

<b>Meeting title:</b>	Trust Board					
<b>Date of the meeting:</b>	8 February 2024					
<b>Title:</b>	<b>Escalation Report from the People and Culture Committee (PCC): 25 January 2024</b>					
<b>Report presented by:</b>	Mr Ballu Patel – PCC Non-Executive Director Chair					
<b>Report written by:</b>	Ms Kate Rayns – Corporate and Committee Services Project Support					
<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>		
<b>Yes. BAF risks within the remit of PCC are listed below:</b>		
<b>BAF Ref</b>	<b>Risk Cause</b>	<b>Risk Event</b>
10-PCC	Failure to recruit, retain, redesign and transform the workforce	Insufficient workforce capacity, capability and lacking diversity

<b>Impact assessment</b>	
N/A	
<p>Acronyms used:</p> <p>BAF – Board Assurance Framework</p> <p>CMG – Clinical Management Group</p> <p>EDI – Equality, Diversity and Inclusion</p> <p>ESR – Electronic Staff Record</p>	<p>FTSU – Freedom to Speak Up</p> <p>ISC – Immediate Safety Concern</p> <p>MHPS – Managing High Professional Standards</p> <p>NED – Non-Executive Director</p> <p>PCC – People and Culture Committee</p>

**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**

There were 3 items from PCC requiring Trust Board approval at the February 2024 Trust Board.

**3. Summary**

The PCC meeting was quorate. The following items from the PCC meeting of 25 January 2024 are summarised for the 8 February 2024 Trust Board:-

**Recommended items:**

**3.1 Junior Doctors Contract Guardian of Safe Working Report**

Dr R Singh, Guardian of Safe Working and Consultant in Medicine introduced the quarterly report on Exception Reporting advising that 187 reports had been made between 1 September 2023 and 30 November 2023, of which 179 had related to hours and working patterns and 8 had related to education. A drop-in session had been arranged within General Surgery to address a slight increase in Exception Reporting in this area and a second (additional) out of hours doctor had been allocated to the LGH site due to the workload being deemed unmanageable for 1 doctor.

The number of Exception Reports raised as ISCs stood at 13. For future reports, an additional column was being included to outline the service-level response in respect of each ISC raised. Work continued to increase the level of engagement in the Junior Doctors Forum and it was hoped to recruit a representative from each service (instead of 1 from each CMG). No disbursements had yet been made from the Guardian's account for penalty payments, but the account had now reached a threshold which would require careful exploration of opportunities where this funding could make a meaningful impact on the working lives of junior doctors.

PCC members considered a recent increase in the number of Exception Reports from Women's and Children's services alongside the importance of supporting staff and promoting a positive reporting culture. It was noted that staff were also able to submit Exception Reports from their phones at home following a busy shift and that this would help them adhere to the 14-day reporting timescale.

*The quarterly Junior Doctors Contract Guardian of Safe Working report was endorsed and recommended for Trust Board approval. A standalone report is included on the 8.2.24 Trust Board agenda accordingly.*

### **3.2 Freedom to Speak Up Quarterly Report (Quarter 3)**

Ms R Moss and Ms S Kaya, FTSU Guardians attending the meeting to present the first FTSU quarterly report since the independently facilitated Guardian Service had gone live at UHL on 9 October 2023. Positive feedback and support had been received from the Executive Team and a wide range of CMG and Directorate teams. The Guardians had also briefed the CQC on UHL's new arrangements for speaking up and they had commended this development. Discussion took place regarding the broad themes arising from recent interactions with staff and the arrangements for enhancing staff communications about the new service through a range of regular video messages. PCC noted that the Guardians were exploring a trial to incorporate greater detail within the reporting process which would enable the Trust to gather more EDI data (possibly linked to the ESR system), without divulging the identities of those who were speaking up.

*The quarterly FTSU report was endorsed and recommended for Trust Board approval. A standalone report is included on the 8.2.24 Trust Board agenda accordingly.*

### **3.3 Draft Freedom to Speak Up Policy and Toolkit**

The Director of Corporate and Legal Affairs presented the draft FTSU Policy which had now been reviewed and updated to align with the national policy. PCC discussed some of the further changes which were being explored for incorporation in the final version of the Policy (mostly relating to changes in terminology) and agreed that a formal review of the finalised version of the Policy would not be required. Appendix 2 provided the reflection and planning toolkit which would be completed and reported back to the Committee in March 2024.

