

Trust Board Paper F5

Meeting title:	Public Trust Board					
Date of the meeting:	12 December 2024					
Title:	Escalation Report from the People and Culture Committee (PCC): 28 November 2024					
Report presented by:	Prof Ivan Browne – PCC Non-Executive Director (Chair)					
Report written by:	Ms Kate Rayns – Corporate and Committee Services Project Support					
Action – this paper is for:	Decision/Approval	x	Assurance	x	Update	x
Where this report has been discussed previously	None.					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which

Yes. BAF risks within the remit of PCC:
Risk 10: Failure to recruit retain and transform the workforce.

Impact assessment

N/A

Acronyms used:

- BAF – Board Assurance Framework
- EDI – Equality, Diversity and Inclusion
- FTSU – Freedom to Speak Up
- PAS – Patient Administration System
- PCC – People and Culture Committee

1. Purpose of the Report

To provide assurance to the Trust Board on the work of the Trust’s People and Culture Committee (PCC), and escalate any issues as required.

2. Recommendations

To note the report.

3. Summary

The following items from the PCC meeting of 28 November 2024 are summarised below.

3.1 Recommended Items

3.1.1 People and Culture Committee – updated Terms of Reference

The Committee approved the updated Terms of Reference for the People and Culture Committee, subject to some further discussion regarding the optimum core membership and greater clarity being provided within section 6.16 (relating to the Committee’s assurance and oversight of the full

workforce plan delivery).

This item is recommended to the Trust Board and the revised Terms of Reference are appended to this escalation report for completeness.

3.1.2 Freedom to Speak Up – Quarterly Report

The Freedom to Speak Up (FTSU) Guardians attended the meeting to present the FTSU report for Quarter 2 (covering July, August and September 2024). Some further analysis was taking place to understand an increased trend in the incidence of concerns being raised on the theme of discrimination/inequality, and it was agreed that a further report on this issue would be presented to the December 2024 PCC meeting (which was scheduled to be a deep-dive meeting). The Committee also considered the importance of the administrative and clerical workforce within the implementation of the new Patient Administration System (PAS) and the Chief People Officer undertook to explore the requirements of the PAS work programme with the Chief Digital Information Officer and liaise with the FTSU Guardians accordingly.

This item is recommended to the Trust Board and a report features on the Trust Board agenda as a stand-alone item.

3.1.3 Modern Slavery Act – updated UHL Statement

The Committee approved the updated Modern Slavery Act Statement, as presented in paper G. A short discussion took place regarding the audit checks and balances which might alert the Trust to any actual or suspected incidences of modern slavery within the supply chain and the Director of Corporate and Legal Affairs undertook to include an assurance report on this subject in the UHL Committee work programme going forwards.

This item is recommended to the Trust Board and the updated UHL Statement is appended to this escalation report for completeness.

3.2 Discussion Items

3.2.1 Equality, Diversity and Inclusion (EDI) – Deep Dive Update

Following the EDI deep dive session held on 24 October 2024, paper C provided a high-level summary of the key areas of progress and a thematic review of the questions and comments received following the deep dive session. The Committee noted the need for consistent and clear messaging surrounding inclusivity and that discrimination was not acceptable at UHL. Whilst the staff networks were felt to be a key driver/enabler in supporting improvements in culture, it was recognised that the networks required some moderate investment to boost their capacity and improve their effectiveness.

3.2.2 Report from the Chief People Officer

The Committee received an overview and assurance in relation to the national, regional and local people priorities and work in progress. Discussion took place regarding uptake of the flu and Covid vaccinations and any potential correlation between these figures and sickness absence rates. It was noted that a deep-dive review of sickness absence was being undertaken (by professional group and by area of work) and some further targeted work was taking place to increase the vaccine uptake through local and Trust-wide communications and the work of peer vaccinators.

