

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF THE PEOPLE AND CULTURE COMMITTEE (PCC)**  
**MEETING HELD ON THURSDAY 23 DECEMBER 2021 AT 11.30AM, VIRTUAL MEETING VIA**  
**MICROSOFT TEAMS**

**Present:**

Col (Ret'd) I Crowe - PCC Chair, Non-Executive Director  
Mr B Patel - PCC Vice-chair, Non-Executive Director  
Ms K Gillatt - Associate Non-Executive Director  
Mr I Orrell - Associate Non-Executive Director  
Mr A Carruthers - Chief Information Officer

**In Attendance:**

Ms J Tyler-Fantom - Deputy Chief People Officer  
Ms F Lennon - Deputy Chief Operating Officer  
Mr M McCarthy - Director of Clinical Education  
Ms E Meldrum - Acting Chief Nurse  
Ms A Moss - Corporate and Committee Services Officer

**RESOLVED ITEMS**

**21/21 APOLOGIES**

Apologies for absence were received from Ms V Bailey, Non-Executive Director and Ms D Mitchell, Acting Chief Operating Officer

**22/21 DECLARATIONS OF INTERESTS**

Ms K Gillatt, Associate Non-Executive Director declared her role as Non-Executive Directors of Trust Group Holdings Ltd. As this was judged by the Committee to be non-prejudicial interests, she remained present at the meeting.

**Resolved – that the declarations of interests be noted.**

**MINUTES & SUMMARIES**

**Resolved – that the Minutes of the meeting of the People and Culture Committee (PCC) on 28 October 2021 (paper A) be confirmed as a correct record.**

**23/21 MATTERS ARISING**

Paper B detailed progress against agreed actions from previous meetings of PCC.

It was agreed that the Chair and Deputy Chief People Officer would meet to clarify what was required with the respect to the report on payroll processes.

**Chair  
DPCO**

**Resolved – that (A) the report be received and**

**(B) to clarify what was required with the respect to the report on payroll processes.**

**Chair  
DPCO**

**24/21 KEY ISSUES FOR ASSURANCE**

**24/21/1 Looking After Our People - UHL People Strategy**

The Deputy Chief People Officer presented paper C and provided an update on the delivery of the UHL People Strategy which was aligned to the LLR and National People Plan. The paper addressed the change in focus following extensive feedback and the need to ensure the deliverables were manageable. The recent work prioritised the immediate challenges facing the Trust: the availability and supply of the workforce; health and well-being services to support staff resilience; addressing

basic issues relating to pay queries, etc. and compulsory vaccinations for Covid-19.

It was noted that in light of the increase in the number of Covid-19 cases, the workforce cell had been reinstated to oversee the redeployment of staff and recruitment had been fast tracked. There were enhanced pay rates for overtime and bank cover. It was noted that the workforce was fragile and that many staff were exhausted. The Deputy Chief People Officer observed that it was a difficult balance to ensure the health and well-being of staff whilst encouraging them to work additional shifts. To support staff, actions were being taken to provide rest areas and hot food.

It was reported that work had been progressed to streamline processes and replace paper systems. Pop-up clinics had been held for staff to provide face to face support to address HR issues at an early stage.

The Deputy Chief People Officer concluded that going into the next wave of the pandemic the risk was the level of staff sickness, which had been static for four months but were starting to increase. To manage the next wave a command and control structure would be in place.

Mr B Patel, Non-Executive Director, asked what actions had been taken to ensure visible leadership. The Deputy Chief People Officer noted that the Chief Executive had highlighted the need for this and it had been discussed at the Executive Board.

Col (Ret'd) I Crowe, Non-Executive Director, PCC Chair, asked whether it was known what proportion of staff who were absent had Covid-19 or were self-isolating. The Deputy Chief People Officer confirmed that was the case and noted that the current rate of sickness was 9.19% of which 2.87% was Covid-19 related. The Chair asked whether there had been an increase in sickness due to general respiratory conditions and stress. The Deputy Chief People Officer noted that was the case and that the pattern was mirrored elsewhere and the developing situation in London, which was experiencing a high prevalence of Covid-19 cases, was being watched closely and contingency plans made.

