**London People Board – Minutes**

**Monday 11th November 2024**

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| **1.** | **Welcome and apologies** | |
|  | Nnenna Osuji (NO) Welcomed Board members to the meeting. |  |
| **2.** | **Review minutes from London People Board held on 13th September 2024** | |
|  | Amendment made to include an AOB item raised by Sarah Morgan (SM) regarding EDI programme funding.  Minutes approved.  **Action updates**  Response to riots- Report back to board on how to respond to next event. EDI sub group to discuss London’s programme of work across the year with a focus on how we will respond to any future racist or discriminatory events, feeding back to a future LPB.  Nichole McIntosh (NM) and Karen Broughton (KB) to collate key activities and outputs on attraction to nursing training programmes.  Anti racism work to be spotlighted on next People Board agenda.  New NHS England comms director to be invited to next People Board and EDI sub-committee. |  |
| **3.** | **EDI Pack Feedback** |  |
|  | **Background on Previous Discussions and Integrating EDI into Quarterly Oversight** Edmund King (EK) referred to the objectives set at the previous meeting, where the intention was to raise the profile of EDI by integrating it into the region’s quarterly performance oversight meetings. These quarterly sessions, where NHS England engages with each system to review key performance metrics, are vital forums for operational assurance and accountability. By embedding EDI within these meetings, the region could align EDI metrics with other priority performance areas, thereby enhancing visibility and reinforcing a commitment to EDI actions.  **Existing ICS-Level Reporting**  SM queried the availability of current ICS level EDI reporting, noting that previous reports had come from the Race Observatory. As this report typically arrives in October, SM suggested it could serve as a basis to avoid duplicating efforts. NO confirmed that a similar report was underway, aligned with both London and ICS-level needs. The meeting also noted the contributions of EK and Silvio Giannotta (SG) in this workstream, reinforcing the ongoing collaboration.  **Requests for Additional Data Segmentation and Customisation** In response to feedback, the meeting noted a demand for more detailed data segmentation, specifically by disclosure rates, professional groups, primary care, and social care settings. NO recommended piloting the data release with these customisations to assess its utility and refine it to meet user needs. The meeting agreed the need to balance the comprehensiveness of the report with the time available for colleagues to engage  **Actions**  **Development and Iteration of a Minimum Data Pack** SG agreed to produce a foundational EDI data pack with essential metrics, incorporating suggested segmentations by disclosure rates, professional groups, primary care, and social care where possible. This data pack would be piloted initially and iterated based on colleague feedback.  **Identification of High-Impact EDI Areas for Regional Focus** SG and EK to identify key high-impact EDI areas within the data pack that should be escalated to the regional performance and assurance forums. The goal is to ensure that priority EDI issues receive adequate focus and visibility at a strategic level.  **Proposed Inclusion of EDI Data Item in Regional Meetings** NO recommended placing the EDI performance data on all relevant regional agendas as a standing item where feasible. EK committed to advocating for this proposal within the regional executive structure, while NO and other co-chairs would assist by recommending it to relevant committees.  **Commitment from CPOs to Include EDI in System-Level Agendas** Commitment from CPO colleagues to include the EDI data pack as a fixed agenda item in their respective System People and Culture Committees. This will help ensure that EDI remains a central focus in system-level discussions.  **Three-Month Follow-Up on Data Usage and Impact** SG and EK to revisit the EDI data pack with the group in approximately three months. The objective is to review how the data is being utilised within systems and assess its impact, ensuring that the data serves not only as information but as a catalyst for meaningful change. |  |
| **4.** | **Hybrid Working Policies** |  |
|  | **Discussion**  Lizzie Smith (LS) presented the report on hybrid working policies, produced as a follow-up to the People Board's previous discussions on hybrid working. The purpose was to explore the potential for a consistent approach to hybrid working policies across London, considering equity issues and reducing duplication of work across NHS organisations. The meeting noted that NHS England had implemented its own hybrid working policy in April 2024, which requires 40% face-to-face engagement.  Michelle Hodgkinson (MH) raised the potential risks associated with hybrid working, particularly the lack of clarity regarding who is working flexibly, especially in relation to learners and patient care. The meeting noted the need for audits to identify the scope of hybrid working across trusts and ensure these risks are managed appropriately.  Philippa Wright (PW) agreed with the importance of transparency in how hybrid working is being implemented at each trust. She noted that some staff groups might not be aware of the risks, particularly around patient care and the loss of informal learning opportunities, which are more difficult to replicate in a remote environment. PW underscored the need for a robust framework to monitor hybrid working and address these concerns.  