3.2.3 Education and Training – NHSE Self-Assessment for Placement Providers

Paper H1 provided assurance that UHL had demonstrate compliance with the NHSE Education Quality Framework, as demonstrated by the self-assessment return which had already been submitted to NHSE on 12 October 2024 (following approval by the Trust Leadership Team). The Deputy Chief Nurse confirmed that a previously-escalated critical concern relating to the counting of births by student midwives had now been formally de-escalated. Particular discussion took place regarding emergency care activity which was impacting upon staff training and supervisory capacity and the impact of national media interest in the role of Physician Associates.

3.2.4 Education and Training – Improving Working Lives for Doctors in Training

Discussion of this item (paper H2) was deferred in the absence of the Director of Medical Education.

3.2.5 Employee Relations Report

Paper J provided an overview of employee relations activity since the last report in September 2024. The Committee was assured in respect of the continued positive progress in reducing the overall number of live cases and reducing the average duration of cases in line with the agreed improvement programme.

3.2.6 Staff Experience, Culture and Organisational Development Report – Staff Survey Update

Paper K provided the Committee with assurance in respect of the 2024 Staff Survey which was due to close on 29 November 2024 and the ongoing work at UHL to continuously improve staff experience. The initial organisation level results would become available on 24 December 2024, but an embargo would remain in place until 9 March 2024. Members commended the overall response rate (which currently stood at 65.1%) as well as the spotlight on new starters through the Corporate Welcome induction programme and a structured survey at 30, 60 and 90 days, following commencement.

3.2.7 Sexual Safety NHS Charter Update

The Committee received assurance on the proactive approach undertaken at UHL to meet the requirements of the Sexual Safety in Healthcare Charter and supported the recommendation to present an annual Sexual Safety report to the Trust Board (commencing in March 2025).

3.2.8 Operational People Services Work Programme

Paper M reported the month 7 (October 2024) position against the 2024/25 workforce plan, reflecting an improved position of 3.3% above plan, compared to the variance of 4.29% in September 2024. The Committee was assured in respect of the clinically-led processes for maintaining improvements in patient quality and safety and the arrangements to strengthen the process for capturing and reporting the underlying data and providing an accompanying narrative in future iterations of the report.

3.3 Board Assurance Framework

The Committee reviewed strategic risk 10 on the Board Assurance Framework (BAF) – *failure to recruit, retain, redesign and transform the workforce may result in insufficient workforce capacity, capability and lacking diversity*. The current risk score was 20 with no changes proposed for this period. The Director of Corporate and Legal Affairs advised that this strategic risk was due to be reviewed by the Risk Committee to ensure that the right risks, scores and assurances were being captured. The Committee Chair requested that the BAF item be moved to the beginning of the PCC agenda for the next meeting.

3.4 Item for Noting – Updated You Matter: Colleague Support Policy

An electronic link to the updated policy was provided on the agenda. Members noted that the elements of the policy which covered menopause support had been refreshed.

4. Date of Next Meeting and Meeting Dates for 2025

The next meeting will be held on Tuesday 17 December 2024 from 10am – on MS Teams. The meeting dates for April 2025 to March 2026 were being developed and were likely to mirror the existing pattern (eg last Thursday of each month, alternating deep dives and regular meetings).

Meeting title:	People and Culture Committee				
Date of the meeting:	28 November 2024				
Title:	Committee Terms of Reference – update				
Report presented by:	Becky Cassidy Director of Corporate and Legal Affairs				
Report written by:	Helen Stokes, Head of Corporate Governance				
Action – this paper is for:	Decision/Approval	x	Assurance		Update
Where this report has been discussed previously	N/A				

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which:
Yes – BAF risks within the remit of the People and Culture Committee

Acronyms used: PCC – People and Culture Committee, FIC – Finance and Investment Committee

Purpose of the Report

Following the annual review in May 2024, this report sets out details of a proposed further update of the terms of reference for the People and Culture Committee (changes are shown in **bold blue** text). The latest iteration of the PCC workplan is also attached.

