

Cover report to the Trust Board meeting to be held on 2 September 2021

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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:	26 August 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 26 August 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 C Fox, Chief Nurse, Ms D Mitchell, Acting Chief Operating Officer, Mr A Carruthers, Chief Information Officer and Mr D Kerr, Director of Estates and Facilities. Ms J Tyler-Fantom was in attendance for discussion for the Delivery of the UHL People Strategy, Off Payroll - IR35 Report and Gender Pay Annual Report. Ms B O’Brien, Director of Quality Governance, was in attendance for the discussion on the Freedom to Speak up Report. Mr M McCarthy was in attendance for the discussion on the Medical Education Report. Mr J Jameson was in attendance for discussion of the Medical Workforce report. Ms Sophie Stephenson, Deloitte, was an observer at the meeting.*

Recommended for Approval

- **Medical Workforce**

The Deputy Medical Director presented the annual statement of compliance against the Framework of Quality Assurance for Responsible Officers and Revalidation. The report set how the Trust complied with the Framework. The Deputy Medical Director presented two associated reports which addressed honorary contracts and the recruitment process for medical staff. The reports identified circumstances when due process had not been followed and set out what actions had been taken. In both instances the processes had been refined. The reports provided assurance regarding compliance with specific requirements in the Framework. **The Responsible Officer Annual Report was recommended to the Trust Board for approval and would be presented as a stand-alone report.**

Other Agenda Items

- **Minutes and Matters Arising** - the summary and minutes of the previous PPPC meeting held on 24 June 2021 were accepted as accurate records and the PPPC Matters Arising Log was received and noted.
- **Delivery of the UHL People Strategy**
The Chief People Officer presented the update on the delivery of UHL’s People Strategy. The report provided an update on workshops held in July 2021 to develop detailed delivery plans, milestones and measurable outcomes. The appendix to the report summarised the feedback from the workshops. It was noted that Equality, Diversity and Inclusion was the golden thread running through the strategy and plan and that embedding the Inclusive Decision Making Framework would ensure practices were fair. Fundamental to delivering the strategy would be compassionate leadership and the development of managers. Work had been undertaken on simplifying the messages and communicating the People agenda more effectively. A Risk Register for delivery of the strategy was being developed. A People and Culture Assessment Framework was in development with engagement across the organisation that would monitor and support delivery of the UHL People Strategy and People Promise within each service.

The Chief People Officer noted that a report would be made to a future meeting on the Leicestershire, Leicester and Rutland (LLR) People Plan with system partners invited which would demonstrate the

joined-up approach.

The PCC considered that the People Strategy was very comprehensive and an important piece of work. However, there was more to be done to make the plan relevant to staff and to simplify the message. The need to maintain momentum was noted and the involvement of clinical leaders would help engender engagement and ownership.

Ms K Gillatt, PCC Associate Non-Executive Director, asked how the People Plan linked to other work streams. The Chief Nurse noted that the work undertaken with Nursing and Midwifery Service and the 'pathway to excellence' was aligned.

The Chief People Officer noted that compassionate leadership was key to delivery of the People Plan and that resources would be made available to managers. They would be directed to policies and guidance, training and initiatives. The feedback received from the People Pulse indicated that staff wanted to meet with leaders more frequently and be able to work more flexibly. It was noted that benchmarking and a road map would be useful to chart progress. The current thinking around the Assessment Framework would be presented to the next meeting.

Mr B Patel, PCC Deputy Chair and Non-Executive Director, noted the need for an external communication strategy to promote the Trust and reach out to the future workforce. The Chief People Officer agreed and noted that work was underway to create the branding and work with system partners to help with recruitment.

- **People Pulse – First Results**

The Chief People Officer presented the summary of responses to the People Pulse, which was a new quarterly staff survey introduced in July 2021 to complement the annual NHS staff survey. The response rate had been 4%, which was broadly in line with the 5% expected. Initial results had, in the main, been positive when compared to other organisations; 60% of respondents said they would recommend UHL as a place to work, which was higher than the NHS overall score; 59% of respondents felt that the organisation was supporting their health and wellbeing. The report set out the actions to be taken as a result of the findings. The results would be further analysed and targeted interventions considered by the Looking After Our People Group.

Mr I Orrell, PCC Associate Non-Executive Director, commented on the low response rates. The Chief People Officer noted that it was a new initiative, and it was expected that the response rate would increase. The immediate focus was on promoting the more comprehensive annual NHS survey; the target for which was a 60% response rate.

- **Freedom to Speak up Report**

The Director of Quality Governance presented the quarterly report from the Freedom to Speak Up Guardian. It was noted that in Quarter 1 the Guardian had received 30 concerns. The staff reporting line 'Your Voice' had not been used and needed to be promoted. The themes related to bullying and harassment, lack of support, culture, and staff being moved. It was reported that only 13% of staff had wished to remain anonymous which indicated growing confidence in the system. There had been an increase in the number of concerns from staff within the Estates and Facilities Directorate which was a result of the role of the Guardian having been promoted. There had been eight Junior Doctor Gripses which had mainly concerned IT issues; these had been resolved quickly. There had been an increase in the number of concerns raised directly with the CQC which indicated that more needed to be done to highlight internal mechanisms. There would be a workshop in October 2021 to refresh the role/service for the Freedom to Speak up Guardian.

The Acting Chief Operating Officer reflecting on the significant operational pressures thought that more staff would have raised concerns and that they should be encouraged to speak up.

Ms K Gillatt, PCC Associate Non-Executive Director, asked whether the learning points had been captured and whether it was possible to track the resolutions to the issues raised. The Director of Quality Governance agreed that, where known, these could be reported.

