

E-Meeting of the People Committee Meeting

minutes

Minutes of People Committee Meeting held on Monday 3rd June 2024

Present:

Margaret Carney (MC) (Chair)
Justine Brislen (JB)
Nicholas Brooks (NB)
Peter Cook (PC)
Stephanie Keelan (SK)
Rachael McDonald (RMc)
Jane Royds (JR)
Joan Mathews (JM)
Manoj Kuduvalli (MK)
Claudette Elliot (CE)
John Doyle (JD)

Non-Executive Director
Clinical and Medical Education Lead
Non-Executive Director
Recruitment and Resourcing Lead
Senior HRBP/HRBP Team Leader
Deputy Director of HR & LD
Chief People Officer
Director of Nursing & Quality
Medical Director
Non-Executive Director
Non-Executive Director

Apologies for Absence:

Claire Quarterman
Emma Baker

Director of Medical Education
HR Manager, Corporate and Non-Clinical Services

Minutes typed by:

Natalie Hunter (NH) (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

CE noted a declaration of interest as a Non-Executive Director of Pennine Care NHS Foundation Trust.

3. Minutes of meeting held on 11th March 2024

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

4. Action Log

Action 1 - Top 3-5 issues for concentration in correlation to action plans to be identified and presented at the next meeting.

Outcome – This action is included within the meeting. This action was closed.

Action 2 - Apprenticeship update to be added to the business cycle as part of the L&D update.

Outcome - This action is included within the meeting. This action was closed.

Action

Action 3 - 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.

Outcome – As part of the new consultant pay deal funding for local clinical excellence awards being redeployed into remuneration. This is due to take effect from the 1st April 2024. Any multi-year non-consolidated awards issued since 2018 will not be impacted. This action was closed.

Action 4 - CQ to share simulation centre draft plans with MK.

Outcome – MK advised that this was shared and noted the robust plan. This action was closed.

Action 5 - Full EDI report to be presented in June to include action plans.

Outcome - This action is included within the meeting. This action was closed.

Action 6 - A formal disciplinary audit was suggested and agreed and JR will present to Execs to commission this.

Outcome – JR to take this to the Executive group meeting. This action was closed.

Action 7 - 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.

Outcome - This action is included within the meeting. This action was closed.

5. Dashboard - SOF format/workforce KPIs

The appraisal window is open from 1st May 2024 to 30th September 2024. The appraisal target is 90% and closed 89.4% last year. Mandatory training has improved from 93.5% in February to 94.7% in March 94.7 with a target of 95%. There is a focus on areas of undercompliance. Turnover has reduced in April to 10.02% against a target of 10%. There is a focus on sickness absence which shows 5.24% against a target of 3.4%. Compared to Cheshire and Merseyside for sickness, the Trust is not an outlier. The Trust are looking at support for bereavement sickness and stress and anxiety is the biggest contributor for sickness absence.

MC thanked JR for the updates provided.

NB considered that there will inevitably be a level of sickness within the Trust. NB questioned if inevitable sickness is added into the targets. NB suggested having more full-time staff instead of bank and agency which may help to decrease sickness levels.

JR advised of the difficulty of increasing staff headcount following ICB guidance. Over recruiting has occurred in previous years.

RMC provided assurance on work taking place regarding bank and agency staff being converted into full substantive posts following ICB guidance.

JR discussed 3.4% for sickness being a low target and the need for review. JD also noted 3.4% target for sickness may be too ambitious as the Trust has a small workforce. The focus should revolve around the work taking place to improve sickness within the workforce instead of the overambitious target.

MC questioned the targets of other Trusts in the region. RMc advised that the range is between 3.6% to 4.6% for other Trusts in the area.

MK believes that sickness is managed well within the organisation with support being provided to staff. JM discussed short term sickness is the issue and the long-term sickness is managed well within the Trust.

NB noted SOF charts – inconsistently meeting targets. NB suggested realistic targets.

MC highlighted a number of positive targets that are being met such as mandatory training and appraisals.

JR to review the sickness target with the Executives and bring back an update in September.

JR

JD suggested having a range of percentage targets instead of a specific number. PC discussed previous criticism from CQC around targets.

6. Strategy

6.1 National workforce update

JR provided an update on national workforce. The 11th junior doctor strike will commence on the 27th June and will run until the 2nd July. The Trust are working through operational industrial action plans with Divisions.