One of the changes made in May 2024 was to introduce a quarterly People and Culture Committee update on the financial elements of workstream reporting, which had also been added to the January 2024 update of the Finance and Investment Committee’s (FIC) terms of reference. It was subsequently agreed at the September 2024 PCC however that formal oversight of this issue should sit with FIC. The People and Culture Committee is therefore invited to consider how it would like to receive assurance/oversight of the full workforce plan delivery – see paragraph 6.16 of the terms of reference.

PCC membership has been updated at this latest review to remove the CIO and add the UHL Responsible Officer (Deputy Medical Director), and the move to monthly meetings (alternating deep dives) is also now reflected. Further to discussion at the July 2024 PCC, a schematic showing the groups/committees which report into PCC is attached for information.

Recommendation

PCC is asked to:

- review its updated terms of reference making any amendments necessary, for recommended approval at the December 2024 Trust Board;
- consider how the Committee would wish to receive assurance/oversight of the full workforce plan delivery, and
- note the updated workplan and the list of groups reporting in to PCC.

Summary

All sub committees of the Board have their terms of reference and work plans reviewed as part of the recommendations made in the stage 1 Head of Internal Audit Opinion work.

Supporting documentation

- Appendix 1 – updated draft terms of reference
- Appendix 2 – updated PCC workplan (for the remainder of 2024/25)
- Appendix 3 – schematic showing the groups reporting to PCC

People and Culture Committee

Terms of Reference

1. Constitution

The University Hospitals of Leicester NHS Trust hereby resolves to establish a Committee of the Trust Board (hereafter referred to as “the Board”) to be known as the People and Culture Committee (hereafter referred to as “the Committee”).

The Committee shall have terms of reference conferring delegated authority from the Board and will be subject to conditions such as reporting its activities of the Board, as the Board shall decide and act in accordance with any legislation, regulation or direction issued by regulators or statutory bodies.

2. Purpose

The purpose of the Committee is to act as a point of triangulation which seeks assurance from officers on the appropriateness and effectiveness of, and the adequacy of risk management arrangements associated with progress against the People Strategy and on shared workforce and finance reporting.

3. Membership

The Committee shall comprise:

Core Members

- 3 x Non-Executive Directors (not including the Trust Chair) one of whom will chair the Committee and one whom is the NED lead for Equality, Diversity and Inclusion.
- Chief People Officer
- Director of Health, Equality and Inclusion
- **Deputy Medical Director (Responsible Officer)**
- Chief Nurse
- Chief Operating Officer

Additional Attendance

Colleagues will be asked to attend to present and discuss relevant topics associated with their portfolio as is appropriate.

A standing invitation to attend the Committee will be extended to the following:

- Chief Executive
- Trust Chair

- Other Non-Executive Directors
- Representatives of Internal and External Audit
- Deputy Director of People Services
- Chief Financial Officer (to specifically attend for the quarterly update on shared workforce and finance reporting, and any related discussion items)
- Head of Risk and Assurance
- Director of Corporate and Legal Affairs

The secretary and administrative support to the Committee shall be provided through the Corporate and Committee Services.

A deputy shall be nominated to attend a meeting of the Committee when the absence of one of the members (detailed above) would prevent an item of business being addressed. The deputy attending shall count towards meeting quorum, but not to the attendance record of the committee member him / herself.

All members shall attend a minimum of 75% of meetings of the Committee on a rolling 12 month basis.

4. Quorum

Quorum shall be 4 members to include 2 Non-Executive Directors (one of whom will chair if the Committee chair is unavailable) and 2 Executive Directors.

5. Meetings

The Committee shall meet **monthly. Alternate meetings will take a deep dive into specific areas which are agreed on the workplan.** Additional ad hoc meetings may be convened as and when required.

6. Duties

The Committee will:

6.1 Monitor and take assurance against the Trust's approach to Equality, Diversity and Inclusion monitoring and improvements.

6.2 Monitor and review the Trust's performance against the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and the Equality Delivery System 2 (EDS2) progress and corresponding actions.