Mr B Patel, PCC Deputy Chair and Non-Executive Director, noted that the Freedom to Speak Up Guardian had continued to address staff concerns during the pandemic and that it was timely to refresh

the service. The workshop would be an opportunity to promote the service and plan ahead. The Chief Nurse reflected that initially the service had been seen as a 'custodian of safety' and that in recent times the concerns were more related to employment issues. There was the opportunity, at the workshop, to highlight the need and facility to raise clinical issues.

- **Medical Education Report**

The Director of Clinical Education presented an update on the implementation of the 2019-2021 UHL Medical Education Strategy. The report addressed the four themes of the strategy; Theme 1: Ensure a supportive learning culture; Theme 2: Excellent learning facilities; Theme 3: High quality education and governance; and Theme 4: Support workforce developments and initiatives.

The report highlighted the new learning facilities at Glenfield Hospital which included individual learning pods which were popular, a digital recording room and a surgery simulation area. A new website was being developed to provide an education hub.

The Director of Clinical Education reported that the induction for junior doctors had been virtual and well received. There had been some technical issues with regard to logins and the Chief Information Officer reported that the issues had been resolved for the future. The PCC Chair, Non-Executive Director, acknowledged the importance of the induction process in forming first impressions and impacting on the reputation of the Trust.

The outcomes of the General Medical Council (GMC) survey were presented. Participation had been encouraged but not mandated. At a Trust level there was one negative outlier (red flag) for the 'adequate experience' indicator. At a speciality level there were negative outliers for a number of the GP programmes within the Trust. There had been an increase in the number of red flags for geriatric medicine which was thought to be due to service pressures.

It was reported that Health Education England (HEE) had carried out a follow up Quality Review for trainees in Cardiology. It was noted that trainees had come off the Clinical Decision Unit rota and the situation had improved, but that there remained concerns about the long-term sustainability of this rota.

HEE had provided £100k non-recurrent funding, to support the local recovery of medical training. However, there was a tension between operational need and requirement for junior doctor training. The Acting Chief Operating Officer reported that the Executive was aware of the problem and whilst there were no quick fixes the issue would be followed up.

It was noted that there was a shortfall in the number of trainee supervisors; there were 15 short in Medicine. This was a significant risk. Ms V Bailey, PCC Non-Executive Director, noted that there were often reports to Quality Committee which cited staff shortages and thought it would be useful to understand whether the issues were national or local. The Director of Clinical Education noted there would be an increase in the number of foundation doctors in the next year and that they would hopefully go to the areas that were most stretched.

There followed a discussion about how to ensure that UHL was an employer of choice. It was noted that there was a problem with staff being paid properly. The Chief People Officer reported that managers were not always completing the paperwork accurately and/or in a timely manner. It was noted that there were process improvements in train and the Chief Information Officer added that HR forms were being prioritised as part of the digitalisation workplace programme. Whilst it would take time to introduce electronic processes, payroll was a priority area.

- **Off Payroll - IR35 – Refreshed Governance**

The Deputy Chief People Officer presented a report on the position for Quarter 1 2021/22 for off payroll arrangements. The report provided assurance against compliance with IR35 regulations and noted refreshed governance for the process. The revised policy required CMGs/Directorates to seek approval for placements from Premium Spend and Workforce Efficiency Group. The processes had been audited to provide further assurance.

- **Gender Pay Annual Report**

The Deputy Chief People Officer presented the gender pay gap report findings noting that UHL's Gender Pay Gap was 29%. This was a 1% increase on the previous year. Part of the pay gap arose from the

clinical excellence award process that was determined nationally and principally driven by the disproportionate representation of men in senior management and consultant posts. The report set out the work to be undertaken to improve on the position. The actions would be considered as part of the Equality, Diversity and Inclusion Plan.

- **Board Assurance Framework (BAF) Principal Risk (PR) 3**

The Chief People Officer presented the report on Principal Risk no 3 which addressed workforce sustainability. The score remained at 20.

- **Any Other Business**

Workforce Efficiencies

Ms V Bailey, PCC Non-Executive Director, fed back issues reported to her from staff in Maternity regarding the changes in overtime and the requirement for a Disclosure Barring Service (DBS) check for Bank staff. The Chief People Officer noted that new arrangements were in place with respect to overtime, which the Directorate was continuing to communicate. The messaging was clear that this was not about stopping overtime; it was about working efficiently and fairly. There was an imperative for the Trust to put in place controls and governance around the approval of overtime and patient safety. It was acknowledged that this was proving difficult and impacting on staff morale. The Chief People Officer noted that a report on workforce efficiencies would be presented to the next meeting of PCC.

External awards

The Chief Nurse reported that a number of individual staff and teams had been nominated for prestigious awards from external bodies. The Director of Estates and Facilities reported that UHL and the CCGs had been nominated for an award from the Health Service Journal for the consultation on the Business Case for the Reconfiguration Programme. PCC wished to convey its congratulations to all concerned.

The following reports were noted: -

- **Workforce and OD Data Set**
- **Wellbeing conversations**
- **Fit And Proper Persons Annual Declaration**

Matters requiring Trust Board consideration and/or approval:

Recommendations for approval: - The Responsible Officer Annual Report

Items highlighted to the Trust Board for information:

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

- Freedom to Speak Up Guardian Quarterly report
- This was the first meeting of the PCC and the Terms of Reference and annual work plan would be reviewed routinely and amended as necessary.

Matters referred to other Committees:

None.

Date of Next Virtual PCC Meeting:

Thursday 28 October 2021 at 11.30am via MS Teams