*The draft FTSU Policy was endorsed and recommended for Trust Board approval. A standalone report is included on the 8.2.24 Trust Board agenda accordingly.*

## **Discussion items:**

### **3.4 UHL NHS Staff Survey 2023**

The Chief People Officer provided an update on the NHS Staff Survey which had closed in November 2023, advising that UHL's response rate had been 58% which was the highest response rate recorded at UHL and 12% higher than the national average for 2023. The high-level feedback indicated that the response scores to 96 questions (out of the total 103 questions) had improved since 2022 and the scores to both of the following key questions had improved:-

- "I would recommend my organisation as a place to work."
- "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation."

The detailed analysis of the survey feedback (including the free text responses) would not be available for some time, but once this information became available, then detailed work would be taken forwards with the

Trust Board public paper M

CMGs and Corporate Directorates to address the issues and key themes arising from this feedback. A stand-alone report would then be presented to the Trust Board on 14 March 2023. Subject to the lifting of the embargo on this data, it was anticipated that the report would be presented in the public section of the meeting. The PCC NED Chair suggested that consideration be given to holding a Trust Board Workshop to review the detailed findings of the survey and the programme of work arising from the survey outcomes.

### 3.5 Employee Relations Report

The Chief People Officer presented an overview of disciplinary, capability, resolution and employment tribunal activity levels and the distribution of cases. The report was taken as read and PCC discussed the themes currently impacting upon staff sickness absence rates, noting that the Sickness Absence Policy was currently being reviewed. A focus on supporting and enabling staff to stay in work would be crucial, alongside appropriate utilisation of the Occupational Health Service and Amica. The Associate Director of Occupational Health, Mental Health and Well-Being briefed the Committee on a national initiative to re-code a proportion of staff sickness relating to Influenza or Covid-19 as 'infection prevention and control' time off. The national guidance on this subject was currently awaited, but if the changes went ahead then this would have an impact upon sickness absence data quality going forwards whilst the data was being re-set. The Chief People Officer confirmed that additional work would be undertaken to incorporate (a) data on the protected EDI characteristics, and (b) an update on any MHPS cases, into the future format of this report.

### 3.6 Chief People Officer's Update

The Chief People Officer provided a verbal update on the development of a UHL Behaviours Framework; a recent visit by Ms Em Wilkinson-Bryce, National Director for People at NHS England; some support being provided to the Trust by Mr Roger Kline, Equality and Diversity Research Fellow from Middlesex University, and improvements in the collection and storage of workforce data via the ESR (including all Estates and Facilities staff and accurate annual leave records). The Deputy Chief People Officer also briefed the Committee on a focused piece of work which was co-owned by the People Services and Finance Directorates which aimed to improve the alignment between the financial ledger and the ESR system, and the aim to implement an Establishment Control process in April 2024. More detailed reports on these issues would be presented to the Committee as appropriate.

### 3.7 Agency Compliance, Usage and Reduction

Ms C Whyman, Head of Recruitment and Resourcing provided the Committee with assurance surrounding the programme of work to ensure compliance and governance surrounding agency usage, expenditure and reporting in accordance with the NHS England Agency Rules. PCC members noted that an agency oversight group had been established at UHL to oversee and monitor this work. The group was chaired by the Chief People Officer, and it met on a weekly basis. An Agency Toolkit had been developed which described the Agency Rules and the reviewed and refreshed escalation and approval processes. The transformation agenda had been aligned with the Financial Sustainability Programme and the reporting process was now undertaken from a centralised point whereas it had previously been undertaken by a part-devolved team. In the 9-month period between April 2023 and December 2023, agency expenditure had reduced by approximately £1m. A further update on agency compliance, usage and reduction would be presented to PCC in May 2024.

## Consideration of BAF risks in the remit of People and Culture Committee:

### 4. Board Assurance Framework

The Committee reviewed strategic risk 10 on the BAF (re: insufficient workforce capacity, capability and lacking diversity) which was aligned to the Committee and its work plan. There were no matters of concern from the strategic risk to be escalated and no significant changes proposed to the content or risk scores. The current rating stood at 20 (likelihood of almost certain x impact of major), with a target rating of 9 and tolerable rating of 12.

### 5. Any Other Business

#### 5.1 Trust Leadership Event

Trust Board public paper M

The Chief People Officer highlighted that the Trust's third Leadership Event was scheduled to be held on 20 March 2024, advising that invitations had been issued to hold this date in the relevant people's calendars.

**5.2 Pathway to Excellence**

The Chief Nurse advised that UHL would be embarking on a 'Pathway to Excellence' international accreditation journey commencing at the Glenfield Hospital on 3 February 2024 and hopefully achieving designation in June 2024.

**6. Reports for noting**

None.

**7. Supporting documentation**

None.

**8. Date of Next Meeting**

Thursday 28 March 2024 at 10am – Board Room, Leicester Royal Infirmary.