The NHS will have a £3 billion overspend if plans are not met throughout the system. Workforce costs and headcount have a national focus. JR advised that she has monthly meetings with the ICB Chief People Officer to discuss focused areas.

The People and Activity Group, at which Executives review all recruitment requests, is now occurring on a weekly basis with a monthly deep dive taking place to look at bank, agency, overtime spend etc, all of which has to be provided to the ICB for assurance that the Trust has grip and control of workforce costs.

A national policy around sexual safety will be shared once produced.

The national pay award may be delayed due to the general election.

MC thanked JR for the updates.

MC questioned if there were any evidence of issues with sexual safety within the Trust. JR discussed this was not an issue within the Trust.

MC noted the nurses union may ballot again following the general election. JR advised that the Royal College of Nursing have not yet confirmed this as their position.

JM noted receiving RCN notifications and discussed nurses wanting a separate pay spine but if this is not agreed, the nurses will ballot again.

6.2 Equality and Inclusion Strategy Update inc EDIB steering group

The report provided a summary of the key workforce and patient developments in relation to the Trusts Equality Diversity, Inclusion and Belonging (EDIB) strategy and provided assurance on the Trusts demonstration and compliance with national requirements. The report includes key highlights in relation to WRES and WDES metrics taken from the 2023 staff survey results which will be used for the submission on 31st May 2023.

Indicator 5 of the WRES saw an increase in the percentage of ethnic minority staff who have reported bullying and harassment from patients, relatives and the public. Work is ongoing with the Freedom to Speak Up representatives to ensure all staff have a voice as well as a relaunch of campaigns such as “Be Civil, Be Kind” and “It’s Not Okay”. The relaunch will include new banners to be prominent around the Trust to support staff reporting inappropriate behaviour. PC noted highly complex patients within the Trust such as patients with delirium following surgery are often aggressive and therefore this has an impact on the staff survey scoring.

Disability projects have been an outstanding action on the action log for a number of months as the applications process is closed and the Trust is awaiting a date for application to reopen. JD questioned if the disability project can be funded elsewhere. PC was unsure and confirmed that there is a lack of information around the disability project and if it will be opened again. MC suggested removing this from the action plan.

RMc added having designated budgets for Health and Wellbeing as well as local budgets to support EDIB.

RMc discussed the anti-racism action plan being included within this report against the bronze criteria. This was presented at EDIB where both the WRES and WDES were discussed with good engagement from group members and clinical staff. Communications will follow with a link to an anti-racism page where staff can report any racism experienced and find support online such as HR teams, Freedom to Speak up and unions.

PC

JM discussed an increase in InPhase reporting relating to racism and questioned how the InPhase data is triangulated relating to areas, trends and themes. RMc discussed the campaign launch will triangulate information as well as support staff in being able to raise issues.

MK discussed that themes are currently not drawn from InPhase relating to HR related issues but if this could be undertaken with the InPhase team, it would be beneficial for the Trust.

MC asked for a learning report relating to InPhase and other sources including themes and data to be brought back in December.

RMc

MC questioned how referrals come through to HR following an InPhase reporting. RMc confirmed this would go through to a line manager and not automatically to the HR team.

6.3 People Delivery Group – update

RMc provided an update from People Delivery Group. There was good attendance and engagement throughout the meeting. As part of the Terms of Reference, updates on the people strategy pillars were shared with the opportunity for any feedback from the group. The WRES and WDES results were discussed with staff where it was reiterated the need to relaunch campaigns moving forward. New guidance around Just Culture was socialised with the group which will be correlated with PSIRF. There is a focus on appraisals with new forms to complete as well as support for both appraisee and appraisers. The divisions shared their staff survey action plans with the group.

MC thanked RMc for the updates.

6.4 Workforce KPI Dashboard

The report proposed metrics for consideration in the SOF are based on the 2023 staff survey results and where there has been a decline in the results of our WRES/WDES indicators.

The committee were asked to note the report and consider the SOF metric proposal.

RMc acknowledged the colour coding of the arrows within the metrics can signify a major decrease but statistically this is not correct.

The metrics would be an annual indicator following staff surveys.

MC confirmed that the graphs shown are helpful, showing trends and data to provide to the Board of Directors.

The committee approved the proposal.

