

minutes

E-Meeting of the People Committee Meeting

Minutes of People Committee Meeting held on Tuesday 4th December 2024

Present:

Margaret Carney (MC) (Chair)
Justine Brislen (JB)
Nicholas Brooks (NB)
Peter Cook (PC)
Stephanie Keelan (SK)
Rachael McDonald (RMc)
Jane Royds (JR)
Sue Pemberton (SP)
Raph Perry (RP)
Clare Quarterman (CQ)
Louise Robson (LR)
Joan Mathews (JM)
Emma Baker (EB)
Anne Marie Davies (AMD)
Jonathan Mathews (JM)

Non-Executive Director
Clinical and Medical Education Lead
Non-Executive Director
Recruitment and Resourcing Lead
Senior HRBP/HRBP Team Leader
Head of Health & Wellbeing, Inclusion & Culture
Interim Chief People Officer
Director of Nursing
Deputy CEO and Medical Director
Director of Medical Education
Non-Executive Director
Deputy Director of Nursing
HR Manager, Corporate and Non-Clinical Services
Associate Non-Executive Director
Chief Operating Officer

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.

2. Declarations of Interest

No participants declared any interests.

3. Minutes of meeting held on 5th September 2023

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

Action

4. Action Log

All items on the action log were discussed as agenda items.

Action 1 - MC to meet with relevant leads prior to the next committee to refine SOF metrics.

Update - Workforce composition dashboard to be discussed as agenda item. Regular meetings have taken place to discuss the anti-racism framework and NHS improvement plan to develop an improve EDI dashboard. Further developed SOF to be presented at the next meeting.

Outcome – Carried forward.

Action 2 - PC to provide clarity around bank and agency and whether non-clinical increase in workload was expected and whether this is non-clinical groups of staff or non-clinical clinician activities that require backfilling.

Update – On review, increase in bank was caused by increase admin workload.

Outcome – Action closed.

Action 3 - Scaling People Services – Cheshire and Mersey update on progress.

Update – To be discussed as agenda item.

Outcome – Action closed.

Action 4 - Staff Survey – Surgery Action plan to be presented to Committee.

Update – To be discussed as agenda item.

Outcome – Action closed.

5. Dashboard - SOF format/workforce KPIs

RMc presented the SOF dashboard and highlighted a healthy workforce performance with focus on sickness absence in the next quarter.

Voluntary turnover continues to report below the target of 10% for the 4th consecutive month. Sickness absence has remained static with 0.6% increase noted in October. RMc highlighted sickness absence as a priority and area of focus moving into the winter, with a robust response in management. Mandatory training compliance remains above the 95% target and doctors in training compliance is reporting at 90.53%. Appraisal compliance reached above 90%.

It was questioned whether the perennial issue of long-term sickness from anxiety/depression could be linked to staff being unable to cope with domestic pressures, childcare or finance. RMc stated that residual impact of strikes and burnout throughout Covid is being noted. The new sickness absence report will include 'cause of absence' which can be tracked, highlighting themes and trends. Most sickness cases related to anxiety and stress and mental health, are long term sickness, with complex absence reasons such as bereavement, ill parents, and other sensitive domestic issues. A robust review has taken place with communication and support plans in place to manage absences.

SP suggested the programme of support for anxiety be reviewed to ensure it is fit for purpose as a preventative measure. It was agreed that the offer should be expanded and evolved. Beat the burnout is being piloted at another Trust and HRDs will write a business case as part of a collaborative programme across Cheshire and Merseyside. It was suggested that support for those with none-work related stress and anxiety be considered. It was highlighted that psychology hours have increased and will support preventative work.

It was agreed that impact should be considered when developing initiatives.

6.10 Surgery Staffing

JM presented the surgery staffing report and highlighted key areas of note. The report was presented to the Integrated Performance Committee, highlighting significant financial and

overall performance impact to the Trust based on long waiters. It was agreed that overarching themes and issues should be presented to the People Committee.

A change had been noted in Quarter 2 of the financial year within the scrub staff workforce created by both maternity leave and turnover resulting in a significant risk to theatre activity. Proactive recruitment and agency requests have been enacted however, timescales for start dates as well as supernumerary periods have exceeded the notice periods for leavers resulting in an availability gap within Theatres. This has resulted in a shortfall covering core theatre lists, impacting on the delivery of surgical activity since June 2023.

This paper outlines actions taken to mitigate this risk as far as possible, and the impact of the pressure on theatre capacity. The People Committee were asked to note actions delivered and next steps in managing the risk within the Trust.

