and Resourcing Lead  
Associate Director of Data & Analytics  
Senior HRBP/HRBP Team Leader  
Workforce and Education Analyst  
Head of Health & Wellbeing, Inclusion & Culture  
Chief People Officer  
Director of Nursing  
Deputy CEO and Medical Director  
Director of Medical Education  
Non-Executive Director  
Divisions Director of Nursing, Medicine  
HR & OD Manager

##### Apologies for Absence:

None

##### Minutes typed by:

Ruth Gaunt (RG) (Minutes)

Senior Executive Assistant

The Chair, Margaret Carney (MC) welcomed all to the meeting.

#### 1. Apologies for absence/Matters arising

All meeting participants attended the Microsoft Teams meeting. There were no apologies noted.

MC thanked BWL for the commitment and passion brought to the culture and wellbeing agenda and wished BWL well for the future as she leaves the Trust in October. MC also thanked KN for contributions and leadership of the agenda which has gone from strength to strength in terms of workforce, staffing and people. KN will be leaving the Trust in December.

#### 2. Declarations of Interest

#### Action

No participants declared any interests.

### **3. Minutes of meeting held on 5<sup>th</sup> June 2023**

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

### **4. Action Log**

All items on the action log discussed as agenda items.

Action 1 - Update on the Trust's oversight of clinical coders. RMc to provide an update at the next meeting.

Update – Clinical coders are now employed by Alder Hey.

Outcome – Action removed.

Action 2 - KN to provide update to the committee regarding “scaling people services” and developments moving forward.

Outcome – Action complete.

Action 3 - RMc present new format of the HR and L&D Assurance Report to prevent duplication and focus on compliance and assurance.

Update – Action complete.

Action 4 - RMc to provide an update around the increase in informal action and potentially disciplinary action, to include complex and nuanced cases.

Update – Action complete.

Action 5 - Workforce KPI's to be converted to the SOF format.

Outcome – Action complete.

Action 6 - CQ to provide a Simulation update.

Update - Complete

### **5. Dashboard - SOF format/workforce KPIs**

Dashboard – Strategic Oversight Framework (SOF) format

MC advised that each assurance committee have discussed the SOF format, to agree the relevant assurance required. Information to be added onto a dashboard to provide the opportunity to focus on metrics that make the most difference, those that should be watched continually and those to be driven. This will flow from the SOF presented to the Board of Directors.

AG explained that the monthly LHCH Board of Directors report has been updated, moving away from rag rating to the approach of SPC charts. All data will be displayed using SPC charts and each area will have sections to include commentary overseen by a SRO, drive metrics with technical analysis and actions, watch metrics and summary table with all data.

Drive metrics are defined as a metrics actively chosen to work on to drive improved performance. These metrics are closely aligned with the hospital's strategic priorities. Watch metrics are metrics watching for adverse performance, not actively looking to drive improvement. Each section of the SOF will have commentary provided by the SRO for this area of work. The commentary will be split into highlights, areas of concern and forward look with actions.

An SPC chart is a time series line chart with three reference lines that help to appreciate variation in data, centre line (mean or median), upper and lower lines (control limits). In a stable process you can expect that 99% of data points to fall within the control limits.

There are four rules to identify special cause variations. A point beyond the process limits, a run of points all above or all below the mean, a run of points all increasing or all decreasing, and two out of three points close to a process limit. AG provided a brief overview of the variation and assurance icons.

AG suggested a wider suite of metrics providing more detailed viewpoint for a people committee perspective. The committee agreed to move to the SOF format with work in progress to agree final metrics required.

LR advised that general comments were made during the Integrated Performance Committee extraordinary meeting around forward look, trajectories and the difference between a descriptor and an action to capture metrics off track. MC advised that further work is required around the process of taking forward watch and drive people metrics and consideration around other metrics to be included in the report. MC to meet with relevant leads prior to the next committee to refine SOF metrics.

MC

AG advised that the SOF also provides a platform to showcase good work and progress that has taken place.

#### Workforce KPIs

Turnover, 10.79%. Sickness, 4.14%, stress and anxiety continues to be the top reason followed by flu and colds through the summer, plus an increase in Covid. Mandatory training, above target at 96.6%. Strike days were used for completion of mandatory training.