6.5 Annual Workforce Plan

The report provided assurance on effective workforce planning ensuring appropriate levels of staff are available to deliver safe, high-quality care to patients and service users. Creating an effective workforce requires an evidence-based workforce plan, integrated with finance, activity and performance plans. The report provided a high-level overview of the Trust annual workforce plan.

A plan has been submitted in line with the Cheshire and Merseyside ICB guidance which will be scrutinised. There are monthly meetings taking place with the ICB where this is discussed with the Trust.

NB noted constraints on total numbers of staff instead of costs. The band 6 scheme will not increase numbers on the ward but will develop staff within the Trust. JR noted costs and headcount will be scrutinised by the ICB. JR noted work ongoing within the Trust for band 6s on the wards and affordability for this.

JD discussed cost improvement and if there was consideration for a reduction of staff within the annual workforce plan submitted to the ICB. RMc updated this this was not removed from the workforce plan. RMc discussed working with divisions to look at structure and CIP plans.

MC discussed the ICB review on over establishing and questioned if this has to be reported by the Trust. JR advised that any increase in headcount above the numbers submitted would need to be justified with a strong rationale.

MC questioned the divisional action plans as well as fragile services with single point of failure such as mini mitral and if this needs review within each division or if this is specific to Surgery. JR noted conversation with the Chief Operating Officer where it was discussed. There were no specific risk around specialised services.

MC thanked JR and RMc for the updates provided.

6.6 Quarterly HR and L&D Assurance Report

The paper provided assurance on the progress against the people strategy and incorporates compliance of key HR, Learning and Development activity and highlighted any associated risks and mitigations to support delivery.

Fit testing was at 75% compliant with all outstanding staff members being individually contacted to arrange fit testing.

Mandatory training compliance saw an improvement in April to 94.7% but remains just below the 95% target. Compliance rates were shared with all teams as well as Divisional Boards and People Delivery Group. Any department reporting below 95% at the end of May will require a recovery plan which will be escalated to Executives. Oliver McGowan training compliance was at 88%.

The appraisal window opened on 1st May 2024 and monthly compliance reports will be disseminated to departments with figures being reported through Divisional Board Meetings.

The Professional Nurse Advocates (PNA) is the first clinical model of restorative supervision for nurses in England. The Trust are working towards a target of 1 PNA for every 20 nurses, a total of 32 is required. Currently there are 6 trained PNAs, 1 awaiting results and a further 11 have been recruited to undertake the training.

Lead Employer Mandatory Training has remained well above target for the past 3 months. The Trust is currently tracking 5th out of 32 NHS Trusts across the Cheshire and Merseyside area.

A recovery plan is in place to improve the mandatory training for bank staff which reported 61% at the end of April 2024. A review/cleanse has taken place, removing anyone that has not worked on the bank in the past 3 months. Emails and letters were sent to purely bank workers informing them of the requirement for their mandatory training to be completed by the 14th June, otherwise they will not be able to book more shifts until training is completed. If the training is still not completed by the 15th July they will be fully removed from the bank register.

A review of the HR and L&D risks was conducted at a Senior Team Away Day held in May 2024. This examined risks along with the potential impact and effectiveness of any mitigation. This resulted in some risks being removed and some new risks were identified that have emerged in the last 3-6 months. The new risks include vacancy gaps in the HR team which may impact on service delivery and causing burnouts within the team. Another risk was increased complexity of requirements impacting on capacity and the requirement for bespoke solutions increasing. Another risk was delays in procurement for both Occupational Health and Payroll tenders. The final risk was a business case refusal for two Learning and Development posts and the potential impact on service.

JB discussed the progress and availability of food for staff on night shifts. This piece of work is being led by catering staff who are developing an options appraisal for provisions such as vending machines.

SK reiterated that Medicine is the biggest division so the sickness levels will be higher. The division have a number of long-term sickness absence cases, but with support from HR, the division are supporting staff to return to work.

MC thanked JB and SK for the updates provided.

6.7 Staff Survey Trust Action Plans

RMc discussed the results have been presented at the Executive Group meeting as well as the Board of Directors and Operational Board.

RMc provided assurance on an overarching plan which has a focus on Trust specific initiatives. The plan consists of actions that can be delivered throughout the Trust with different timeframes which work alongside divisional action plans. The plan showed continuous improvement between 2022 to 2023.