The division had worked in isolation to address the issue; however, this has now been made a Trust issue. Weekly governance meetings take place with HR heavily involved from a recruitment and retention point of view. Weekly meetings take place with the surgery division reviewing their current recruitment position as well as their workforce projections, additional layers of detail presented at divisional board associated with theatre ward level turnover numbers, which has been key and critical in providing oversight and governance.

Other areas of focus include therapies, radiographers, and physiology staff. On reflection early escalation and forecasting will be required with regular meetings to discuss planning, resilience and triangulation of ongoing workforce pieces.

Recruitment and retention perspectives require assurance that the issue will not reoccur. JM confirmed that the risk register is a key trigger and singular HR business partners for each division will help in terms of workforce areas being highlighted. Annual planning workshop will take place at Operational Board, split into 4 areas, quality, safety, workforce, and hospital flow. Review of theatres overall will take place to ensure preoperative AFPP is benchmarked against different areas. All to be addressed in a robust annual planning process.

SP advised that the nursing workforce undertook a piece of work to identify staff leaving and staff considering leaving so this could be proactively managed. SP suggested this be replicated for the whole organisation to provide the correct level of assurance. Oversight and leadership providing assurance to Operational Board and People Committee is essential highlighting prediction of staffing and workforce challenges.

JM suggested a workforce analytics piece for each division together with an overarching report for the Trust be presented to People Committee to include demographics, ensuing focus and actions providing assurance that they are addressed in year. RMc advised that a template has been agreed to support going forward.

JMa stated that there are specific groups that cannot be recruited to easily, and work should take place around 'growing our own'. JB is working on the needs of the organisation going forward and investment required.

It was agreed that workforce is a high priority area of focus for the People Committee in terms of understanding analytics and pinch points and how the People Committee receives assurance that processes are in place, having the right impact.

6. Strategy

6.1 National workforce update

RMc provided a short verbal national and regional update. There are currently no strike days planned across the NHS, however, the NHS have significant deficits and backlogs partly driven by industrial action. ICBs have been asked to provide and submit revised and improved forecasts for the year.

Residual workforce challenges continue from both Covid and industrial action in relation to culture, wellbeing and absence due to stress and anxiety, still the highest reason for absence. The Trust are confident with delivery of the people's strategy and culture and wellbeing strategy with a strong focus on building a thriving and resilient workforce.

The government recently announced that the BMA and the Hospital Consultant and Specialists Association Union have reached an agreement on a pay deal. The offer includes an uplift this year, a reform on starting salaries and pay scales and improvements in parental leave to address the inequalities and tackle the gender pay gap. This has caused debate with the NMC which could ignite the likelihood of more strikes in the future.

Annual operational planning for 2024-25 will be a priority for the team in the next three months. Planning guidance and template is yet to be received, however the workforce team have met to discuss the approach and support for the organisation with development of Trust and local workforce plans.

The strategic landscape around EDIB and wellbeing remains significant. Critical workstreams include tackling of racism through the delivery of the North West anti-racism framework and delivery of the NHS EDI improvement plan over the next two years. Early conversations with safeguarding and psychology teams have taken place in order to work together on the agenda for the sexual safety charter and a national strategy for suicide prevention. Conversations have also taken place with LUHFT as part of the Broadgreen collaborative work to talk about working together in this respect.

A letter from Steve Barkley was issued on the 19th of October which focusing on organisations that are actively recruiting into dedicated EDI roles, some roles having salaries up to £96k, with teams underneath them with payments made for EDI subscriptions. An article was published in the Telegraph around NHS diversity and spending. In terms of LHCH position, EDI has always been devolved into portfolios with no dedicated roles, however this does come with challenges due to the ambitious EDI strategy and the desire to deliver on the anti-racism framework and the EDI plan.

LHCH continues to collaborate with Broadgreen and recognises the valuable contributions of the live well work well events in promoting health improvements and reducing inequalities. As part of the strategic attempt, expansion of collaboration will take place in relation to catering. Facilities manager will lead on this piece of work which will feed into the health and wellbeing group. Further potential collaborations include manager capability, manager toolbox training, delivering wellbeing conversations, supporting long term health conditions, having reasonable adjustments training, EDI and wellbeing training and responding to suicide risk.

Health improvement and reducing health inequalities will expand through live well work well events to include prostate cancer (PSA) testing.

The national scaling of people services program in Cheshire and Merseyside is being coordinated by the ICS, several meetings have taken place with HRDs and deputies with discussion around people services that could be scaled. 14 workstreams have been identified with recognition that prioritisation is required. RMc to circulate C&M Scaling of People Service Programme update which was presented at HRD's last week. This includes a summary of the 14 workstreams. MC requested an update at the next meeting of the top 3 prioritised workstreams and impact.

