

minutes

E-Meeting of the People Committee Meeting

Minutes of People Committee Meeting held on Tuesday 11th March 2024

Present:

Margaret Carney (MC) (Chair)
Justine Brislen (JB)
Nicholas Brooks (NB)
Peter Cook (PC)
Stephanie Keelan (SK)
Rachael McDonald (RMc)
Jane Royds (JR)
Clare Quarterman (CQ)
Joan Mathews (JM)
Emma Baker (EB)
Manoj Kuduvalli (MK)

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
Chief People Officer
Director of Medical Education
Director of Nursing & Quality
HR Manager, Corporate and Non-Clinical Services
Medical Director

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 4th December 2023

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

4. Action Log

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

Update - Further developed SOF to be presented at the next meeting.

Outcome – Action complete.

Action

Action 2 - RMc to circulate C&M Scaling of People Service Programme update.

Update – Presentation circulated following the previous meeting.

Outcome – Action complete.

Action 3 - RMc to provide an update at the next meeting of the top 3 prioritised workstreams and impact. It was 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.

Update - It was agreed that 12 potential workstreams will be split into 3 categories; quick wins, short terms programmes and medium/longer term programmes. In summary quick wins include Board development across Cheshire and Mersey and policies. Several national policies will be released, therefore a decision will be made across Cheshire and Mersey as to whether the region will adopt those policies. Short term workstreams over the next 12 months are currently being scoped by different organisations to include job evaluation, HR systems, roster, workforce analytics, health and wellbeing provision and EDI and leadership development. Longer term programmes will include recruitment function and use of bank staff and employment services across Cheshire and Mersey.

Outcome – Action closed. The committee to continue to receive assurance going forward.

5. Dashboard - SOF format/workforce KPIs

RMc presented the SOF dashboard which had previously been presented to Board. Sickness reduced in January, however above Trust target of 3.4%. Turnover remains in a good position under 10%. Overall the Trust is performing well with further work required around sickness absence in particular sickness related to stress and anxiety. Mandatory training has reduced slightly with recovery plans to be discussed at divisional board meetings. Improvements have been made in terms of the staff survey, LHCH being top in the country for a place to work.

A review of EDI data had been requested therefore RMc worked with workforce analyst to provide a more meaningful dashboard. The national EDI improvement plan has been received which provides a framework to measure EDI data. 2 separate dashboards to be developed, disability linking to WDES and ethnicity BAME dashboard. Each dashboard follows the impact of each measure and data source available.

A guaranteed interview scheme is in place for people with a disability, however this is not available for BAME. RMc and PC will look at the reporting functionality on Trac in order to drive this, influencing EDI planning moving forward.

Other data sources to be reviewed to include the national education and training survey metrics. A robust action plan is in place, linking to the strategy, EDI improvement plan and anti-racism framework, to be presented as part of the update in June together with the dashboards.

It was questioned whether minority group networks are valuable and well attended and whether emphasis on a minority group may promote resentment. RMc suggested that the groups are valuable, however the organisation face ongoing challenges due to being a small organisation receiving small numbers of attendance. The team are looking at developing a race equality network internally or across C&M. The Trust have recently launched a LGBT+ network which was well attended however feedback was received around staff in clinical roles struggling to attend. Progression and impact update to be provided in 6 months.

JR informed the committee that minority group networks will be an area of review from the CQC.

MC highlighted good development, having data in one place however further work is required around performance. Top 3-5 issues for concentration in correlation to action plans to be identified and presented at the next meeting.

RMc

6. LHCH Staff Story

It was agreed that meaningful LHCH staff stories would provide a way for the People Committee to test how some of the processes and approaches work in practice.

The national apprenticeship week took place 5-11 February and as part of the initiatives the team visited each apprentice in their workplace, presenting trophies and goodie bags and a special recognition from a member of the team or from the training provider they were working with. Ellie Modiak is currently working in the role of Safety & Environment Apprentice, and completed Health & Environment Technician level 3, achieving the distinction.

CC introduced the LHCH staff video story. Ellie Modiak outlined her positive experience during the apprenticeship scheme which was carried out in the estates department. A great example of increased diversity in the team and support received from the Trust and college. Ellie is looking forward to continuing her journey and building on professional development with support from the L&D team.