6.3 Receive assurance that the Trust continues to develop and embed an open and safe culture towards Speaking Up. Receive quarterly FTSU reports in relation to concerns raised, themes and outcomes ensuring the Board has sight of any escalations of a concerning nature

- 6.4 Gain assurance that the Trust approach and initiatives connected to the promotion of staff health and wellbeing are aligned to workforce needs and embody the culture and values of the organisation
- 6.5 Receive quarterly assurance reports from the Guardian of Safe Working Hours
- 6.6 Receive assurance there are robust and effective processes in place for the delivery of transactional services
- 6.7 Be assured that the Trust's approach and initiatives connected to attract, recruitment and retention are effective
- 6.8 Seek assurance the Trust has an appropriate workforce plan which aligns with the Trusts broader business plan
- 6.9 Gain assurance on the Trust approach and initiatives connected to culture improvement
- 6.10 Seek assurance there is a positive and open culture to staff engagement and that there are appropriate processes in place for engaging and communicating with staff on Trustwide initiatives
- 6.11 Receive and review the findings of the annual National Staff Survey, and take assurance on the implementation and effectiveness of resultant actions
- 6.12 Receive assurance there are robust systems and processes in place for management and resolution of employee relations matters. The committee should receive regular updates on the status of employee relation cases and any escalations of particular concerns
- 6.13 Seek assurance there are appropriate processes in place to enable the responsible Officer to carry out their statutory duties. Receive the annual completion of Medical Revalidation
- 6.14 Receive assurance the Trust has a learning and organisational development programme to support staff at every level and reinforces the culture and values the Trust is seeking to achieve
- 6.15 Review the Committee's associated risks on the Board Assurance Framework at each meeting. The committee will assess the level of assurances received, risk appetite and tolerance of each risk and determine its status. Reports to the Trust Board and/or Audit Committee will be produced as required
- 6.16 Receive a quarterly update on shared workforce and finance reporting – the same report will also be submitted to the Finance and Investment Committee to enhance visibility and enable an appropriate deep dive by both groups.

General Governance Responsibilities

6.17 To receive assurance in relation to any deep dives issued by the Trust Board. To follow up with assurance back to the Board on the findings and subsequent actions

6.18 To receive the outcome report of all internal audit reports which are aligned with the work of the committee, seeking assurance there is a plan to address the recommendations

6.19 To receive annual reports for:

- Equality, Diversity and Inclusion
- Freedom to Speak Up
- Health and Wellbeing
- Safer staffing

6.20 To receive regular assurance reports from reporting groups/Committees ensuring escalations are discussed and fed back to the group.

6.21 To escalate issues of concern requiring Board awareness and or attention

6.22 To develop and maintain an annual work programme to reflect and enable assurance in relation to the above duties

6.23 To annually review the Committee terms of reference to ensure they remain fit for purpose and align with annual work programme

6.24 To produce an annual report incorporating the Committee's effectiveness to adhere to the duties placed upon it

6.25 To review any reporting subcommittee structure to ensure both efficiency and effectiveness of reporting, including any addition of new sub-committees or working groups as required

7 Reporting and Governance

The Committee shall produce minutes of its meetings which will be formally ratified at the following meeting. A written summary each meeting shall be submitted to the next scheduled meetings of the Board. The summary will focus on items of escalations and specific items connected to strategic risks and strategic direction.

In addition, an annual report will be produced by the Corporate and Committee Services team setting out the Committee's compliance with its terms of reference and performance of its duties. This will be informed by an annual self-assessment conducted by the committee,

ensuring its work and responsibilities are reflective of the changing environment within which the Committee functions. The Board will receive and approve the annual report.

8 Review

The Committee will continually review the effectiveness, and where appropriate, revise the committee membership and terms of reference at least annually. Ratification will be by the Board.