**Resolved – that the contents of this report be received and noted.**

#### 24/21/2 Compulsory Covid-19 Vaccinations

The Deputy Chief People Officer presented paper D which reported on proposed legislation to ensure that NHS staff were vaccinated against Covid-19.

It was noted that considerable work had been undertaken to plan for the eventuality, learning from the social care sector's experience which had stressed the importance of data, data validation, collaboration and continual engagement. The initial estimate was that 1,600 UHL staff were unvaccinated; this had reduced to 1,400. An online form had been created for staff to self-declare their vaccination status. Engagement sessions had been scheduled to offer appropriate advice, information and assurance. There would be experts from a range of fields on hand.

Mr B Patel, Non-Executive Director, asked about the impact should a significant number of staff choose not to be vaccinated and how this would be addressed. Mr I Orrell, Associate Non-Executive Director, asked whether there were particular areas of concern. The Deputy Chief People Officer noted that that impact was being modelled and national guidance was awaited.

Col (Ret'd) I Crowe asked whether the issues relating to data protection had been addressed and whether the Trust had access to data to support data validation. The Deputy Chief People Officer noted that legal advice and that of the Caldecott Guardian had been provided. The data had been shared in line with the duty to address health and safety concerns. In response to a further question, the Deputy Chief People Officer noted that redundancy notices would not be issued on 31 December 2021 as further guidance was awaited.

**Resolved – that the contents of the report be received and noted.**

#### 24/21/3 Nursing and Midwifery Safe Staffing and Workforce Report

Ms. Eleanor Meldrum, Acting Chief Nurse, presented paper E, which sought to provide the

Committee with assurance that nursing and midwifery staffing levels were safe, were continuously assessed and shortfalls mitigated to deliver safe care to patients. It was noted that a similar report would be presented in future with respect to Allied Health Professionals (AHPs).

The report presented data on the fill rate for Registered Nurses. Previously the Trust set a fill rate of 80%, However having benchmarked against other trusts this had been restated as 90%. For October 2021, the average fill rate during the day was 73% and 83% for night shifts. There was a slight deterioration in October 2021 when compared to September 2021 and identified an ongoing reduction in the workforce due to Covid-19 related absence. Staff redeployment to mitigate the gaps had increased to ensure the delivery of safe care. Data would be captured linked to staff movement to measure the level of upheaval (across Clinical Management Groups and sites) acknowledging the detrimental effect of staff morale.

The Acting Chief Nurse noted that the report had triangulated staffing metrics to patient harm. There had been incidents where the shortfall in staffing levels correlated with patient harm for hospital acquired pressure ulcers and falls.

The report set out the nursing and midwifery vacancies and recruitment position. There had been a slight increase in the number of vacancies. The report highlighted that there were around 500 nurse and midwifery staff who could potentially retire in 2022. It was noted that for those who had retired and returned, the changes to pension abatement rules in March 2022 would have an impact on vacancies as staff reduced their hours to meet abatement rules. A number of staff had already applied to reduce their hours as a result.

The Acting Chief Nurse concluded the presentation noting that the revised format for the report provided a greater analysis of the issues including the links between staffing shortfalls and potential for patient harm and a focus on forward planning.

The Deputy Chief People Officer noted that there was an initiative to make it easier for retirees to return to work and a NHSEI pilot would recommence in February 2022, which would bring in more resources to help in this area. There was a need to be flexible and innovative in the way that returnees were redeployed and there were case studies that would be promoted.