The meeting agreed thatadditional evidence would be required to support this work, especially concerning the impact of remote working on clinical practice. JC noted the forthcoming paper on the risks associated with remote consultations in community and primary care settings, which highlighted the potential for missed incidents. Hybrid working must be framed within the context of its impact on patient care, and that the "why" of hybrid working — why in-person engagement is important in certain roles — needs to be clearly communicated.  SM clarified that while hybrid working is agreed at the local level, it is important to distinguish between contractual base and hybrid working as it relates to flexible work arrangements. She stressed the need for clear language to avoid confusion and ensure alignment across trusts.  NOconcluded the discussion by reiterating that this topic had been raised at the Chief Executive’s level, where there was strong interest in developing a set of common principles for hybrid working across London. She proposed that these principles be developed collaboratively with union colleagues, ensuring inclusivity and representation. NO noted the importance of conducting a thorough call for evidence to support the development of recommendations, particularly regarding contractual implications and patient outcomes.  **Actions**  LS to identify a lead to progress the development of hybrid working principles across London. This should include a focus on clinical workers.  Timeline for developing the recommendations and next steps to be agreed in the chair’s debrief. |  |
| **5.** | **Sexual Safety** |  |
|  | This discussion focused on sexual safety, which is a key subset of violence and aggression in the workplace. Jane Clegg (JC) highlighted the ongoing work around sexual safety in healthcare settings, particularly focusing on initiatives aimed at preventing sexual harassment and misconduct.  **Update on Progress**  JC provided an overview of developments since the previous meeting, noting that a sexual safety charter had been introduced for organisations to sign up to, and that there has been positive progress in this area. A new Protection Act, which requires employers to take proactive steps to prevent sexual harassment is now in place. NHS England has recently released a series of documents and policies aimed at addressing sexual misconduct in the workforce.  The meeting noted that a programme manager has been recruited to support this workstream. While much of the initial work involves policy development, the team is now focusing on more engaging and impactful actions to tackle sexual safety in healthcare.  **Staff Survey** JC presented initial results from the latest staff survey, which included questions on sexual safety and harassment. The data is still being analysed, but it provides important insights into how organisations are addressing these issues. JC noted that there are challenges in interpreting the data, particularly regarding whether high reporting rates indicate a culture of openness or a greater prevalence of issues within certain organisations.  **Vulnerable Groups** Preliminary findings suggest that younger individuals, those identifying as non-binary, and ambulance service workers are particularly vulnerable to sexual safety issues. JC emphasised that more detailed work will be necessary to track and address these concerns over time.   * London Ambulance Service (LAS) Work: JC highlighted the significant work done by London Ambulance Service (LAS) to address sexual safety. Although the group did not have time to watch the related video, it was agreed that it would be shared later. LAS has developed a well-regarded approach to sexual safety that could be replicated across other organisations.   **Next Steps** The new programme manager will be taking forward this work in London with a key focus on identifying local priorities and ensuring that the available resources are used effectively. One proposed action is the creation of a reference group to guide the work. The group will focus on co-production and collaboration to ensure that efforts benefit the broader London health system.  **Discussion**  NO raised the importance of considering students and learners in sexual safety efforts, as they are often an underrepresented and vulnerable group.  PW emphasised that sexual safety should be a priority as more younger people, especially apprentices and students enter the workforce.  NO added that the team may also collaborate with the Equality, Diversity, and Inclusion (EDI) group and contribute to the development of a core managers' programme for sexual safety, potentially expanding on the work done by LAS.  NO also questioned how many London trusts had signed the Sexual Safety Charter and proposed exploring the potential to extend this initiative beyond NHS Trusts to include other health and care providers. This sparked a discussion on whether this could be set as an ambition for all health and care organisations in London.  **Actions**  A reference group will be set up to guide the work on sexual safety across London. Programme Manager to liaise with the national team to avoid duplication of efforts, especially regarding the core managers' programme on sexual safety. |  |
|  | **Social Care Data** |  |