9 Ratification

Updated and reviewed by: People and Culture Committee

Date: 28 November 2024

Ratified by: Trust Board

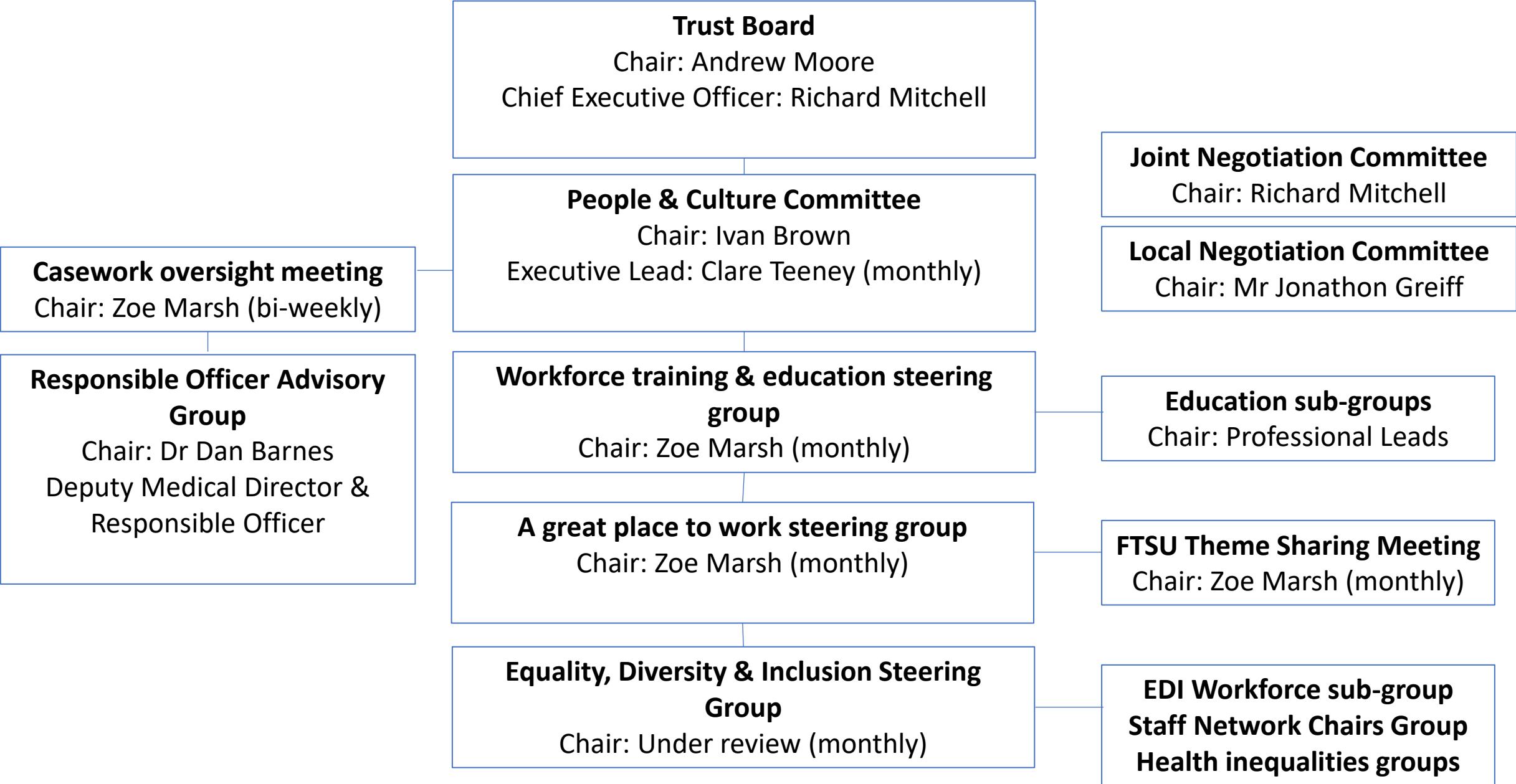
Date: 12 December 2024 *(via the PCC escalation report)*