Ms K Gillatt, Associate Non-Executive Director, asked whether the recruitment plans were realistic given national shortages, how this linked to financial planning and whether the Integrated Care System could minimise staff turnover. The Deputy Chief People Officer noted that there were discussions at a system level and design groups addressing the issues raised. The Acting Chief Nurse outlined examples of joint working across the sectors. One was to support the system-wide approach to the training of Health Care Assistants and the other was for Trainee Nursing Associates to have clinical placements in care homes. The Acting Chief Nurse considered that there were opportunities to be seized for joint working but the change needed to be driven at pace.

Mr I Orrell, Associate Non-Executive Director, asked about the potential to engage volunteers in the workforce. The Acting Chief Nurse noted that there was a work stream looking at that but cautioned that volunteers could not fill the gaps for paid established posts. She added that as a result of volunteering during the pandemic, the NHS had attracted new recruits from different employment backgrounds. However, as the hospitality sector had opened up and with the increase in other employment there has been a degree of attrition. This had impacted on the Trust and social care in particular.

Mr B Patel, Non-Executive Director, noted that the workforce issues had been under discussion when system partners were collaborating as 'Better Care Together' and wondered what progress had been made over the years. The Acting Chief Nurse acknowledged the point but noted that as a result of the pandemic the system had enacted a workforce sharing agreement. There were opportunities in the last wave of Covid-19 for greater collaboration and support to care homes. She was working with partners to ensure that not just the Vaccination Hub but the Antibody Delivery Unit was appropriately staffed with healthcare professionals from across the system. The Acting Chief Nurse noted that there was greater transparency in relation to joint working and that once the current wave of the pandemic was over there was an opportunity to progress the agenda.

**Resolved – that the contents of the report be received and noted.**

24/21/4 NHSI Winter 2021 Staffing Assurance Framework

The Acting Chief Nurse, presented paper F, which outlined the evidence submitted to NHSE in line with its document Winter 2021 preparedness: Nursing and Midwifery Safer Staffing: Assurance Framework. The framework had been received on 12th November 2021 and set out key lines of enquiry. The Acting Chief Nurse noted that it was a working document given the ongoing challenges of Covid-19 on the nursing and midwifery workforce.

Col (Ret'd) I Crowe, Non- Executive Director, PCC Chair, asked whether the framework could be applied to the medical workforce. The Deputy Chief Nurse considered that the framework could be adapted for such use and that consideration was being given to the reporting of AHP staffing.

**Resolved – that the contents of the report be received and noted as having provided sufficient assurance with regard to nursing and midwifery staffing.**

24/21/5 Medical Education Report

Mr Mark McCarthy, Director of Clinical Education presented paper G which updated the Committee on the delivery of medical education and training in context of the Medical Education Strategy.

It was reported that there were approximately 80 GP trainees working across the Trust as part of their secondary care placement. GMC survey outcomes for these trainees had been poor over the past few years. A GP (Clinical) Tutor would be appointed to act as the first point of contact for GP trainees and take actions to ensure that their curriculum needs were met whilst in the Trust.

A new external website and education hub was being developed to improve access to resources and support for trainees, locally employed doctors and trainers. There would be further development to provide a Clinical Education app.

It was reported that Leicester Medical School had risen to within the top 10 of 37 ranked Universities as a result of a combination of GMC and the National Student Surveys.

It was noted that the planned increase in the number of medical students, and subsequently foundation doctors, would present a challenge in increasing the support required. An additional 35 foundation doctors would be available in the East Midlands and the Trust had bid for 30 posts. The posts would come with half the salary and a training levy of £11,700. However, it would be for the Clinical Management Groups (CMGs) to fund the remaining salary and out of hours cover which, for some CMGs, was proving to be a barrier. It was noted that the additional posts had been welcomed and help filled gaps on rotas. The Committee considered that a more strategic approach to the funding for the foundation doctors should be taken and that it should be referenced to the Trust Board.

