

Cover report to the Trust Board meeting to be held on 4 November 2021

	Trust Board paper G3
Report Title:	People and Culture Committee (PCC) – Committee Chair’s Report
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Reporting Committee:	People and Culture Committee (PCC)
Chaired by:	Col (Ret’d) Ian Crowe – PCC Chair and Non-Executive Director
Lead Executive Director(s):	Hazel Wyton – Chief People Officer
Date of last meeting:	28 October 2021

Summary of key public matters considered:

This report provides a summary of the following key public issues considered at the People and Culture Committee virtual meeting held on 28 October 2021: - *(involving Col (Ret’d) I Crowe, PCC Chair and Non-Executive Director, Mr B Patel, PCC Deputy Chair and Non-Executive Director, Ms V Bailey, PCC Non-Executive Director, Ms K Gillatt, PCC Associate Non-Executive Director, Mr I Orrell, PCC Associate Non-Executive Director, Ms H Wyton, Chief People Officer, Ms D Mitchell, Acting Chief Operating Officer, and Mr A Carruthers, Chief Information Officer. Mr John MacDonald, Trust Board Chair was in attendance. Ms J Tyler-Fantom was in attendance for discussion for the Delivery of the UHL People Strategy, People Culture Assessment Framework proposals, Workforce Race Equality Standard and Workforce Disability Standard submissions, and Junior Doctors Safe Working Update. Ms Aloma Onyemah, Head of Equality, Diversity and Inclusion was in attendance for discussion of Workforce Race Equality Standard and Workforce Disability Standard submissions. Ms Bina Kotecha, Associate Director of Systems Leadership and OD, was in attendance for discussion of Learning & Development Update. Mr J Jameson was in attendance for discussion of the Medical Casework Overview report. Ms Eleanor Meldrum, Deputy Chief Nurse, was in attendance for discussion of the Nursing and Midwifery Workforce report. Ms Cassia Forty, Staff Nurse, was an observer at the meeting.*

Recommended for Approval

- **Workforce Race Equality Standard (WRES) and Workforce Disability Standard (WDES) submissions**

The Chief People Officer presented the data analysis reports for the WRES and WDES submitted to NHSE&I in August 2021. The report set out key points for consideration and the next steps. The Head of Equality, Diversity and Inclusion noted that the position was similar to that reported previously and there were recurring themes around recruitment; board representation and diversity; opportunities for career development; and a sense of belonging for those from diverse backgrounds. The Head of Equality, Diversity and Inclusion highlighted the value of creating cognitive and demographic diversity in improving performance, decision-making and collaboration. She noted a few initiatives to support a culture of inclusion and belonging which included actions around recruitment, Inclusive Decision-Making Framework, and the Active Bystander Programme. Work continued on key messages to enable leaders in the Trust to understand and demonstrate leadership with respect to equality, diversity and inclusion.

Ms K Gillatt, Non-Executive Director, asked what progress could be celebrated. It was noted that over the last four years there had been an increase in the number of staff who felt comfortable disclosing their ethnicity, an increase in BAME staff. Progress was noted but there was considerable work to be undertaken.

Ms V Bailey, Non-Executive Director, thought that the Trust should not accept the rate of progress with recruitment to senior roles and consider what positive action would be appropriate. The Head of Equality, Diversity and Inclusion noted that this was under active consideration for leadership positions. Mr B Patel, Non-Executive Director, noted that there remained problems in recruitment and a need for greater transparency. Col (Ret’d) Crowe, PCC Chair, agreed and thought there was a need to review the process for the appointment of consultants. The Chief People Officer confirmed that this was part of the People Plan but not imminently. Col (Ret’d) Crowe, PCC Chair, requested a report on consultant recruitment be brought to a future PCC meeting.

Mr I Orrell, Non-Executive Director, asked whether consideration had been given to how the workforce represented the Leicestershire, Leicester and Rutland (LLR) communities, and issues around social class. The Head of Equality, Diversity and Inclusion noted that social-economic background impacted on individual's expectations and experiences.

The Chief People Officer reported that the Equality, Diversity and Inclusion Board would oversee the delivery of the action plans. The action plans would also be considered at the Trust Board Workshop on 18 November 2021

The Workforce Race Equality Standard and Workforce Disability Standard Submissions (excluding the action plans) were recommended to the Trust Board for approval and would be presented as a stand-alone report. This would be considered alongside the Gender Pay Annual Report which had been received by PCC in August 2021.

