

London People Board – Minutes

Monday 13th November 2023

Ulex Tower, Stratford, NEL ICB headquarters

1.	Welcome and apologies
	The chair, Marie Gabriel, welcomed everyone to the meeting.
2.	Review minutes from London People Board held on 11th September 2023
	<p>The minutes from the September Board Meeting were agreed. Updates to Board actions have been noted on the action log. The leadership academy are considering once for London approach and confirmed that with national funding ending for some programmes that consideration will be given to specific gaps in London. It was agreed that this should be discussed with the Talent Sub Committee and a report brought back to the People Board.</p>
3.	Implementation of EDI Plan
	<p>The meeting opened with a discussion led by Navina Evans and Deepa Nair on the implementation of the NHS E EDI Improvement Plan and High Impact Actions. The plan is aimed at fostering a more inclusive and equitable environment within NHS organisations, against which they would be asked to account and include the development of a good practice repository .</p> <p>The High Impact Actions (HIA):</p> <ol style="list-style-type: none"> 1. Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable. 2. Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity. 3. Develop and implement an improvement plan to eliminate pay gaps. 4. Develop and implement an improvement plan to address health inequalities within the workforce. 5. Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff. 6. Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur. <p>One of the key reasons to develop the plan is for NHS organisations to become focused on improvement and to use the 6 HIA to suit their people culture.</p> <p>The discussion emphasised that the EDI Plan is not intended to replace the ongoing Workforce Race Equality Standard (WRES) workstream but includes WRES data while expanding its scope to encompass a wider range of protected characteristics.</p> <p>Inclusion of Student Data and Involvement of IMG The minutes highlighted that student data is specifically featured in two HIA actions related to Health and Wellbeing and Bullying.</p> <p>The meeting proposed involving International Medical Graduates (IMG) in the National Education Training Survey to enhance data collection and analysis. This initiative will be explored by the National Programme Team. The meeting noted</p>

	<p>the specific challenges experienced by IMGs and the need for ongoing support this group in relation and to ensure safety.</p> <p>Progress Reports and Ambitions The January report from the Equality, Diversity, and Inclusion Sub-committee is expected to provide comprehensive progress reports on the implementation of the HIAs. The ambition to address the gender pay gap is contingent on accurate ESR categorisation and data. A meeting between relevant parties (NO and DN) is scheduled to discuss influencing and broadening the existing ESR categories.</p> <p>Additional Updates Geeta Menon, Post Graduate Dean for South London, is actively managing the development of a module for a cultural safety program specifically designed for IMG, focusing on both receiving organisations and teams.</p> <p>People Area on the Model Health System This online event has been highlighted as it will focus on data from the people area on the Model Health System. The webinar will cover equality, diversity and inclusion data, the staff survey, retention initiatives and more. https://www.events.england.nhs.uk/events/people-area-on-model-health-system</p> <p>The Board agreed that there was a need to prepare a paper on London progress, which will be taken forward by the EDI Sub-Committee.</p> <p>Action EDI Sub-Committee to include progress report on HIAs in January report</p>	
4.	<p>Lady Justice Thirlwall inquiry into the Countess of Chester NHS Trust</p>	
	<p>Jane Clegg (JC) is leading London's work to support the statutory Thirlwall Inquiry following the Lucy Letby case.</p> <p>Actions taken are specified below:</p> <ul style="list-style-type: none"> • Meeting with NHSE Executive was held • A Review of neonatal unit designation and compliance against contracts and standards <ul style="list-style-type: none"> • Level 3 - Neonatal Intensive Care Unit - NICU for complex care • Level 2 - Local Neonatal Unit - LNU for high dependency • Level 1 - Special Care Baby Unit - SCBU for initial and short-term care • Subject of discussions in professional and leadership groups – not limited to neonatal services • Publication of review of Fit and Proper Person Test – August 23 <p>Group Discussion The group discussed the following for the inquiry team to consider in their investigations:</p> <ul style="list-style-type: none"> • The need to have an understanding of clinical disagreement and how it could be best addressed. • The difference in learning between colleagues in active training and colleagues who trained previously and as a result the need for training to address listening and building in confidence to speak up 	

	<ul style="list-style-type: none"> • For the quality framework to include escalation pathways. • The importance of peer reviews, mortality benchmarking and other information to identify signals, along with time now for learning and reflection between peers, due to Inquiry likely timeframe. • A set of high impact actions would be a useful outcome of this process 	
5.	Breaking the Silence - Sexual misconduct in surgery report	
	<p>Gary Wares (GW) presented on the London approach to the report in relation to learners.</p> <p>The report highlights the below figures:</p> <ul style="list-style-type: none"> • In 2022, 65% of UK medical schools entrants identify themselves as female. • 35% of doctors in surgical training are women • 15% of consultant surgeons are women. <p>Group Discussion</p> <p>The meeting noted this particular subject is not exclusive to surgery specialities and is an NHS-wide issue.</p> <p>The meeting discussed the importance of ensuring policies and action make a difference and transform the experience of staff, the importance of clinical educators, the need to look outside the NHS for example Runnymede Trust's Broken Ladders reports, the need to consider student experience including apprenticeships and the need to proactively support individuals who have experienced sexual misconduct.</p> <p>The meeting also noted that the emphasis should be on prevention, setting explicit standards, and be clear on what good looks like. There was the need for a clear and consistent message of zero tolerance, with an expectation of speaking up for those observing behaviours, underpinned by regulation.</p> <p>The meeting agreed that an NHS-Wide standard and framework for acceptable behaviour in organisations would be ideal. This work should clear messaging and new precedent for incidents being strongly addressed and to communicate a level of zero tolerance. There is already a group meeting to explore the potential of once for London work to support this convened by Lizzie Smith (LS) and Jane Clegg (JC).</p> <p>GW confirmed the regulators are supportive of this work and will play a role in setting and enforcing new standards. The work will continue to influence them to take action on each case with this report in mind.</p> <p>The group noted synergies with the previous two agenda items, in that all three were about the need to radically reform NHS culture, so that it was just, inclusive and enabled people to speak up, improving the experience of staff who work within it, leading to improved outcomes for them and patients. There was a clear intent from the meeting that the London People Board consider how its works enabled this shift..</p> <p>Actions GW to investigate if there is any data or good practice examples from other cities</p>	