## **6. Strategy**

### **6.1 National workforce update and Unions (Partnership/LNC)**

KN provided the committee with a verbal update which informed colleagues that the consultant strike is due to take place on 19<sup>th</sup> to 21<sup>st</sup> September. Junior doctors strike, 20<sup>th</sup> to 23<sup>rd</sup> September. Both consultants and doctors strike 2<sup>nd</sup> to 5<sup>th</sup> October. Silver command will plan in terms of preparedness.

LHCH have not experienced HCA strikes. The Trust implemented a competency-based framework several years ago to address the issue of moving HCAs from band 2 to band 3.

SP raised concerns around the overlap of junior and consultant strikes. RP confirmed that consultants will provide emergency and urgent cover. Both groups exercised industrial action in low percentages. Divisions continue to work on plans with hope of action from the government beforehand.

Scaling people services is a national initiative to encourage Trusts to brigade together regionally, to include collaboration of recruitment across the region, business partner models across the region. , A meeting is scheduled for Wednesday with the CPO of the ICB and HR Directors across Cheshire and Mersey to discuss further. LUHFT are a key organisation with several HR Directors and KN expects them to become the driver. Further update to be provided at the next meeting.

PC advised that there are signs of growth around the digital staff passport which went live last year, initiative to speed up movement of staff with honorary contracts initially and may be launched to all new starters for Trusts, preventing repeated checks. NHSE have refreshed the strategic recruitment process and following negative feedback from heads of recruitment from across the country, NHSE will review the process further.

The 15-year workforce plan has been launched, LHCH to review strategies to ensure this reflects the workforce plan.

KN confirmed that LHCH overarching people strategy, recruitment and retention strategy, learning and development strategy and EDIB strategy are now fully embedded.

## **6.2 EDIB improvement plan and Anti Racist framework**

RMc presented the EDIB improvement plan and Anti Racist framework. The paper was circulated prior to the meeting and was noted as read.

A detailed annual EDI update was provided to the BoD in May including analysis of WRES/WDES results; therefore, the report focuses on LHCH response to the NHS Improvement Plan, Anti Racist Framework and obligations to publish equality monitoring data on an annual as part of Public Sector Duty under the Equality Act.

The documents were published in June which is timely in line with LHCH year 1 EDI action plan and currently in the process of developing year 2 plan, local plans will build into the national plans with an integrated approach which will help moving forward.

Most actions in the EDI action plan are around 2024 however there are some completed dates for 2025-26. LHCH will align the lifestyle cycle to the strategy with actions built in. Initial assessment of the current position is required, and further work required around the anti-racism framework in order to move into silver status followed by achieving gold status. SP advised that the requirement for gold standard references dashboard data which could be included in the SOF.

PC explained that ESR have improved the personal information section of the portal dashboard with will improve data available on sexual orientation. It was questioned that there is no requirement to monitor diversity of applications as well as among those shortlisted in the recruitment section of the NHS report, and PC confirmed that reports can be pulled from NHS Jobs however anonymised.

The development of a robust action plan for 23-24 will drive the agenda forward and engagement with colleagues from protected groups will be intrinsic to this work. Monitoring and review of equality related activities undertaken through the Trust's established EDIB Steering Group and People Delivery Group. Assurance updates will continue to be provided to the People Committee.

NB asked if it is impossible to discriminate anyone as protected characteristics are not provided. PC provided assurance and the committee agreed that the process is satisfactory. RMc advised that a training package is being rolled out around inclusive recruitment which will improve skills and competencies for managers to recruit in an inclusive way.

MC stated that the committee will continue to provide focus of driving performance through action plans.

## **6.3 People Delivery Group - update**

RMc provided a verbal update and informed the committee of the good attendance at the last People Delivery group meeting which took place on 1<sup>st</sup> August with representation from across the organisation.

You said, we listened was presented with templates shared with the group providing a consistent approach across the Trust and into the divisions with a positive response.

A summary of the long-term workforce plan and the EDI action plan was discussed, providing key highlights. The culture and wellbeing strategy was socialised with positive feedback received. Department leads provided people strategy updates which informed the update to People Committee.

A presentation was provided around the introduction of EPRR (Emergency Planning Resilience Response) and agreement made to include in the essentials training package.

The group agreed to change the policy development governance cycle so that ratification of policies will take place at the monthly policy group. The membership of that group include managers and staff side colleagues. The policy group to consult on policies and ratify policies with oversight provided at the People Delivery Group.

Policies ratified included appraisal policy, apprenticeship policy, induction and mandatory training policy, special leave policy and expenses and car parking policy. Discussion took place around the special leave policy specifically around bereavement leave which will be addressed as part of culture and wellbeing work.

