

<b>Meeting title:</b>	Public Trust Board					
<b>Date of the meeting:</b>	12 September 2024					
<b>Title:</b>	<b>Escalation Report from the People and Culture Committee (PCC): 29 August 2024</b>					
<b>Report presented by:</b>	Prof Ivan Browne – PCC Non-Executive Director (Chair)					
<b>Report written by:</b>	Ms Gill Belton – Corporate and Committee Services Officer					
<b>Action – this paper is for:</b>	Decision/Approval	x	Assurance	x	Update	x
<b>Where this report has been discussed previously</b>	None.					

<b>To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which</b>
Yes. BAF risks within the remit of PCC: Risk 10: Failure to recruit retain and transform the workforce.

<b>Impact assessment</b>
N/A
Acronyms used: PCC – People and Culture Committee BAF - Board Assurance Framework EDI - Equality, Diversity and Inclusion WRES - Workforce Race Equality Standard WDES- Workforce Disability Equality Standard WTE – Whole Time equivalents

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 discussion items from the PCC meeting of 29 August 2024 are summarised below.
  - 3.1 **Discussion Items**
    - 3.1.1 **Deep Dive: Health and Well-Being**  
The main focus of this meeting was a deep dive into Occupational Health, Mental Health and Well-Being and a series of slides were presented by Dr C Goss, Head of Service for Occupational Health, Mr G Waterhouse, Head of Service for Amica, Ms L Kasatkin, Head of Health and Well-Being and Mr B Hyde, Vaccination Matron and the Clinical Lead for Flu. These slides specifically focused on the following topic areas:-

- Overview of the Health and Wellbeing Services – Occupational Health, Amica and the Health and Wellbeing Team
- Overview of UHL's Workforce
- Developing Our Services – roadmap, Health SPA (single point of access), Winter Vaccinations and next steps.

During the deep dive discussion, the following areas were particularly highlighted:

- (1) whilst Occupational Health (OH) service use currently mirrored the proportionality of staff in each CMG, with no areas specifically looking to be over-referring or under-referring, the opportunity to look at data more deeply than CMG-level was highlighted, perhaps by ward or clinical area, with the aim of identifying possible trends;
- (2) potential areas for further development of the OH service were noted as being the utilisation of fast-track processes, where appropriate, and seeking Occupational Psychiatric input for relevant cases (these tended to be few in number, but significant in complexity);
- (3) the level of resource currently in the Occupational Health team and means through which the level of resource was being enhanced;
- (4) the need for enhanced data collection and efficient data extraction was particularly identified as a significant theme for focus; with a need for data with more granularity and the ability to benchmark services. The Chief People Officer highlighted the work being undertaken in respect of all workforce data, noting that further investment was required in this respect;
- (5) the Chief People Officer highlighted the need for the Trust Board to work through its Strategy for People Services, and Corporate Services more widely, to inform the future decisions of those services, with specific account taken of capacity and capability in the service, enabling factors (e.g. IT) and premises; with the desire to establish a 5 Year Strategic Plan for the Occupational Health Service. It would be imperative to ensure that the growth and development of the Occupational Health Service aligned with the Trust's Organisational Strategy. It was highlighted that an excellent communications plan would be an enabler for this and the benefit of including a communications and engagement plan within the Strategy was recognised;
- (6) (in reference to Amica data), BME staff and men were poorly represented in the profile of staff utilising the services of Amica, compared to the proportion of both groups within the workplace population (e.g. men comprised 24% of the workforce, but only 13% of Amica users were men);
- (7) recognition of the fact that when staff were most in need of the services provided by Occupational Health, they needed one easy entry point of contact – this was recognised and work towards achieving this aim was currently ongoing. This element also required inclusion in the strategy referenced above;
- (8) the importance of staff receiving timely access to psychological and mental health support when needed was emphasised, with interventional work key in this respect and representative of a good investment on the part of the Trust; with investment in a 'culture of care for carers'. It was important for the Trust to be proactive in terms of prevention and ensuring that such prevention work was sustainable;
- (9) in relation to funding, a recognition that not everything could be funded and the need therefore to identify the services that were essential for UHL to provide and those services provided elsewhere to which staff could be signposted; with the outcome of this work incorporated into the Strategy referenced in the point above;
- (10) in reference to the Trust's Duty of Care, there was a need to articulate what this looked like and the actions being undertaken by the Trust Board to discharge this Duty of Care and seeking assurance that this was working in terms of its impact, and
- (11) with regard to the Trust's vaccination programme, it was noted that focus groups were underway with regard to factors influencing the level of take-up and accessibility etc.

In conclusion on this item, the Chief People Officer thanked the Occupational Health and Well-Being teams for their hard work and undertook to submit a short update paper on further progress following this deep dive to the People and Culture Committee in quarter 4 of 2024/25.

### 3.1.2 Board Assurance Framework

PCC received the BAF strategic risk which aligned to its terms of reference and noted updates with respect to controls, gaps and key next steps. The following risk had been reviewed and there were no significant changes:

**BAF risk 10** (*failure to recruit, retain, redesign and transform the workforce, it may result in insufficient workforce capacity, capability and lacking diversity*) – current risk score of 16.

PCC supported the BAF and the risk score as presented. Particular note was made that the data gaps referenced during today's discussion were already recognised and included within the BAF entry.

Note was also made that Health and Well-Being was due to be the focus of an Internal Audit Review for quarter 2, so an external view of the service would be available later in the year. It was agreed that it would be helpful for the outcome of this Internal Audit review to be reported through to the People and Culture Committee.

#### **4. Date of Next Meeting**

Thursday 26 September 2024 – on MS Teams.