RMc

LR stated that HRD teams are critical in terms of delivering scaling people programmes, however learning from other regions has proved that sponsorship is required from Chief Executives.

It was agreed that EDI services which will remain a priority.

6.2 EDIB update

PC presented the EDIB updated and highlighted key areas of note. The Rainbow badge scheme is currently paused with changes in requirement to achieve gold status. Scheme 1 was designed to show support for LGBT+ workforce and patients, however the scheme has changed into an assessment and accreditation model, no payment required. As part of the assessment, organisations are required to change all gendered language which is causing debate between NHSE and the government. This is causing a delay with scheme 2, however the Trust continues to support the rainbow badge.

Staff networks have been developed with several staff members becoming champions, making good progress with networks in general.

The team have written an action plan to achieving bronze, silver, gold for the anti-racism framework. There is an understanding that bronze will need to be achieved followed by silver and gold. The team are developing a KPI dashboard with 12 month rolling data regarding EDI highlighting changes on a yearly basis. The last 12 months have noted an increase in BAME staff employed, partly due to international nurse recruitment. Key WRES and WDES data will be built into the dashboard.

RMc noted that Board objectives aligned to the NHS improvement plan will accelerate the antiracism framework. Draft objectives to be presented to the Board in December. Exec sponsor would help to drive change.

It agreed that the committee identify the top priority KPIs on the SOF dashboard to be monitored and managed regularly by the committee to drive improvements.

6.3 People Delivery Group - update

RMc explained that the People Delivery Group meeting held in August was well attended. Key updates included; people strategy update, timetable for the occupational health tender engagement from colleague within that process. Moving away for NHS jobs back to Trac was approved at Operational Board. Update regarding the revised managing attendance policy highlighted proposed changes to the committee, to be taken forward as part of the governance structure for policy development.

Discussion took place around the intention to deliver disciplinary case manager and investigating officer training in the New Year to improve confidence which aligns to improving people practice principles. An update was provided regarding the MIAA audit and recommendations. The group agreed to implement two essential mandatory training subjects, Making Every Contact Count, MECC and Tissue Viability which will form part of the core essential package.

It was agreed that matrons would attend future meetings to cascade information to the teams.

Trust level Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data is presented at the EDIB Steering Group with an update to Board. SP stated that the CQC will expect divisions to be sited on information regarding WRES and WDES.

6.4 Quarterly HR and L&D Assurance Report.

JB presented the quarterly HR and L&D assurance report and highlighted key areas of note. Doctors mandatory training compliance has increased from 48% to almost 91%. Voluntary turnover has been below Trust target for the 4th consecutive month. Bank mandatory training has increased to 61% at the end of October, working towards all bank staff completing mandatory training before the end of November.

Top sickness reasons include stress and anxiety, cold, cough, flu, and chest and respiratory which had increased following seasonal trend. Escalation plans are in place for all long-term sickness, currently 49, 21 relating to stress, anxiety or depression. Escalation plans are presented at Gold command and the divisions. Update for the flu vaccination was low at approximately 44% with a trajectory of 61%. 12% update for Covid vaccinations. Vaccinations continue to be promoted throughout the Trust.

To support the new NHS Workforce plan, a scoping exercise is underway within senior nursing roles to look at opportunities for development, progression, and expansion with forums and focus groups taking place. Scoping exercises will be rolled out to other professional groups across the organisation.

Submission of the NHS England annual self-assessment for placement Providers Report was submitted at the end of October, there were no areas of concern highlighted within that report.

A successful theatres recruitment day took place with 4 staff recruited and potential to increase to 7.

The team are working closely with divisions and individual managers to support areas of low appraisals compliance. This may include a review of workforce structures to ensure managers are not responsible for too many appraisals. Key themes from the evaluation of the appraisal process highlighted that no changes should be made in the appraisal process due to stability moving forward. Negative feedback was received around the ESR system, however general feedback was positive, however only 70 members of staff responded.

Performance data relating to the SOF triangulates with KPIs however reported differently to various committees.

6.5 Director of Medical Education update / GMC survey

CQ presented the director of medical education update and highlighted key areas of note. Ongoing utilisation of pulse-check local training survey will continue, however limited returns for survey disseminated Oct 23 (2 respiratory medicine, 5 radiology). Plan to continue to use 3-monthly but supplement with reports from trainee links of groups with limited returns. Significant improvement in compliance of deanery employed staff with Lead Employer mandatory training with a strong view that mandatory training is a priority.