- **Junior Doctors Contract Guardian of Safe Working – Quarterly Report**

The Chief People Officer presented, in line with the requirements of the 2016 Junior Doctors Contract, the Guardian of Safe Working quarterly report. This addressed the management of exception reporting; work pattern penalties; data on junior doctor rota gaps; and details of unresolved serious issues which had been escalated by the Guardian. From 1st June to 31st August 2021, 147 exceptions reports had been recorded, which was an increase of 42 from the previous quarter. Some of these exceptions were raised at a time of significant medical workforce pressures across many clinical areas. The period was linked, in part, to planned leave, sickness and the need to isolate following COVID-19 contacts. Medical and nurse staffing pressures were discussed daily, and where possible gaps were mitigated by redeploying staff.

Mr I Orrell, Non-Executive Director, asked whether the position would improve in the next quarter which the Deputy Chief People Officer thought unlikely. The Chief People Officer noted that the junior doctors were obliged to raise concerns as a condition of their contract. She considered that the number of concerns reflected the operational pressures which were exacerbated by a high number of COVID-19 cases at a time when the Trust sought to restore elective activity. This was being experienced across the NHS.

The Junior Doctors Contract Guardian of Safe Working – Quarterly Report was recommended to the Trust Board for approval and would be presented as a stand-alone report in February 2022.

Other Agenda Items

- **Delivery of the UHL People Strategy**

The Chief People Officer and Deputy Chief People Officer provided an update on the delivery of the UHL People Strategy which was aligned to the LLR and National People Plan. The slides set out progress against the four chapters of the NHS People Plan: 1) looking after our people; 2) belonging in the NHS; 3) new ways of working; and 4) growing for the future. The narrative plan for the strategy was shown as appendix 3.

The update had been discussed at the Executive People and Culture Board the previous week. The Chief People Officer reflected the feeling that staff were overwhelmed, and that the immediate focus should be on the things that mattered most to staff. It was noted that staff were exhausted and faced a challenging winter.

Two projects were highlighted where the Trust was working with NHSE/I. The first, 'flex for the future' was a six-month project to create networks and share best practice in facilitating flexible working. Secondly, the launch of the retention hub, which was a 12-month system-wide project to use data to drive activity. The Chief People Officer noted that an accreditation framework had been developed to embed the People Plan and delivery of the People Promise at service level. It was anticipated that it would take two years for each service to become accredited.

PCC cautioned against the use of jargon and 'management speak'. The need for accessible and appropriate communication with staff was acknowledged. It was agreed that the focus should be on addressing the day-to-day challenges. The Trust Board Chair agreed with the proposed focus but thought the Trust should continue to develop its medium-term and more strategic plan, acknowledging

that it would not be possible to secure high levels of engagement at present. The Chief People Officer noted that the strategy was not new for UHL, had been agreed in 2019 and amended in light of the experience of the pandemic. It was important for the leaders in the organisation to understand the strategic direction and to deliver on the People Promise. The document was written at a high level and there would be accessible and relevant communication with staff.

The Chief People Officer considered that the workforce were likely to prioritise action to deliver on car parking, access to hot meals, refreshments, provision of rest rooms, being paid the right rate on time, and to feel cared for and safe. Whilst noting the need for executives to listen and engage with staff she added that the behaviours and actions of the line manager were critical in defining the staff member's experience.

Col (Ret'd) Crowe, PCC Chair requested an update on the progress to transform payroll processes.

There would be further discussion at the Trust Board Workshop on 18 November 2021.

- **People Culture Accreditation Framework**

The Chief People Officer set out proposals for a People Culture Accreditation Framework. It was noted that the NHS People Plan included a key deliverable: the NHS People Promise which was 'to work together to improve the experience of working in the NHS for everyone'. To support delivery and recognise achievement an Accreditation Framework was proposed. This would incorporate a developmental approach with appropriate support for services to improve and maintain their accreditation status. There was an emphasis on sharing learning and best practice. The design principles were explained and included the use of existing metrics, qualitative assessment and manageable within current resources. The framework rating awards would be bronze, silver and gold. The presentation set out how the framework would work; what would be assessed, what measures would be used and the support available against specific standards. The intention was to launch the Framework in April 2022.

PCC noted the value in the collaborative approach with the accreditation team working alongside the service rather than an imposition of an inspection regime. The need for accessible language was reiterated. The Chief People Officer noted that work was underway to develop the documents to be used with service teams.

- **Learning & Development Update**

Ms Bina Kotecha, Associate Director of Systems Leadership and OD gave a presentation on the activities the Learning and Development function put in place to support the Trust with staff training, engagement, reward and recognition. The report also addressed activities to support recruitment and management of apprentices. Different occupations had been promoted as part of the Festival of Learning and a Programme had been put in place to address the supply for the workforce. It was reported that 150 Learners had been engaged with the Princes' Trust 'Get into Health' Programme which provided four-week work experience. It was hoped that the majority would join as apprentices. The apprenticeship scheme was proving successful. It was reported that Ofsted had inspected the Trust's Apprenticeship Development Centre recently and provided a draft report with a rating of 'Good'. The Associate Director of Systems Leadership and OD invited PCC members to the system-wide 'Lead, Connect, Care' events happening 13-19 November 2021. PCC acknowledged the breadth and depth of the work being undertaken.