#### **6.4 Quarterly HR and L&D Assurance Report (progress strategies)**

The paper was circulated prior to the meeting and was noted as read. JB presented key highlights.

Mandatory training has steadily improved in compliance figures in the past quarter. Currently the Trust is tracking at 96.4%. Oliver McGowan on-line training, 75%. NHSE recommends Oliver McGowan training tier 2, full day face to face training for all clinical staff, however, there has been push back nationally, currently waiting the consultation period to end before progressing. LHCH to roll out tier 1 for all clinical staff over the next couple of weeks in the interim which incorporates a 1-hour webinar. SP agreed that front line staff require face to face training.

Further Professional Nurse Advocates (PNA) places now available and currently recruiting, working towards a target of 1 PNA for every 20 nurses, total of 32 required.

Preceptorship Quality Mark application was successful with outstanding feedback for the application and LHCH Preceptorship Programme. Quality mark gold standard received with a request from NSHE for LHCH to support other organisations with applications and the quality mark process.

LHCH have started a project to support the new NHS workforce plans with initial conversations around future proofing the development of senior nursing roles.

Appraisals, currently 45% completed with 23% in progress, improved compliance expected. An area of concern was raised around non-clinical services; however, those appraisals are completed differently, and the team are in the process of updating with around 75% completed.

KN highlighted that success of the Live Well, Work Well events run by BWL. Several people tested for cholesterol, high blood pressure who have gone on to receive appropriate care or medication.

KN highlighted national focus on reduction of bank and agency spend. Focus is required around bank staff mandatory training which has been low at around 60%. Bank staff should be fully trained on mandatory training and further discussion will take place at the Council of Governors meeting and Gold command.

LR noted the noted main reason for leaving the Trust in July is 'not known' and asked if there is an issue with the questionnaire design or lack of willingness to declare. PC advised that approximately one third of staff complete an exit interview when leaving. Staff who flex retire are classed as leavers, however, would not be expected to complete an exit interview.

Unknown reason could be due to the form being completed incorrectly and staff who TUPE over to LUHFT selecting the incorrect reason.

LR requested clarity around bank and agency and asked if the non-clinical increase in workload was expected and if this is non-clinical groups of staff or non-clinical clinician activities that require backfilling using agency. PC to confirm following the meeting.

LR highlighted the spike in abuse from patients/relatives and questioned the cause. BWL advised that there are hotspot areas in the Trust to include Outpatients and Holly Suite. An escalation pyramid has been provided to support staff together with language prompts. A wide variety of reasons to include frustration in society, managing expectations can be challenging for staff. OD will provide face to face training for those experiencing high spikes.

PC

### **6.5 Staff Survey–You Said; We Listened and Divisional Action Plans**

SK highlighted key areas of note. The plan presents clinical divisional action plans. The surgery division noted the highest deteriorations in scores; therefore, a plan was presented to Operational Board however due to the tragic incident of the death of a colleague, this has not been progressed in line with times scales. A plan is in place to address concerns within the surgery division.

A response rate of 8.7% was received for the Pulse survey, response rate should be improved upon going forward, however nationally there had been a bigger response rate. RMc advised the Pulse survey results are broken down only to Trust level therefore used as a temperature check. Increasing completion rates will continue as a priority for the team. SK advised that although a low completion rate, scores were positive, around 70% of staff reported feeling happy when completing the survey.

A world café took place ahead of the appraisal window where feedback was gathered in terms of improving appraisals. Appraisal forms have been developed with that feedback in mind. Weekly appraisal training sessions have taken place during the appraisal window. Appraisal form enhanced in terms of talent management sections and wellbeing section with strengthened processes.

Actions plans were presented at the People Delivery Group highlighting next steps. 'You Said, We Listened' template will be shared across divisions for a consistent approach. Business HR Team will support areas to produce 'You said, We Listened' plans. A communication plan will be developed for each area to ensure effectively communicated across divisions/teams.

MC requested all actions have desired impact going forward. Surgery action plan to be presented to the committee when appropriate.

### **6.6 Director of Medical Education Update / GMC Survey**

The paper was circulated prior to the meeting and was noted as read. CQ presented key areas of note. High percentage of trainees completed the survey, 92.2%, only those on training programs, not locally employed doctors. 2 reports - Post Specialty and Programme Group.

LHCH local training survey, July 2023. 26 responses, 42% locally employed. Cardiothoracic Surgery, 12, Anaesthesia, 4, Radiology, 4, Respiratory Medicine, 3, IMT, 2, Intensive Care Medicine, 1, no responses received from cardiology or GP. CQ highlighted feedback for each area.