Heath Education England (HEE) had provided £100k non-recurrent funding to support the local recovery of medical training following the pandemic. How this had been spent was set out in the report. The Director of Clinical Education noted that HEE had provided further funding which had been ring-fenced for purchasing essential equipment. There was a difficulty in spending this in the final quarter of the financial year, particularly for the purchase of high fidelity simulation equipment, because of the constraints of capital funding rules. Ms K Gillatt, Associate Non-Executive Director, considered that this issue should be escalated to the Trust Board.

The Director of Clinical Education noted whilst the plans for Reconfiguration Programme would enhance the educational facilities there would be an interim problem when the school was required to vacate the Jarvis Building for a six to eight month period. Alternative options, including the use of the new University facilities on Freemans Common were being explored. The Committee expressed concern about the interim situation and considered that it should be escalated to the Trust Board.

**Resolved – that (A) the contents of the report be received and noted and**

**(B) to refer the issues identified to the Trust Board.**

**25/21 ITEMS FOR NOTING**

25/21/1 Workforce and OD Data Set

Col (Ret'd) I Crowe, Non- Executive Director, PCC Chair, noted the need to include sickness data for the Estates and Facilities workforce. The Deputy Chief People Officer noted that it would be included in future reports.

Ms K Gillatt, Associate Non-Executive Director, asked how the workforce data was used for financial forecasting. The Deputy Chief Officer noted that this had been an issue. There was a need to ensure coherence between different reporting systems. The Deputy Chief People Officer agreed to brief the Associate Non-Executive Director outside of the meeting.

**DPCO**

**Resolved – that the contents of the report Workforce and Organisational Development Data Set (paper H) be received and noted.**

25/21/2 LLR People Board Workforce highlight reports

**Resolved – that the contents of the LLR People Board Workforce highlight reports (paper I) be received and noted.**

25/21/3 UHL Apprenticeship and Development Centre OFSTED report

Col (Ret'd) I Crowe, Non- Executive Director, PCC Chair, congratulated all those involved in the service and wished to highlight the report to the Trust Board.

**Resolved – that that the contents of the UHL Apprenticeship and Development Centre OFSTED report (paper J) be received and noted.**

25/21/4 NHSI Winter 2021 Staffing Assurance framework – Supporting Documentation

**Resolved – that that the contents of the NHSI Winter 2021 Staffing Assurance framework – Supporting Documentation(paper K) be received and noted.**

**26/21 ANY OTHER BUSINESS**

The Committee thanked Col (Ret'd) I Crowe for his service and commitment to the Trust.

**27/21 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

- **Medical Education Report** (reference to capital rules and interim facilities)
- **Looking After Our People/UHL Strategy**
- **Compulsory Covid-19 Vaccinations for UHL Staff**
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**28/21 DATE OF THE NEXT MEETING AND FUTURE PCC MEETING DATES**

**Resolved – that the next meeting of the People and Culture Performance Committee be held on Thursday 24 February 2022 from 11.30am until 1.30pm (virtual meeting via MS Teams).**

The meeting closed at 12.45pm.

Alison Moss - Corporate and Committee Services Officer

**Cumulative Record of Members' Attendance (2021-22 to date):-**

*Voting Members*

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
<i>I Crowe (Chair)</i>	6	6	100	<i>K Gillatt</i>	6	6	100
<i>V Bailey</i>	6	5	83	<i>S Lazarus</i>	N/A		
<i>P Baker</i>	N/A			<i>D Mitchell</i>	6	4	66
<i>R Brown</i>	N/A			<i>I Orell</i>	3	3	100
<i>Mr A Carruthers</i>	6	6	100	<i>B Patel</i>	6	6	100
<i>C Fox</i>	5	1	20	<i>H Wyton</i>	6	5	83
<i>A Furlong</i>	N/A						

*Non-Voting Members*

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
<i>B Kotecha</i>	2	2	100	<i>J Tyler-Fantom</i>	5	5	100
<i>F Lennon</i>	3	3	100				