	<p>and countries.</p> <p>GW to determine is there is an opportunity to influence the content on the GMC survey to include any form of discrimination.</p> <p>LPB to consider how the sum of its work is impacting on culture.</p>	
5.	State of Adult Social Care report	
	<p>Louise Whitey (LW) presented on the The Size and Structure of the Adult Social Care Sector and Workforce in England. The main findings of the report did provide some indications of improvement:</p> <ul style="list-style-type: none"> • The workforce started to grow again by 1% • The estimated number of vacancies on any given day fell to 152,000 – a vacancy rate of 9.9% • Around 70,000 people were recruited from abroad into direct care-providing roles <p>However, there are still key challenges, for example in London</p> <p>There is a 30% turnover in staff 39% are on zero hour contracts 40% are part time 58% of new recruitment if from other social care providers rather than new entrants 47% of the workforce is BAME, compounding inequalities A large proportion of social care provision is via the independent sector, resulting in challenges in pay and co-ordination.</p> <p>Group Discussion</p> <p>The board noted that flexible working was not explicitly listed as a reason to retain in the report. This observation was attributed to wages being equivalent to hours worked, making flexible working less attractive.</p> <p>It would be helpful if data specified what countries overseas recruits are coming from and compare that with health.</p> <p>LW informed the board that the government received funding last year, which has been allocated to the 5 Integrated Care System (ICS) footprints. These ICS footprints are currently in the process of determining how to best utilize the funding.</p> <p>An example mentioned was the development of the "Arrived Worker Guide to British Living," with the funding situated within health and social care hubs and managed by local authorities.</p> <p>JC reported there is currently work to set standards for onboarding of overseas nurses. This may be developed to be used in a social care setting. There was also the opportunity to work collaboratively on digital skills passport and the London Living wage.</p> <p>The team is engaging with Provider organisations and considering how the approach could be for a Capital Multi Disciplinary Team, to include Nurses, Midwives, AHPs, and Doctors. Creating a strong brand and one that will enable us to get the right people quickly in place with an employment offer achieved through</p>	

	<p>faster recruitment. The meeting noted that it would be good to pick this up with GLA who were also considering recruitment and with the NHSE Communications team.</p> <p>The meeting highlighted the substantial transactional costs associated with a 30% turnover in the workforce.</p>	
7.	September HEI roundtable feedback	
	<p>MG and LS attended a round table event, organised by NHS E and UUK in September 2023.</p> <p>The purpose of the event was to determine whether the correct partnerships are in place between health and education to deliver the LTWP, as well as discussing the delivery of expansion and enabling innovation.</p> <p>MG raised London People Board points about apprenticeships and spoke about creating better relationships with HEIs.</p> <p>LS highlighted the need to appreciate the scale of challenge and change required, as well as the need for more emphasis on transformation including digital inn line with Topol.</p> <p>There is a further roundtable session in November, and a London HE and FE stakeholder session planned for December 2023.</p>	
8.	London Term Workforce Plan	
	<p>LS presented an update on work regarding the Long Term Workforce Plan.</p>	
9.	Transition of the new NHS England	
	<p>LS reported that NHS England colleagues are progressing through the Filling of Posts (FOPI) process. By the 1st April, all colleagues will have completed the process.</p>	
10.	Sub-committees of London People Board	
	<p><i>Updates from Talent/Leadership and Equality, Diversity and Inclusion</i></p> <p><u>Health and Wellbeing</u></p> <p>The Health and Wellbeing subcommittee reported on the below:</p> <ul style="list-style-type: none"> • Flexible working is included in Chief People Officers ‘one for London’ priorities and may be collectively funded with timewise. • Health and Wellbeing Hub- The MOUs and associated paperwork has been sent out to wellbeing hubs and IC leads. <p><u>Equality, Diversity and Inclusion</u></p> <p>The EDI subcommittee report includes:</p> <ul style="list-style-type: none"> • Continuation of development of LWRS Year 3 KPIs • London WRES and WDES overview indicated clear improvement • The current organisational transition is impacting cohesive access to data sets, including EDI dashboards and data 	

	<ul style="list-style-type: none"> • Successful event for Evaluation & EDI innovation on the 6th of October <p><u>Talent and Leadership</u></p> <p>The Talent and Leadership subcommittee reported on the below:</p> <ul style="list-style-type: none"> • London talent pool- communications have been sent to London chairs, CEOs and CPOS asking for nominations • London talent network is receiving good engagement across the system, with an in person network meeting reporting good attendance • Supporting ICBs- Success in the areas of talent timebanking, supporting aspirant Chief AHP pipeline and Strengthening London CEO pipeline <p>The committee continues to seek talent sponsors and coaching or mentors for members in the talent pool.</p>	
11.	Any Other Business	
	None raised	