JM questioned how the Trust compare with other organisations in terms of number of the apprenticeships and the range of apprenticeships available. The target mandated from the department of education is a completion rate of 67%. The Trust is currently performing well, tracking at 78%, well above target. National average, 46%. LHCH is one of the leading Trusts for apprenticeship recruitment across Cheshire & Merseyside.

JM highlighted the importance in celebrating achievements outside the organisation, which would demonstrate to the CQC the excellent apprenticeship programme in the Trust. CC explained that an annual report is provided to the Department of Education for their internal information. There is an opportunity for the Trust to apply to become part of the top 100 Trusts for apprenticeships, however this would be more of a peer support rather than an opportunity for celebration. The Trust will promote at any opportunity.

Apprenticeship update to be added to the business cycle as part of the L&D update.

CC

7. Strategy

7.1 National workforce update

RMc provided a verbal national and regional update with focus on work force challenges and priorities.

Following government and trade unions conversations regarding a pay deal for Consultants following rejection of the initial offer, an amended offer has been agreed. Voting will take place in the coming weeks with the recommendation to accept. The offer is built on the same principles of the original offer with improvements made and clear focus on reform. To include reduction in pay points to shorten the time to reach the top of the scale. Introduction of a further pay progression element linking to evidence of skills competencies and experience. Further information is expected in the coming weeks.

NB questioned whether the new iteration of the consultant contract could lead to the demise of local CEA's as it was postulated with the original. RMc to review full guidance and feedback.

RMc

An industrial action schedule has been received from Cheshire and Merseyside profiling action that will take place up until May. LHCH are not effected directly by planned strike action however will be impacted by the wider system. A ballot is required for a further mandate, therefore no further dates can be taken currently.

Following a rise in measles cases nationally, particularly in the West Midlands and London, the UK Health Security Agency declared a national incident. The Trust have taken a proactive approach to this response, with actions reported through Silver command. Risk assessments have been developed for staff and patients as part of safe working practices. Working with occupational health to ensure accurate vaccination status is recorded for all staff working in patient facing roles, offering MMR vaccinations where no digital record is held. Corporate communications have been circulated and a page on the intranet set up providing updated guidance. JM provided assurance that the Trust is fully prepared.

The first draft of the workforce plan has been submitted with the final version due to be submitted. The Trust is not profiling growth in the workforce which aligns to the no-growth planning assumptions issued from the Cheshire and Merseyside ICB. In order to support workforce stability over the coming 12 weeks, the Trust are considering the non-recurrent over recruitment of certain staff groups which was born on the back of successful recruitment for nurses last year.

The EDI landscape remains significant with strong focus on the antiracism framework. The Trust has taken a proactive response to the antiracism framework with an action plan in place. The antiracism commitment statement has been relaunched.

LHCH continue to collaborate with Broadgreen around promoting health improvements. A collaborative Live well, work well event took place in February with ongoing conversations regarding a summer event.

7.2 People Delivery Group - update

RMc provided an update from the People Delivery Group meeting held in February. Good representation continues with good contribution. The membership has been updated to reflect changes in the senior nursing team with representation from matrons added.

The meeting provides an opportunity for leads to provide an update against the people strategy together with an opportunity to provide an update on improvement work and seek engagement. PC provided an update on the occupational health tender, and the implementation of Trac.

Radiology colleagues attended the meeting to present a mandatory training proposal, local rules for radiation safety. Formed part of the governance structure and incorporated into mandatory training. Residual discussions will take place around how that will work in certain areas, also linking in with the L&D team regarding the length of time to upload on ESR.

No risks identified at the people delivery group meeting.

7.3 Quarterly HR and L&D Assurance Report

JB presented quarterly HR and L&D assurance report and highlighted key areas of note. Focus on mandatory training will take place over the coming months to improve compliance. 93.5% has been maintained over the previous months.

Appraisal compliance would not usually include new starters however new starters have been included in the current report. Assurance was provided to the committee that the Trust achieved over 91% compliance following the closure of the appraisal window. The new appraisal window is due to open in May.

A query was raised regarding professional nurse advocates, whether they are new appointments or additional responsibilities to existing nursing roles. JB advised there are currently 8 trained PNA's in the organisation, and the Trust will continue recruitment with an equitable approach in providing protected time for PNA's to understand their additional

responsibilities. There is a national drive to have 1 PNA for every 20 staff and it would be optimistic for the Trust to achieve this, however the team are working on this.