- **Medical Casework Overview**

Mr J Jameson, Deputy Medical Director, and Ms J Tyler-Fantom, Deputy Chief People Officer, provided a high-level summary of medical case work activity from June 2020 to June 2021. It identified volume and case type with outcome summary in an anonymised format. The report addressed overarching themes and agreed next steps. There was a minority of cases which were complex and specialist advice had been sought. With respect to benchmarking data, the Deputy Medical Director noted that there was a lack of robust data to allow for meaningful comparison. However, the legal advisers who were working with other NHS Trusts did not consider UHL to be an outlier. It was also noted that some of the cases related to activity outside of the Trust and reflecting on professional standards rather than the quality of work undertaken within the Trust. The Deputy Chief People Officer noted that in future there would be an annual report to the Board with continuing oversight through the Non-Executive Directors' involvement in cases. Col (Ret'd) Crowe, PCC Chair, asked that training undertaken by the Non-Executive Directors be referenced in the report. He also proposed that at the next review of this national policy, the Trust make

representation regarding the unrealistic timescales for case management given the complexity of most cases. PCC, in noting the report, acknowledged the huge amount of work involved.

- **Nursing and Midwifery Workforce Report**

Ms. Eleanor Meldrum, Deputy Chief Nurse, provided an update on Nursing and Midwifery workforce metrics for the following key areas, vacancies, fill rates, Care Hours Per Patient Day (CHPPD), redeployment to mitigate staffing shortfalls, escalation of concerns in relation to staffing, recruitment and retention. The data indicated an increase in the number of vacancies for nurses and health care assistants. With respect to registered nurses, the Trust had a 11.5% vacancy rate against a 10% vacancy rate nationally. This together with higher levels of sickness and the number of staff isolating because of COVID-19, meant that nurse staffing was fragile at the present time but appropriate mitigation to support safety was in place.

The Deputy Chief Nurse outlined new reporting arrangements. The workforce metrics would be refined in line with those in the new Integrated Performance Report with more detailed triangulation of these metrics with the nursing quality dashboard

Ms V Bailey, Non-Executive Director, asked what could be learnt from the successful programme to recruit, train and retain health care assistants. The Deputy Chief Nurse noted that the feedback indicated that the quality of training and support had been key with the Trust providing a three-week programme delivering the National Care Certificate which had been noted as good practice by NHSI.

The report noted that work undertaken to support recruitment to social care roles. Mr I Orrell, Non-Executive Director, asked for the Deputy Chief Nurse's reflection on the experience. She observed that recruitment into social care role were hampered by the remuneration and ability to release staff for training which cause some challenges for social care to be seen as a long-term career. There was the potential for further funding to support to primary care in its recruitment of Nursing Associates and this was something UHL would be looking at supporting for the system through the Leicestershire School of Nursing Associates.

- **Any Other Business**

There was no other business.

The following reports were noted: -

- **Workforce and OD Data Set**

Ms V Bailey, Non-Executive Director, noted that PCC received data on nursing and midwifery staffing levels and asked whether there were equivalent reports for other staff groups. Ms K Gillatt, Non-Executive Director, asked whether the reports could identify the major risks. It was acknowledged that this was addressed as part of the Board Assurance Framework (Principal Risk 3). The Chief People Officer confirmed that the workforce data was being enhanced.

- **Off Payroll - IR35**

- **Phase 3 Flu and COVID-19 Planning**

- **'Flu AND COVID-19 Vaccination Update**

Mr I Orrell, Non-Executive Director, asked about the current position for the vaccination of UHL staff. The Chief People Officer noted that the COVID-19 vaccination had been mandated for social care workers and was under consideration for NHS staff. The current approach was to encourage staff to take up the offer and risk assess individuals. If the vaccination was mandated for NHS staff in future, the approach would need to change the approach. UHL's data indicated that 85% of staff had received their first dose; 83% a second dose; and 40% a booster. However, the uptake was higher as there were new staff who have been vaccinated elsewhere and not captured through UHL's system until recently

Matters requiring Trust Board consideration and/or approval:	
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Recommendations for approval:

- Workforce Race Equality Standard and Workforce Disability Standard submissions
- Junior Doctors Contract Guardian of Safe Working – Quarterly Report (in February 2022)

Items highlighted to the Trust Board for information:

The following issue was highlighted to Board members ***for information only.***

- None

Matters referred to other Committees:	
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None.

Date of Next Virtual PCC Meeting:	Thursday 23 December 2021 at 11.30am via MS Teams
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