Clinical Radiology results from the 2023 survey showed improvement in the previously negative response regarding regional teaching reflecting the development of a structured regional teaching program tailored towards the stage of training. Adequacy of experience is still a negative outlier and although there is improvement when compared across other units the

overall score has fallen. There are additional negative outlier results returned for overall satisfaction, induction, educational governance, educational supervision, and study leave. Of note, this survey received responses from only 3 trainees. One of the 3 trainees was allocated to the unit at short notice by the deanery and therefore missed much of the pre-placement communication that takes place regarding leave, educational objectives etc. Additionally, some placements are very short with a high proportion of on call for the region which compromises access to learning opportunities.

Deep dive into individual question responses showed that the department scored highly for a culture of teamwork and for the quality of clinical supervision and the access and support from the educational supervisor. Feedback from the local survey also more positive, including responses from both deanery and locally employed clinicians.

Significant improvement in scores for cardiothoracic surgical training reflecting engagement of the education leads. Post specialty responses show several positive outliers with one negative category regarding regional teaching, mainly relating to the frequency with which it takes place but also ability to attend. Programme group responses returned the same issues with regional teaching but also negatively highlighted clinical supervision out of hours although 100% of respondents rates the quality of clinical supervision as very good or good.

Trainer feedback was provided by a smaller but still significant number of clinicians registered with the GMC at LHCH. Feedback from across the group was within the average range, but upon breaking this down into individual specialties trends emerge, both positive and negative, that contribute to overall neutrality. Increased support for trainers across the Trust is planned. Individual specialities will have their own initiatives and training opportunities that they are able to pursue but this will be supported by training sessions for educators that will be planned for governance days and mapped to the AoME domains.

LHCH provides training placements to 8 rotations of 8-10 medical students in their third year during each academic year, in addition to several fifth-year students during specialty SAMP placements across the latter part of the academic year. Feedback is collected by the university following each placement and this has been returned in the form of the 2022-23 Student Evaluation End of Year Summary Report. As demonstrated in the accompanying slides, LHCH performs as a positive outlier across all domains and receives consistently high feedback. The team within the Education Department are a constant source of support and advice and ensure that all educational requirements are met for each individual student. They are a huge asset to the Trust and despite the already excellent results they are already considering how they can improve on the current scores.

Action plans were developed and put in place following the 2022 GMC survey report and, in many cases, the positive impact has been demonstrated. New action plans have been developed in response to the most recent results and progress against them will be reviewed regularly and tested with an ongoing program of internal surveys.

NB questioned doctors working beyond contractual hours. RP confirmed that as far as the structure of guardian and safe working, no one is made to do extra hours without compensatory rest or appropriate recompense.

NB highlighted the ongoing issue around culture and behaviours particularly in theatres, which seems to be an intractable problem due to high stress environments. CQ advised that the association of cardiothoracic surgeons and anaesthetists have done a national piece of work and a national survey, the results of which yet to be released, however CQ understands action plans will follow nationally around experiences of trainees. Focus will be made around perception of training.

SP suggested the piece around culture should be repeated on a regular basis.

### **6.7 Culture & Wellbeing strategy – for approval**

LHCH Culture and Wellbeing Strategy represents a proactive and strategic approach to cultivating a flourishing culture and prioritising the holistic wellbeing of employees.

By embracing this strategy, LHCH aims to not only enhance employee satisfaction and retention but also bolster its competitive advantage, talent capabilities, and long-term sustainability. The commitment to fostering a positive, inclusive workplace culture and employee wellbeing is integral to achieving the Trust's overarching mission, strategic goals, and People Strategy.

The report highlights initiatives that have taken place over the past 3 months to include, 'Its not ok' campaign, 'Afta thought' continue to make a big impact with another session ran last week. Positive feedback has been received with an appetite for further sessions. Listening rooms have taken place within the divisions. 'Live well, work well' events continue to grow, the first wellbeing festive which took place in the summer was well received with high attendance. A clear action plan will be in place to evolve the events moving forward.

The people strategy has been launched. The people committee were the final group to approve the culture and wellbeing strategy.

### **6.8 C&M collaboration on workforce**

Discussed during item 6.1.

### **6.9 Safer staffing annual report**

JR presented the safer staffing annual report which was circulated prior to the meeting and noted as read.