Sickness absence rate, 4.96% at end of January, cases reduced slightly from December. Stress, anxiety and depression continue to remain the highest absence reason, accounting for the majority of long term sickness cases, most being complex. Communication plans are set up for the those involved, including occupational health and relevant risk assessments, most cases are related to home and family life with complex issues.

The staff psychological support has recently been enhanced, with triangulation meetings between HR and staff psychology support team and safeguarding. The team regularly review data ensuring appropriate support is in place. Recent wellbeing events focused on mental health. The team continue to look at strengthening the mental wellbeing offer.

Cough, cold and flu was the second highest reason for sickness, this follows a seasonal trend and the team continue to monitor. Muscular skeletal (MSK) continues to be in the top 3 absence reasons, which was also heavily focused at the live well, work well event with the team carrying out workplace assessments. This remains key on the agenda for health and safety committee and the health and wellbeing group.

The health and wellbeing group was recently relaunched. A workshop was held and an action plan will be populated to achieve priorities set out in the strategy.

15 staff left the Trust during December, with 6 exit interviews completed. 150 staff received a band increase either through promotion or agenda for change, during 2023.

PC highlighted that theatres will be over established by 2 band 5 staff members from April, therefore the use of bank and agency will reduce over the coming months. The applicant recruited to the Divisional Director of Operations for medicine withdrew their application and further interviews are due to take place. Interviews for the Associate Director of Transformation post are also due to take place. PC to work with the finance team to produce a breakdown of vacancies for each department, together with a breakdown of leavers for each department. Assurance was provided to the committee around potential leavers being sited with reasons provided for leaving. The majority of the clinical staff leave for promotion.

A nurses recruitment morning is scheduled to take place on 15th March with the intention to recruit for September, October period. A further recruitment event will be scheduled for HCA's.

The recruitment team went live with the Trac recruitment system last week. This replaced the NHS recruitment system. A large amount of people have applied for jobs already using this system.

The chair noted the number of initiatives taking place together with the link to performance.

7.4 Director of Medical Education Update / GMC Survey

CQ presented the director of medical education update / GMC survey and highlighted key areas of note. The majority of action plans put in place following 2023 GMC national training survey have been completed. 2024 national GMC training survey is expected to open in mid-March and will run until beginning of April and will inform the future action plan. Further local survey had been disseminated to locally employed and deanery trainees in January 2024. Improved engagement from those rotating through cardiology was noted with very positive results, mirroring informal feedback. There has been continued good engagement from cardiothoracic surgery group and limited responses from respiratory medicine, radiology and anaesthesia. Responses have been positive with no negative themes identified.

The current cardiothoracic surgery clinical tutor has been appointed to a national role and will therefore pass on this role to another colleague. Informal feedback via trainee link indicates slowly improving experience of surgical training at LHCH, but with ongoing input required. Survey indicates induction process improved with sufficient support from supervisors and ability to complete assessments. Opportunities for training is variable and still appears to be a differing experience for deanery and locally employed surgical doctors. Free text comments addressing differences in training opportunities and experiences of training is fed back to the current leadership team within surgery with plan to re-focus with appointment of new clinical tutor.

The next pulse-check local training survey is planned for August 2024 to allow focus on GMC survey from March-May. Continue to pursue a plan for seconded position for a Practice Educator in Simulation to support all clinical teams. There is focus around the fundraising program to support development of LHCH simulation suite. Second in-house training session from NW simulation education network lead will take place during March 24. There is ongoing development of educational CPD access for supervisors at LHCH. First session of program on 26th March with experienced external speaker. Improved process for dissemination of educational opportunities.

There are pockets of simulation within individual specialties with opportunities for cross specialty interdisciplinary simulation also using simulation to test systems from a human factors point of view, with opportunities to increase the amount of simulation to support the workforce making patients even safer.

JM highlighted the importance of simulation training which will enable concentration on episodes that are rare, providing confidence in staff. A simulation suite would be advantageous to the Trust. JM highlighted the strong link between health and wellbeing, promoting confidence and reducing anxiety in staff is beneficial.

It questioned whether a simulation centre would incorporate provision for a wet lab area. It was confirmed that user group engagement was involved in the design to ensure the environment can support training for all specialties . CQ to share the draft plans with MK.

