Agenda Item 21d

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Committee Chair's Assurance Report

Report to:	Board of Directors (in Public)
Date of meeting:	**1 February 2022**
Title of Report:	Assurance Report from the People Committee
Recommendation:	For assurance
Chair:	Simon Roberts, Non-Executive Director
Purpose:	The report summarises the assurances received, approvals, recommendations and decisions made by the Trust's People Committee at its meeting on **19 January 2022.**
Background:	The Committee meets monthly and provides assurance on the overarching strategy for People, workforce activity, staff experience and engagement, recruitment and retention strategy, culture and organisational development strategy, leadership, training and development within the hospital.
Item for Assurance	**Staff Story – Room For Improvement Programme: Bethany Stone and Mike** The Committee heard two uplifting examples of how the Trust Wide staff ideas scheme introduced in February 2020 is improving both the experience of patients and staff and empowering staff to identify and lead change and improvements in their areas. It was further assured of the success of the scheme through it being incorporated into a reward and recognition programme "Idea of the Month" and in how ideas were being shared to inspire other members of staff through quarterly lunch and learn sessions. The Committee noted the speed of the Trust's response to staff ideas to bring them to fruition and the strength of the proposal validation process. The Committee particularly noted the topical issues being addressed which were clearly aligned with improving both staff and patient experience in line with the Trust objectives.
Item for Assurance **Item for Escalation**	**Divisional Presentation – Estates and Facilities** The Committee was assured by the candour, openness and honest presentation received which both celebrated the successes often overshadowed by the known concerns around domestic sickness level discussions. It acknowledged the Division's critical role in providing a clean, safe work environment with staff and applauded the award-winning services being provided in food/catering and hygiene, that make such a tangible difference to the experience of patients, staff and visitors alike. There remain gaps in assurance regarding the consistent double digit domestic staff sickness levels and noted that there was a multi-faceted, active improvement plan underway which includes

	both staff wellbeing best practice and engagement in the Trust wide policy and process improvements with longer term options to investigate contractual opportunities. The Committee requested a follow up review of actions and progress made in 6 months.
Item for Assurance	**Equality, Diversity and Inclusion** The Committee received and were assured that a comprehensive EDI 2022/23 strategy is in place and actively being developed. Also noted was the attention to both patient and staff experience of inclusion and the developing relationship with the Patient Experience Team. The passion, courage and positivity from the Trust EDI lead was applauded. To further improve, the Committee requested the EDI dashboard evolves to provide the data-led insights which demonstrate the impact and effectiveness of the interventions planned and triangulate with other data sources such as the employee survey, WRES and WDES metrics.
Item for Assurance	**Culture and Engagement Quarterly Report** The Committee were assured that an active, responsive and engaging strategy for both staff and culture improvements has been in place for the past 12-18 months. It recognised the massive progress that has been made and which has also been acknowledged by the recent CQC inspection and Well-led interviews. To further enhance this work, and to build into the 2022/23 plans, the Committee requested greater insight into the demonstrable improvements that have come about as a result of staff engagement and culture improvement interventions. This may be in the form of a balanced scorecard or dashboard which not only identifies where additional focus is required, but also, having achieved the planned outcomes when such additional support can be withdrawn. The Committee was also assured that, although the Trust was disappointed in the response rate from the annual staff survey reflecting that more work needs to be done to address and improve engagement, it acknowledged this was still a significant improvement compared to where the Trust was 2-3 years ago and at least in part reflects the difficult operating conditions over recent months. It was discussed that the Trust ambition was that the quarterly pulse surveys received the same focus as the annual survey in order to maximise response rates to give "real-time" insight into staff engagement. The Committee also recognised the continued improvement plan to the Trust FTSU programme as the new team of Guardians and blended approach become established and noted the "up and out" learning from the Blackpool and West Suffolk reports which robustly test our thinking and internal strategies for improvement. The Committee was informed that the People Executive Group will provide oversight to the plan, reporting by exception via the Chair's Assurance Report to the People Committee.

Item for Assurance	**Yr2 Corporate Strategy Milestones SO3 and SO6** The Committee noted the report and was informed that a 55% staff survey response rate target is realistic. The Committee commented that a lot of the narrative relates to inputs (notably against KSO3) requesting that future updates and milestones as developed and reported for 2022/23 focus more on outcomes and improvements with use of qualitative and quantitative measures.
Item for Assurance **Item for Escalation**	**Workforce Performance Report** The Committee was assured that the key underlying issues generating underperformance in key workforce metrics were identified and appropriate action plans were in place that would take some time to come to fruition. It received a briefing on the Government decision to make vaccinations a mandatory condition of employment in the NHS (VCOD) and noted the Trust's response and action plan to mitigate the risks of the currently recorded 258 unvaccinated staff. The Committee noted this has already been added to the Trust Risk Register and asked to receive a monthly update relating to the residual risks following the business continuity planning in impacted Trust areas. The Committee remains concerned that key metrics remain short of target and outside process control limits though recognises the systemic improvement plans in place that will lead to future sustainable change. This includes implementation of the recommendations made in the recent Root Cause Analysis.
Item for Assurance	**People Plan Quarterly Report** The Committee noted the report and the clear line of sight between the Trust activity and the ICS and NHS People Plan. It was also assured that the Trust People plan has now been fully incorporated into the Trust strategic plan and going forward there is only 1 report, with consistency achieved across the Trust and then through the Regional and National agendas.
Item for Assurance	**Internal Audit Reports: Temporary Staffing and Recruitment and Selection** The Committee noted the reports as presented, both of which reflected partial assurance with improvement required. It also acknowledged the pro-active request for an independent professional opinion on key People/HR functions and activity to inform and improve the services and controls within them. The Committee acknowledged and accepted the recommendations and were assured that they have been embedded into improvement plans which would be monitored at both the PEG and Internal Audit fora.
Item for Assurance	**People Executive Group (PEG) Chair's Assurance Report** The Committee noted the report and were assured particularly of the FTSU pro-active approach to learn and improve by conducting detailed self-assessments against the recommendations given to Blackpool and West Suffolk Trusts.

Items for Assurance	**Significant Risks and BAF report** The Committee noted the risks and suggested the addition of Principle Risks relating to sickness and VCOD be added to the summary report for improved visibility going forward.
Risks to refer to risk register	**None**
Other items of business	**None**

Attendance record:

Attendees:
S Roberts – Non-Executive Director and Committee Chair
D Dickinson – Non-Executive Director
L Skaife-Knight – Deputy CEO
J Humphries – Director of People
A Webster – Chief Nurse

Invitees:
M Linnett – Specialist Pain Management Physiotherapist (item 3)
B Stone – PA to Head of Facilities (item 3)
N Hunter – Associate Director of Estates and Facilities (item 4)
C Kirk – Equality, Diversity and Inclusion (EDI) Manager (item 8)
C Kent – Head of Organisational Culture (agenda item 9)

Apologies:
C Castleton – Deputy Director of HR
A Brown – Non-Exec Director

Observers:
P Hipkin – Governor
J Dossetor – Governor (joined at 14:15)

Minute taker:
L Preston – Board/Committee Administrator