In line with NICE guidance and national Quality Board guidance, LHCH have utilised the Safer Nursing care Tool (SNCT) and professional judgement models to assess the staffing required across our clinical areas. This information has been triangulated against quality indicator data for each area.

4-week snapshot of data was collected in June. Each ward areas are detailed individually in the report. There are very low pressure ulcer rates across all areas along with infection rates. Falls are variable across areas with a big focus on falls with improvements seen. Surgical wards have received EECS assessments for this year with Medical and Clinical Services assessments taking place over the next few months. Medical errors are detailed in the report. Since the introduction of Closed Loop medical administration system, medication administration errors have reduced significantly.

The report includes detail of nurse practitioners who are an expanding workforce across all areas.

The Trust has undergone successful recruitment and retention over the past couple of years, lead by Anna York, lead retention and recruitment nurse working closely with Peter Cook. A significant international recruitment campaign has been led across the country which LHCH has participated in recruiting a total of 130 international RNs who are all well embedded into the ward areas and a critical part of team LHCH.

The Trust has good ongoing local recruitment with new starters due to start in September. One of the challenges faced by the Trust is ensuring that the many new staff are supported in post to ensure that any skill-mix issues are minimised. Although measures have been put in place by the lead nurse for recruitment and retention, further ongoing initiatives are being



developed. To contribute to reducing this risk it is important that staff are released for relevant education. LHCH has adopted the 'link nurse' model whereby members of the ward teams assume a lead role for a particular area of practice for example tissue viability, diabetes. It is important that these members of staff have the relevant education, training, and dedicated time to function safely and effectively in these roles so there is effective transition of knowledge and skills onto the wider team.

The Trust is currently in a slightly over established position for band 5 nurses, which is an excellent position, this provides a commitment in reducing temporary staffing usage across all areas. The Trust will utilise over establishment to balance sickness and maternity leave and sickness absence. This fortunate position should be reflected in the quality indicators together with patient and staff feedback.

The safety nursing tool shows disparities against profession judgment, although this is a validated tool, there are limitations for the safer nursing care tool particularly for a tertiary centre. Profession judgement takes place cross-divisionally, challenging each other to ensure appropriate for all areas.

Other Trusts are adopting the advanced clinical practitioner role and expanding that. Nationally there is work around expanding this, moving away from the advance nurse practitioners to advanced clinical practitioners. LHCH have pharmacists within the team and will expand further across all divisions.

Staff leaving for career progressions is an ongoing challenge. The Trust tries to be as flexible as possible. Feedback is received that certain staff want to move away from shift work, however clinical areas require 24/7 cover. Anxiety and stress remain the top reason for sickness absence in clinical areas. The Trust has undertaken a huge piece of work around resilience however a certain amount of newly qualified staff require support in that respect.

SP highlighted the risk of the ability to recruit and retain and there should be continued focus on that. KN suggested conversations be changed around flexible working so people understand flexible working is offered. JR highlighted that smaller things that happen at a local level are sometimes classed as a flexible working request and agreed that further work is required with line managers in how they address this. BWL suggested flexible working requests be reported on a dashboard to change the perception of staff. SK advised that the LHCH policy is strengthened with NHS terms and conditions, the law is in the process of being changed to allow more requests. The new process allows for a wider scoping exercise in terms of looking across divisions.

LR highlighted the excellent comparator with the safer nursing tool and the difference when applying professional judgement and asked for views around the usefulness of the tool and how relevant that is, as most cases seemed to be trumped by professional judgement. LR suggested it would be more helpful in standard acute units. LR stated that it is helpful to see the triangulation with incidents and other factors. JR agreed that the tool would be more useful for standard wards in an acute Trust, however, is a useful tool to compare.

MC advised that the report provides a good level of assurance across a range of issues.

## **7. Governance**

### **7.1 Board Assurance Framework (BAF)**

The committee received the board assurance framework and agreed the framework is reported accurately. The main strategic risks remain unchanged. BAF 4, 5 and 6 have been combined into one board assurance risk.

### **7.2 People Delivery Group Approved Minutes:**

**\*People Delivery Group minutes, 2<sup>nd</sup> May 2023**

For information only.

**8. Evaluation of Meeting**

The committee agreed that the meeting had good focus on key areas of concern. Reports provided the correct level of assurance with close alignment to risks. The assurance committee should maintain its focus on key risks.

**9. Date and Time of Next Meeting:**

Monday 4<sup>th</sup> December 2023 at 10am, Microsoft Teams.