People and Culture Committee work programme 2024/25

Item	Lead	28 March 2024	30 May 2024	25 July 2024	Aug 2024 Deep Dive Health & Wellbeing	26 Sept 2024	October 2024 Deep Dive EDI (and culture)	28 November 2024	17 Dec 2024 Deep Dive Operational Services?	30 January 2025	27 Feb 2025 Deep Dive Workforce planning?	27 March 2025
Committee governance												
Review terms of reference and work programme (annually)	DCLA		x					x (further update)				
Annual report and self-assessment	DCLA		x									
Review and approve sub committee terms of reference where needed (annually)	DCLA/CPO		x									
“limited” assurance internal audit reports (as required)	CPO											
Board Assurance Framework (standing item)	DCLA/HORA	x	x	x	x	x	x	x	x	x	x	x
Committee duties												
EDI update (at every full meeting)	EDI lead/CPO		x	x		x		x		x		x
WDES – data submission May, action plan September	CPO		x			x						
WRES - data submission May, action plan September	CPO		x			x						
Gender Pay Gap (annual with quarterly updates provided as part of the EDI update item)			x			x			x			x
FTSU update (quarterly)	FTSUG/DCLA		x	x				x				x
Health and wellbeing update (quarterly)	CPO			x		x				x		x
Guardian of Safe Working Hours (quarterly)	MD	x	x	x			x			x		
CPO report (standing item)	CPO	x	x	x	x	x	x	x	x	x	x	x
Operational People Services Work Programme (quarterly ?)	CPO			x				x				x
Staff Experience, OD and Culture update (quarterly)	CPO		x	x		x		x		x		x
Workforce planning <i>Agreed at the 26.9.24 PCC that this workstream would henceforth go only to FIC, not also to PCC</i>	CPO			x				*				
National Staff Survey results	CPO	x										
Employee relations casework	CPO		x	x		x		x		x		
Medical Revalidation (annually)	MD					x						
Education and Training Update	CPO			x		x		x		x		
Recruitment, resourcing and retention	CPO		x			x				x		
Annual Reports												
Equality, Diversity & Inclusion TBC	EDI lead											x
Freedom to Speak Up	FTSUG	x										
Safer staffing TBC	CN											
Health and Wellbeing TBC	CPO											x
Ad hoc items												
National and local updates												
Success stories and case studies												