MC advised that the Trust have recently been scored best in the country for Freedom to Speak Up and will be featured in the National Guardian's Report. MC thanked all for the ongoing support.

6.8 Staff Survey Divisional Action Plans

The divisional action plans were taken through People Delivery Group as well as Divisional Boards. The final plans will be circulated by the divisions and all actions will be reviewed regularly. There will be a focus on response rates as well as burn out and exhaustion across all divisions which will be captured as part of the health and wellbeing strategy.

MC thanked SK for the updates and comprehensive action plans.

6.9 Annual Apprenticeship Report inc EDI/Demographic information

The report provided assurance on the progress of Apprenticeships across the Trust. There are 109 apprentices recorded on the Digital Apprenticeship Services with 77 actively studying and 32 apprenticeships paused or stopped. All apprenticeships are advertised Trust wide with 13% of apprenticeships from diverse backgrounds. There are 31 different specialities within apprenticeships used in the Trust.

The main reason for attrition is work life balance or leaving the Trust. All apprentices are contacted monthly to offer support or help in addition to the support offered by the HCI's and reviews for clinical apprenticeships.

MC thanked JB for the updates provided.

7. Governance

7.1 Board Assurance Framework

The Board Assurance Framework was included within the pack.

The committee approved the Board Assurance Framework.

7.2 Terms of Reference annual review

A revised Terms of Reference was circulated with additions of strategies.

The committee approved the Terms of reference.

7.3 Business Cycle 24/25

The business cycle was shared. MC raised the "workforce KPIs" needs to be replaced by "SOF".

Following this change, the committee approved the business cycle.

7.4 Director of Medical Education update including GMC Surgery update and improving working lives of doctors in training

The report provided an update from the Director of Medical Education including the GMC survey in addition to an update on improving working lives of doctors in training.

The GMC National Training Survey closed in May with 90.2% of trainees and 65.9% of trainers submitting a response. The results are expected in July/ August 2024.

Mr Zeinah has recently been appointed Faculty Lead within Cardiothoracic Surgery following Mr Shackcloth's appointment to a national training role. The appointment of a replacement RCSEng college tutor is in progress.

There are a series of actions expected by NHSE with the aim of improving the educational experience and working lives of doctors in training. The key actions are:

- improved rota choice and flexibility with better rota management and deployment
- reduce duplicative inductions and pay errors by streamlining and improved HR support.
- creating a sense of value and belonging for doctors.

The pulse-check local training survey is planned for July 2024.

NB noted an improvement delivery against the action plan throughout the years.

MC thanked MK for the assurance provided.

7.5 Undergraduate update

JB shared a presentation on undergraduate students.

The number of nursing student placements increased in 2019 by 38% from 66 to 91 placements. In 2021, this was further increased by 26% to a maximum capacity of 115 placements. These placements range across all student nursing fields of practice. There is a comprehensive SAMP

offer across all specialities. The Trust provides support to all students including physiotherapy, operating department practice, occupational therapy, SALT, radiotherapy, dietetics and paramedicine. Other students include pharmacy, pharmacy technicians and exercise physiologists. The Trust offers a variety of elective experiences for students from outside the region across all specialities. Robust support is provided for all students on placements. The Trust work with a number of universities across the region.

The training is evaluated regularly through the National Education and Training Survey (NETS), Nursing & Allied Health Professionals via PARE system, governance arrangements as well as medical students feeding back via universities. The feedback from students has been positive across the years.

The Trust are looking into pre-preceptorship programmes as well as placement expansion. A simulation-based education and technology enhanced learning package can support student learning.

CE thanked JB for the comprehensive updates and reiterated the support shown throughout the Trust for students.

JM discussed the investment from the Learning and Development team to ensure student experiences within the Trust provide them with the confidence to carry on working for Liverpool Heart and Chest Hospital.

MC thanked JB and the Learning and Development team for the updates provided.

7.6 People Delivery Group Minutes – 6th February 2024

The committee noted the minutes.

8. Evaluation of Meeting

MC thanked all for the reports and updates provided within the meeting.

CE thanked the committee for the openness and discussion around triangulation of InPhases as well as support provided to all staff.

9. Date and Time of Next Meeting:

Monday 9th September 2024, 10:00-12:00. Microsoft Teams