CQ

It was questioned how other locally employed doctors compare to the Deanery posts experience. CQ advised that the same experience should be provided to other locally employed doctors, attracting the best people in order to build the reputation that brings those people. Focus should be around rotating training doctors, however broaden that experience to become the education centre that is aspired to be. Non-training doctors attend through various routes for various purposes and the Trust should make every effort to treat those doctors similarly to deanery training doctors with a principle that they are treated equally, however deanery surgery trainees need to have the first pick of the trainers as per their needs.

Over time, the number of people able to provide surgical training is increasing, therefore providing non-deanery trainees a better experience. The non- deanery trainees are equally important, a proportion go on to become consultant colleagues. They form part of the same rota as the junior trainees. Investment into the rota and service provision is vitally important in order to allow all trainees to get a good experience.

MC highlighted good progress made with most actions completed, moving away from the focus on survey with more strategic conversations moving forward in terms of trainees and education.

7.5 Recruitment of VSMS

JR provided information to the committee around recruitment to very senior managers. Jane Tomkinson, CEO left the Trust to go to Countess of Chester full time on the 31st of January. Liz Bishop joined LHCH in her joint CEO role with Clatterbridge 1st of February. Sue

Pemberton, Director of nursing and quality, also left LHCH at the end of January, replaced by Joan Mathews, who started on the 1st of February. Raph Perry, Medical Director retires at the end of March and is replaced by Manoj Kuduvalli, formally starting on 1st of April. Karen Edge, Chief finance officer left LHCH on 18th of February, replaced by James Thomson, who has a joint role with Clatterbridge. James will work 3 days at LHCH and started on 19th February. Jonathan Develing, Director of Strategic Partnerships will be leaving at the end of March and will be replaced by Tom Pharaoh, Director of Strategy, joint role with Clatterbridge. Tom will start in post on 1st April.

All appointments have been presented at Nominations and Remuneration committee and communications will be shared. The Director of Risk and Improvement, Karan Wheatcroft will be leaving the Trust, date to be confirmed. Karan will be replaced by Ben Vinter, start date to be confirmed. Jonathan Mathews, Chief Operating Officer remains in post. Kate Warriner, Chief digital information officer, joint with Alder Hey will remain in post. Jane Royds, Chief People Officer, 12 month secondment until 13th November.

JR highlighted changes within the divisional triumvirate teams.

The chair thanked those involved in the recruitment process which has been an big achievement to become a fully recruited Executive team. Work is ongoing in terms of board development.

7.6 Key issues EDIB Steering Group

RMc highlighted the risk around the EDIB steering group and provided assurance regarding plans in place to mitigate. The chair of the EDI steering group, Joanne Shaw, Divisional Director of Nursing and lead for EDI will be leaving the organisation at the end of March. Workforce elements of EDI sit within the HR team and the patient related EDI portfolio sat with Joanne Shaw who brought in nursing colleagues to support with the agenda.

RMc and Joanne Shaw have arranged to meet to develop a workplan to ensure the group are sighted on regional and national requirements. PC has agreed to take over chairmanship of the meetings and RMc will deputise. The membership will change due to different nursing leads joining the group moving forward. Good attendance and representation to continue going forward. The approach will ensure stability and continuity.

JM confirmed that a lead EDI nursing role will be appointed and information will be circulated once agreed. Full EDI report to be presented in June to include action plans.

RMc

7.7 People Committee Annual Assurance Report

Assurance committee annual reports to be presented at Audit Committee. The People committee annual assurance report was circulated prior to the meeting and noted as read.

7.8 Learning Lessons to Improve People Practice

EB presented the Learning Lessons to Improve People Practice report and highlighted key areas of note. A decrease in cases was noted during 2023/24 with improvements in the management of these cases. The implementation of the HR Business partner model has had a positive impact on the way disciplinary matters are managed and assigned, helping early conversations with HR when incidents take place. An informal fact find takes place to establish whether other factors may have contributed. The fast track route has enabled misconduct cases to be managed more efficiently.

