

T

People and Culture Committee (PCC) - Tuesday 27 June 2023 12pm to 1pm

Highlight Report

| Strength of Assurance | Colour to use in Assurance Level columns below: |
|-----------------------|---|
| Low | Red - there are significant gaps in assurance and/or not properly assured as to the adequacy of action plans/controls |
| Medium | Amber - there is reasonable level of assurance, but some issues identified to be addressed. |
| High | Green – there are no gaps in assurance and there are adequate action plans/controls |

| Agenda Item: | Assurance level: | | Committee escalation: | ORR Risk Ref: |
|---|---|-----------------------------------|--|---------------|
| | Current Performance | Delivery plan/ Management process | | |
| Strategic Workforce Group (SWG) | Green | Amber | Committee noted further discussions on addressing sickness absence and the intention to develop outcome measures against deep dive recommendations. Health and well-being team now have access to appropriate data to help them target action to support teams. Other issues escalated were covered by Workforce and Agency reduction plan assurance report – below. | |
| Workforce and Agency Reduction Plan | Assurance was discussed under each workstream & target. | | | |
| Agency Reduction: Stop off framework use. Reduction in agency spend | Green | Amber | Spend within target for first two months of the financial year and Executive team members expressed confidence in action plan at this stage. Higher assurance level given to recognise this but understanding this would change if performance not sustained. | 85 |
| Recruitment & Retention: Increase number of Health Care Assistants (HCAs) on bank. Reduce trust vacancies. Medical Workforce. | Green | Amber | Committee was assured on grip and plan progress including green shoots of impact of the medical workforce plan. However was recognised that the corporate performance report will continue to be RAG rated red for trust vacancy level as workforce and agency reduction plan target different to establishment target. | 84, 85, 86 |
| Growth & Development: | Green | Amber | Three out of the four areas prioritised (registered nursing, healthcare assistants, admin staff) show an improvement in reduction of turnover. Turnover for medical consultants has | 84, 61, 74 |

| Agenda Item: | Assurance level: | | Committee escalation: | ORR Risk Ref: |
|---|---|-----------------------------------|---|---------------|
| | Current Performance | Delivery plan/ Management process | | |
| Improve Registered Nurse (RN) Retention | | | stabilised with an expectation to improve. More needs to be done on accelerating and prioritising introduction of new roles in service areas. | |
| WRES/WDES/Bank Data | Green | Amber | Committee welcomed the analysis and agreed the data to be submitted to the Board on the workforce race equality standard (WRES), workforce disability equality standard (WDES) and on the new bank workforce race equality standard. It was noted that the action plan to address improving performance will be updated and submitted to the Board. Committee asked for the action plan to show the impact expected against the metrics of the standards. | 73 |
| Organisational Risk Register (ORR) | Green | Green | The committee considered six unchanged risks through a people lens – three allocated to this committee and three under the oversight of other committees. | 61,73, 74 |
| | Red– three of current risks considered are red; one is outside appetite | | Mitigating action for these risks was covered under the Workforce and Agency reduction plan and update on medical workforce plan – see above. | 84, 85, 86 |
| Policy Report | Green | Amber | Committee received the policy report showing policies in date and those needing review. SWG was asked to bring same schedule back to next committee annotated with action proposed for policies to be updated where needed. | |
| Performance Report | | | To be included in future papers for triangulation. | |
| Any Other Business | | | It was agreed an annual review of the committee to the same timing of other committees is not appropriate as a new committee. Six-month review will be conducted. | |

| | |
|----------------------------|------------------|
| Chair of Committee: | Ruth Marchington |
|----------------------------|------------------|