Simulation has been noted, most individual specialities have been dealing with their curriculum requirements for simulation training at a deanery regional level. Support will continue for increased use of simulation within Trust from education department and all will have access. Recent in-house training session has taken place from NW Simulation Education Network lead with plan for further session in future. Support for members of wider MDT to attend Association of Simulated Practice in Healthcare (ASPiH) Conference Proposal for charitable bid to support development of dedicated simulation space at LHCH ongoing.

Ongoing development of educational CPD access for supervisors at LHCH. Improved signposting to local events such as those run by UoL. Development of in-house training sessions with support of NW Faculty Development Team. Ongoing positive relationship with UoL Medical School plus potential development of new links with Edge Hill Medical School.

Action plans were developed and put in place following the 2023 GMC survey report and are progressing well. 2024 will bring a focus on development of support for trainers, with the aim of improving the experience of under and postgraduate trainees.

NB commented on the CMAST report that was presented at the Board outlining the reduction of doctor's clinics due to nurse led clinics, remote clinics patient initiated follow ups and asked if this could have impact on trainees and junior doctors. CQ stated that access to clinics should not be unachievable with the range of nurse led clinics. With a balance of educational requirement of medical trainees and the requirement to retain ANP's ensuring medical colleagues understand ANP cover provided allows medical colleagues to have equitable access to other education opportunities, taking up ward work, engaging in clinics and areas that provide stimulating experience.

6.6 Recruitment Audit – MIAA

PC presented the recruitment audit – MIAA and highlighted key aspects. The Trust was audited throughout the summer period and rated substantial assurance which is a good overall result. Main areas of recommended improvement related to agency suggesting spot checks take place. Governance processes are in place for agencies to be included on the framework ensuring they meet certain criteria. Spot check will ensure robust internal governance also takes place.

The recruitment process will return to NHS jobs which will require several changes in processes and training for managers across the Trust.

6.7 Recruitment of Very Senior Managers

JR provided a verbal update. Medical Director recruitment is underway with an assessment centre arranged for 13th December. There are 3 good candidates, and the Chief Executive has approved the proposed process. Panel members to be finalised.

2 Non-Executive Directors to be recruited for audit and performance, shortlisting will take place on 15th January with final interviews the first week of February.

Work is ongoing with the Chair, Val Davies around considerations for the Chief Executive role.

6.8 Domestic violence and sexual abuse

SK presented the domestic violence and sexual abuse report which had been considered by the Board. The report provided assurance following the request for the Trust to review safeguarding processes to ensure all staff are protected from sexual assault or sexual harassment.

A full review of the safeguarding processes and procedures was undertaken, it was identified that a sexual safety policy should be implemented for the Trust. The safeguarding team will lead on this in collaboration with the Health and Wellbeing Group. The policy is currently in the final stages prior to going through the governance process for ratification, feeding into the monthly health and wellbeing meetings. The Board will receive assurance through the annual safeguarding report.

6.9 Staff survey action plan for surgery

EB provided an overview of staff survey action plan for surgery. In terms of burnout, there have been several staff team building sessions across departments and the division, utilising funds available for team building with opportunities for staff to engage in some positive team building sessions.

Bank and agency have been utilised in order to reduce pressures. Several listening rooms have been held particularly in theatres where scores had decreased from the previous year's results. Bespoke OD sessions took place where behaviours were discussed with positive outcomes. Similar sessions have been arranged for admin teams in December, listening to feedback, concerns and suggestions for improvement.

Good engagement was made regarding appraisals with positive feedback of the general appraisal format. The new format has been well received with improvements predicted.

Visibility of senior managers across the surgery division has improved plus visibility of HR in clinical areas, particularly promoting the new staff survey.

EB noted that positive outcomes from action plans, take time for impacts to be realised. Dates to be added to actions going forward. Full engagement will take place across all divisions once results are received.

7. Governance

7.1 Board Assurance Framework

Several board assurance frameworks have been integrated into one with workforce being brought into BAF 4. Execs and NEDs succession planning has been added. MC explained that the nominations and remunerations committee considered succession planning and the recruitment processes. The Board requested regular reports.

7.2 People Delivery Group Minutes

Circulated for information.

8. Evaluation of Meeting

The committee agreed that agenda items covered key areas of priorities. Cross referencing between sub-committees took place regarding surgery staffing.

SOF KPIs to be developed and presented. Workforce and workforce analytics, planning for the future will be key on the agenda going forward. Good assurance was received around retention and recruitment with sickness remaining as an area of concern. Impact around the wellbeing agenda to remain a focus.

The chair noted that it would be the last meeting for LR and RP and thanked them for the insightful contributions to the committee and wished them well for the future. JR, EB and AM-D were welcomed to the committee.

9. Date and Time of Next Meeting:

Monday 11th March 2024, 10:00-12:00, Microsoft Teams.