Upon review of disciplinary procedures over the past 12 months against the 7 key IPP recommendations, a positive position has been noted. The Trust continue to adhere to best practice in line with ACAS code of practice and employment law. The team are in the process of developing a new disciplinary toolkit which will help managers with matters of misconduct and

support managers in producing robust paperwork. The use of a case manager has allowed an independent checker for investigations with senior oversight over cases. In line with the NHS learning culture, the HR team have recently developed new forms to help managers navigate a fact finders exercise when an incident takes place.

Weightmans solicitors provided 2 full days of investigation training to around 40 managers across divisions and corporate areas. Feedback was exceptional. The team are working on a managers essentials training kit for new managers and HR will be involved in delivering training on employee relations policies.

Decisions to suspend or exclude are documented with a full suspension checklist which are subject to regular review. Concern for health and welfare of staff involved is paramount and is monitored by the HR representative supporting the case with an independent pastoral support assigned.

Fortnightly case reviews take place, occasionally increased to weekly when case work is high, to ensure good oversight on cases with exec oversight. Informal cases are also discussed should they potentially become formal. Early HR intervention impacts on decline in formal cases. IPP report is presented to Execs. In line with IPP it is preferable to resolve issues informally where appropriate.

During the reporting period there were 17 formal cases, average 1.4 per month, slight decline on previous years. Varying nature in relation to allegations. 3 members of staff were suspended, 2 of which dismissed and 1 case ongoing. Quality analysis showed a reduction on the previous year of BAME staff subject to formal processes. 2/17 were BAME members of staff. During 2022/23, 35% of cases were BAME staff. The main contributing factors related to a higher number of MHPS cases in the previous year together with fast-track international nurses adjusting to policies and processes.

In order to ensure consistency and best practice, the HR team are tightly aligned to the divisions and each division has a dedicated HR advisor and HR business partner. Good progress has been made in relation to IPP. The HR team regularly review policies and processes to ensure up to date and compliant with the 7 key IPP recommendations.

EM provided assurance around independent members on panels, consisting of divisional cross cover providing impartial input in addition to the case manager.

A formal audit was suggested and agreed and JR will present to Execs to commission this. The audit schedule for the next 12 months has been agreed, however JR will ensure this is highlighted.

JR

7.9 Staff Constitution Pledges

The Trust have self-assessed as compliant in all the staff rights, people pledges, legal duties and expectations within the NHS Constitution.

With regard to workforce. NHS Staff Survey 2023 Results are currently under a national embargo until 7th March 2024. An internal review of results demonstrates LHCH comparing positively both nationally and across Cheshire and Merseyside and an update will be provided at the People Committee in relation to the position.

A number of challenges have faced the Trust both at national and local level. To help mitigate against these challenges, delivery of the People Strategy has been a key driver for LHCH which sets out clear objectives to improve Culture and Wellbeing, Recruitment, and Retention, Learning and Development and by enhancing Equality, Diversity Inclusion & Belonging (EDIB).

The organisation has positive working relationships with union colleagues and adopt a partnership approach. LHCH now have a Staff Side Chair and Secretary, and the governance has improved through the development of a join Partnership Framework and Facilities Time Policy.

Assurance was provided to the committee in terms of compliance.

8. Governance

8.1 Board Assurance Framework

Several board assurance frameworks have been integrated into one with workforce being brought into BAF 4. BAF ratings have been updated and will be shared following approval at Board.

8.2 People Delivery Group Minutes

Circulated for information.

9. Evaluation of Meeting

The committee agreed that agenda items covered key areas of priority with a great degree of assurance provided. The developing SOF will feed up to Board.

The importance of simulation training was noted, which will enable concentration on episodes that are rare, providing confidence in staff. A simulation suite would be advantageous to the Trust. EDIB steering group risk identified with plans to mitigate in place. Workforce planning piece should continue to be reviewed.

JM suggested regular feedback around student nurses be included in the work plan going forward. JB agreed to include feedback within the assurance report at the next meeting.

JB

RMc sited the committee on LHCH staff survey top results 2023 screensaver that will be shared with the Trust. Results focus on the people promise and LHCH have scored best against all specialist Trusts for each area and improvements have been made in each area. Whilst the response rate was slightly lower at 64%, this has not impacted on scores. LHCH is the top Trust in the country for a place to work, care is our priority, we are compassionate and inclusive, we each have a voice that counts, staff engagement and morale.

10. Date and Time of Next Meeting:

Monday 3rd June 2024, 10:00-12:00. Microsoft Teams.