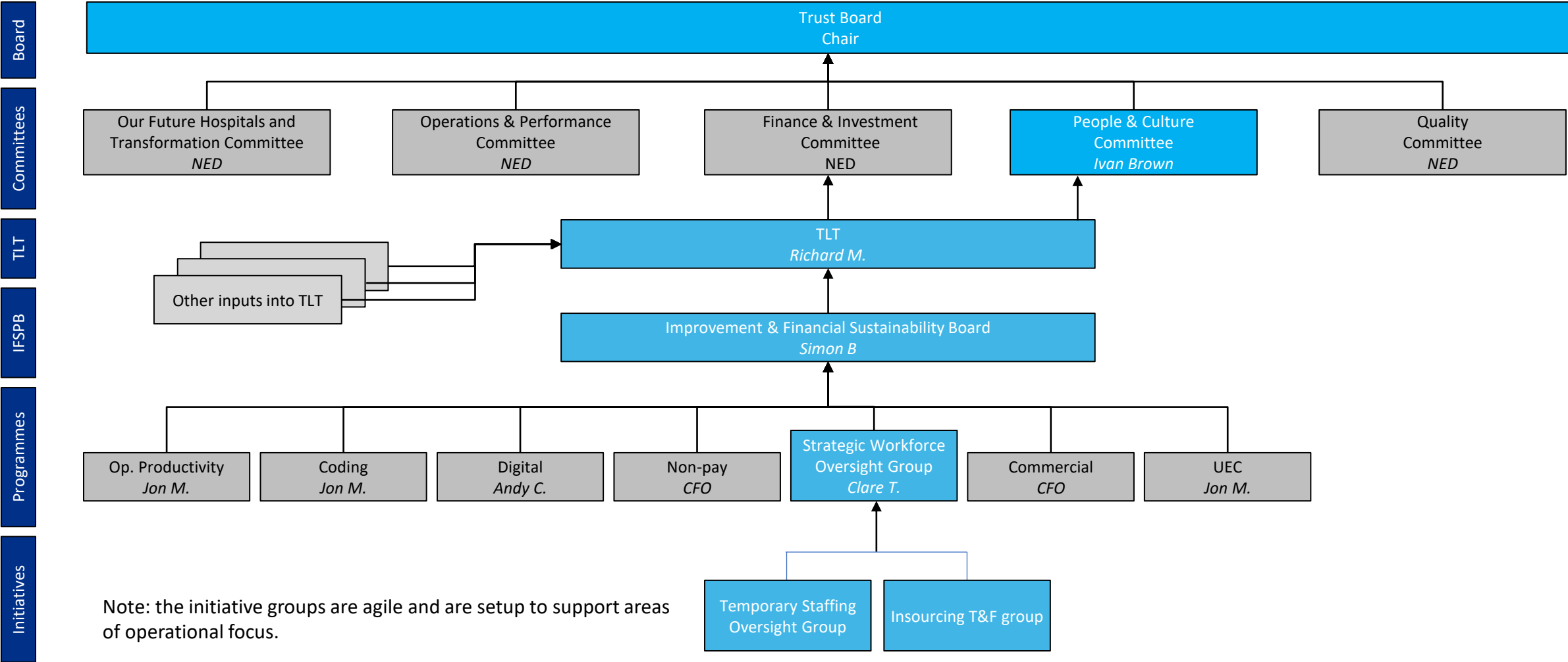
People Services – PCC sub-groups

OD, EDI, E&T, People Partnering



People Services – PCC sub-groups

Operational Services



Meeting title:	People and Culture Committee				
Date of the meeting:	28 November 2024				
Title:	Modern Slavery Act – UHL Statement (updated)				
Report presented by:	Becky Cassidy Director of Corporate and Legal Affairs				
Report written by:	Helen Stokes, Head of Corporate Governance				
Action – this paper is for:	Decision/Approval	x	Assurance		Update
Where this report has been discussed previously	N/A				

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which:
Yes – BAF risks within the remit of the People and Culture Committee

Acronyms used: PCC – People and Culture Committee,

Purpose of the Report

To present the updated UHL Modern Slavery Act statement, for recommended approval at the December 2024 Trust Board and inclusion on the Trust’s external website and in its annual report. Although the Trust does already have a relatively short statement in place regarding the Modern Slavery Act, the attached iteration goes into more detail in fulfilling the requirements of section 54 of the Modern Slavery Act 2015.

The updated statement reflects input from both People Services and Procurement, and is broadly consistent with the format in place at University Hospitals of Northamptonshire NHS Group, supplemented by further information on UHL’s structure and values. A number of other Trusts’ statements have also been reviewed when drafting this updated iteration.

Recommendation

PCC is asked to:

- review the attached updated UHL Modern Slavery Act statement, for recommended approval at the December 2024 Trust Board.

Summary

Section 54 of the Modern Slavery Act 2015 requires organisations to set out the steps that the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place, within the organisation or its supply chains. The attached updated UHL statement is presented for review and endorsement, ahead of approval by the Trust Board.

Supporting documentation

Appendix 1 – proposed updated UHL Statement on the Modern Slavery Act

Transparency in Supply Chains – Modern Slavery Act Statement

Section 54 of the [Modern Slavery Act 2015](#) requires organisations to set out the steps that the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place, within the organisation or its supply chains.

University Hospitals of Leicester NHS Trust (UHL/the Trust) was established on 1st April 2000. Our organisation is formed of seven Clinical Management Groups (CMGs) supported by several Corporate Directorates. The CMGs and Corporate Directorates are overseen by our Trust Leadership Team and Trust Board.

