

Date of meeting	17 July 2018
Paper number	D4

People and Culture Committee Assurance Report

For approval:		For assurance:	<input checked="" type="checkbox"/>	To note:	
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Accountable Director	Mark Yates P&C Chairman		
Presented by	Mark Yates Chairman	Author	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic priorities				
Deliver safe, high quality, compassionate patient care		Design healthcare around the needs of our patients, with our partners		Invest and realise the full potential of our staff to provide compassionate and personalised care
Ensure the Trust is financially viable and makes the best use of resources for our patients		Develop and sustain our business		
				x

Alignment to the Single Oversight Framework				
Leadership and Improvement Capability	x	Operational Performance		Quality of Care
Finance and use of resources		Strategic Change		Stakeholders

Report previously reviewed by		
Committee/Group	Date	Outcome
Not applicable		

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?				Y	BAF number(s)		R3.1 R3.2 R4.2
Significant assurance <i>High level of confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	Moderate assurance <i>General confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	Limited assurance <i>Some confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	No assurance <i>No confidence in delivery</i>	<input type="checkbox"/>

Please see individual items within the report

Recommendations	The Trust Board is requested to <ul style="list-style-type: none"> Receive the report for assurance.
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Paper number	D4

Executive Summary

Items discussed at the July 2018 meeting included:

- **Board Assurance Framework:** The Committee approved the changes to the BAF with the addition of the wisdom in the workplace board metric.
- **People and Culture Strategy:** The Committee received a detailed report on the workforce transformation programme. A benchmarking exercise had been undertaken which highlights the staff groups where there is potential for cost improvement plan (CIP) opportunities. Four priority workstreams have been identified:
 1. Patient Pathway Co-ordinator Model (clinical admin)
 2. Job planning, annual leave and e-rostering solution
 3. Bank/ agency solution
 4. Grip/ control of all pay elements

Whilst the four priority workstreams will realise the biggest CIP benefits, there are clear benefits to patients and staff. Implementation plans have been developed for each of the workstreams, which include detailed resource plans. Workstreams 2 & 3 are subject to the approval of business cases. Limited assurance.

- **Leadership Plan:** The Committee approved the paper which provided a summary of the Trust's leadership development offer. This paper outlined three programmes, for senior, middle and first level managers. However it did not include a full leadership plan on how individuals can progress through the organisation. It was agreed that a detailed leadership plan would be brought back to the committee at a future meeting. Limited assurance.
- **Health and Safety Annual Report:** The Committee approved the annual report for presentation at this board meeting but concern was expressed in relation to the capacity within the health and safety function. A governance overview of the function will be brought back to the September meeting. There are few RIDDOR reportable incidents which is pleasing to note. The number of outstanding incidents on Datix is concerning but this is being discussed at the Health and Safety Committee. Fire safety across the Trust is closely monitored but the meeting heard that there is a specific, but tightly managed and controlled, risk within the WRH ED department due to overcrowding which can lead to the potential for difficulty if a fully or partial evacuation is required. As committee chair, I am unable to give a level of assurance in relation to this area until more comprehensive information is provided about how health and safety is managed within the trust. It should be noted that aside from concerns regarding capacity in this area there are no other apparent signals to cause concern.
- **Freedom to Speak Up – national assessment:** The Committee received the national assessment which is on the agenda for the Board to approve. The Trust meets 32 out of the 69 indicators with progress being made in those not yet met. The Committee considered that the role was making a real difference to the culture of the Trust. Moderate assurance.
- **People and Culture Scorecard/KPIs:** The Scorecard was noted. Of concern were the percentage of PDR compliance, agency spend and mandatory training compliance.

Date of meeting	17 July 2018
Paper number	D4

- **Personal Development Review – deep dive:** The Committee has had concerns about the lack of PDR compliance with non-medical workforce. As at 31 May, compliance was at 63%, rising to 66% on 9 July. The Committee learnt that from April 2019, staff will not progress up the pay scale without a PDR. This will affect approximately half of staff as the other half are already at the top of their pay scale. The Trust Leadership Group is tasked with ensuring that staff have PDRs and detailed granular data are distributed monthly. Limited assurance.
- **Recruitment and Retention:** Medical workforce vacancies have decreased and will decrease further with the lift on tier 2 visa applications. There have been significant improvements in reducing medical, nursing and midwifery vacancies. Limited assurance, but if this progress continues the committee can foresee this improving.
- **Safer Staffing:** The fill rate for April and May trust-wide was above 80%. Areas that dipped below this were surge areas and over bank holidays. The Committee were pleased with the progress being made which is reflective of the improvement in recruitment and retention. Moderate assurance.
- **Midwifery Workforce Review Birthrate Plus:** A detailed report on an assessment undertaken relating to September 2017 data was presented. This showed that whilst the numbers of staff were comparable to other trusts, the use of the midwifery support worker could be improved. The committee recognised that maternity services in the Trust were good and didn't want any potential changes to impact on this performance. Moderate assurance.
- **4WARD Steering Group:** The response rate for checkpoint 3 was 51%. This is very encouraging. The risk assessment in relation to confidentiality of accessing results was noted. The Committee will consider a report on the benefit realisation at the next meeting, in preparation for the next report to NHS I.
- **Responsible Officer Annual Report:** This report showed that 89% of doctors associated with the Trust had received an appraisal at 31 March 2018. The rate of appraisal of SAS grade doctors was of particular note. The Committee endorsed the Statement of Compliance, attached to the CEO report for this month's board meeting.
- **DBS checks for non-trust patient facing staff:** The Committee will be receiving a report in relation to this and particular ISS staff in September. In the meantime, the Committee received assurance that non-DBS checked contractors were being buddied to ensure that they were not alone with patients.

Other items presented:

- People and Culture Risk Register – four new risks:
 - Checkpoint confidentiality
 - HR capacity and capability
 - Visa requirements
 - Health and Safety capacity.
- JNCC and MMC Minutes
- Work plan

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Background
The People and Culture Committee is set up to ensure that the Trust develops and implements the People and Culture Strategy. This report covers items discussed at the March 2018 meeting.
Issues and options
None.
Recommendations
The Trust Board is requested to <ul style="list-style-type: none"> • Receive the report for assurance.
Appendix – None