|  | **Overview of National Social Care Workforce Data**  **National Workforce Figures**  The key headlines from the data collection are:   * The adult social care workforce now stands at 1.7 million posts * The majority of these posts are within small and medium enterprises * There has been a significant increase in international recruitment, contributing to a notable shift in workforce composition both nationally and regionally   **Regional Implementation and Current Challenges**  The Southeast region has made notable strides in implementing workforce data integration and securing government funding for this work. However, the varying approaches across different regions pose challenges in terms of consistency and data sharing.  **Improving Data and Workforce Integration**  NO raised the need for a strategy to ensure that social care workforce initiatives are optimised and shared across all ICSs. The meeting agreed the need for a more coordinated approach and insight into data availability to ensure workforce resources are maximised.  **Addressing Social Care Workforce Risks and Sustainability**  The meeting discussed the health and social care hubs funded by the Greater London Authority (GLA) that aim to recruit social care workers, especially from international markets. These hubs are crucial for local workforce recruitment but are only funded until 2025.  There is a need for a strategy to ensure the continuation of these models beyond their current funding.  NO raised concerns about the medium to long-term risks related to the social care workforce and its impact on discharge processes.  LS suggested including the social care workforce risks in the WT&E (Workforce Training and Education) risk register to ensure that the issue is escalated appropriately.  **Overseas Recruitment Strategy**  A discussion was held around how to ensure the best initial experience for overseas recruits entering the social care workforce, ensuring that these recruits are supported effectively. There is a need to better align this strategy with existing data systems in ICS to ensure the integration of overseas recruitment efforts into the broader workforce planning.  NO raised the importance of ensuring that the data shared with ICSs accurately reflects the workforce trends and conversations that have taken place at the national level. The goal is to ensure that data is comprehensive and up-to-date.  **Actions**  LW, LS & James Cain (JC) to articulate the medium-to-long-term social care workforce risk for inclusion in the WTE risk register. |  |
|  | **Digital sub committee update** |  |
|  | **Discussion**  The update reflects progress on the Digital Workforce Transformation Sub Committee agenda. A proposal to create the sub-committee was developed following the January 2024 LPB Meeting, and a series of discussions at the London Digital Transformation Board. It will report to both the People Board and the Digital Transformation Board. The subcommittee will be chaired by David Probert from UCLH.  NO Expressed support for the initiative and emphasised the importance of the committee considering specific needs related to Integrated Care Systems (ICS) to make the process more tailored and practical for London.  SM highlighted the importance of focusing on the entire employee journey and workforce.  Jonathan Sampson (JS) Suggested including training hubs or training voices in the committee to ensure primary care providers' interests are represented.  SG Acknowledged the inclusion of education, primary care, and social care in the subcommittee's scope. The board discussed the need to ensure the subcommittee reflects the full spectrum of the system's needs, including cybersecurity and a unified approach to impact assessments.  NO suggested a Equity Quality Impact Assessment (EQIA) exercise, combining both the people and quality assessments into one comprehensive document.  The meeting agreed this group should not duplicate the People Digital Strategies.  **Actions**  **Impact Assessment**  Create a single document that combines the Equity Quality Impact Assessment (EQIA), incorporating both people and quality assessments. This should be followed up by the team to ensure one integrated approach to assessing impact.  **Progress Review**  The subcommittee is expected to report back in three months with progress updates, and this will be an ongoing review process to ensure the subcommittee's actions are on track.  **Review membership**  SG to review the proposed membership in light of the LPB discussion to ensure there is the right representation across key stakeholder groups |  |
| **10.** | **Update on sub committees** |  |
|  | **Context and Purpose of Review**  LS provided background to this work, noting that in light of changing priorities and evolving structures within NHS England, it is appropriate to review the current subgroups of the London People Board. This review aims to ensure that the subgroups align with the board’s ongoing objectives and reflect any adjustments in NHS England’s operational focus.  The meeting noted that the digital subgroup is a prime example of how priorities have shifted, underscoring the need for flexible structures to support the work of the People Board.  WT&E Colleagues propose to conduct a review to evaluate the current subgroups and ensure they are aligned with the People Board’s purpose. The review would produce options for the LPB Chairs and members to consider, and also assess the potential benefits of integrating certain subgroups, such as Talent and Leadership, which have historically been managed separately.  Additionally, LS pointed out that Mark Watson’s (MW) work on temporary staffing, including the steering groups for supply and retention is currently separate from the People Board's subcommittees. There may be an opportunity to integrate these groups into the board’s structure.  **Actions**  **Circulation of Subcommittee Reports**  Ensure that reports from all subcommittees are circulated to all board members for review.  **Discussion at Next People Board Meeting**  London region WT&E Team will scope a review of the current and proposed LPB Sub Groups, which will be brought back to the next LPB meeting for a fuller discussion. |  |
| **11.** | **Any Other Business** |  |
|  | None raised |  |