We are one of the biggest and busiest NHS Trusts in the country, serving the one million residents of Leicester, Leicestershire and Rutland. Our nationally and internationally-renowned specialist cardio-respiratory, ECMO, cancer and renal services reach a further two to three million patients from the rest of the country. Our Children's Hospital, split across the Leicester General, Glenfield and Leicester Royal Infirmary, helps us meet the needs of our youngest patients for emergency and sometimes life-long care needs.

We're proud to be a teaching hospital and we work closely with partners at the University of Leicester and De Montfort University to nurture and develop the next generation of doctors, nurses and other healthcare professionals, many of whom go on to spend their working lives with us.

[Our strategy 2023-2030 \(leicestershospitals.nhs.uk\)](#) Leading in healthcare, trusted in communities, has four goal areas underpinned by our values: **compassionate, proud, inclusive and one team.**



We make every effort to prevent slavery and human trafficking in our Trust, and in our supply chains, by ensuring our employment standards, training, remuneration and policies reflect our commitment to be a high-quality employer conscious of safeguarding.

Slavery and human trafficking is highlighted as a category of abuse that we should all be aware of. Our Safeguarding Adults and Children Policies are designed to minimise the risk of slavery and human trafficking, and our mandatory Safeguarding training for staff also covers this aspect.

In addition to the training and policy, we are committed to employment practices that are fair and equal, both internally and through our suppliers of services and equipment.

We fulfil the Standards for recruitment of staff set by NHS Employers and in line with the Care Quality Commission's Standards. This includes (but is not limited to) pre-employment checks for new candidates:

- Verification of Identification
- Right to Work
- Employment History
- Work Health Assessment
- Disclosure of Criminal Background (DBS) Check (where applicable)
- Professional Registration & Qualification Checks (where applicable)
- Health Professionals Alert Notice (HPAN) Check (where applicable)
- Fit and Proper Person Check (where applicable)

This also includes any Agency or Bank staff we utilise within UHL.

We are strongly committed to ensuring our supply chains are free from ethical and labour standards abuses. All new contracts awarded are done so under the standard NHS Terms and Conditions of Contract for the supply of goods and services which include clauses mandating our suppliers to adhere to all relevant policies and legislation relating to anti-slavery, and that they notify the Trust immediately of any actual or suspected incidents in their Supply Chain. Our suppliers must use good industry practice to ensure that there is no slavery or human trafficking in their supply chains.

NHS England have launched the Evergreen Sustainable Supplier Assessment which the Trust will utilise as part of procurement processes. This includes the requirement for suppliers to publish an ethical sourcing policy, supply chain risk assessment and conduct Modern Slavery audits in hotspot areas of their supply chain. All procurement staff have also undertaken the Modern Slavery and Labour Standard Assessments, produced by NHS England, where thorough risk assessments indicate if a category or country is high risk.

The UHL procurement and supplies team have received all relevant training in relation to Modern Slavery, including the Chartered Institute of Public Finance and Accountancy (CIPFA) Ethics E-Learning, and qualified MCIPS (Member of the Chartered Institute of Purchasing and Supply) staff are required to undertake the CIPS Ethical Procurement and Supply Training on an annual basis.

We have also adopted central government's Social Value Model (Procurement Policy Note 06/20), which requires a minimum 10% weighting in all procurements dedicated to Net Zero and Social Value Themes. The Social Value Themes cover the five topics, Fighting Climate Change, Wellbeing, Equal Opportunity (which covers compliance with the Modern Slavery Act 2015), Tackling Economic Inequality and Covid-19 Recovery.

In addition to our Safeguarding Adults and Children Policies, other supporting UHL policies and procedures include:

- Preventing Illegal Working (Visa Requirements) Policy
- Disclosure & Barring Service policy
- Counter-Fraud, Bribery and Corruption Policy
- Guidance Supporting Staff Subject to Domestic Violence
- Recruitment and Selection Policy
- Recruitment and Selection Policy for Medical Consultants
- Core Training Policy
- Freedom to Speak Up - Raising Concerns Policy
- Equality Diversity and Inclusion Policy