Committee Assurance Report to Board

Date	11 September 2024	**Agenda item**	16.0
Title	People Committee		
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Presented by	Anil Patil		1.0
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☐		

This report is based on the People Committee meeting held on 1st August 2024.

Area of the Committees Responsibilities	**Related Agenda Items** (Assurance level given in the report, if different to the level determined by the Committee)	**Assurance Level Determined by the Committee** High/Significant Medium/Partial Low/No Assurance	**Actions & Mitigations Highlighted by the Committee**	**Matters to escalate or highlight to the Board** *Alert the Board to of areas where assurance is not sufficient.* *Advise the Board of steps taken to address areas where assurance needs to be improved.* *Assure the Board where there is sufficient assurance*
	People Plan Transformation – People, Development and Communications Consultation		**Update on the transformation work within PDC team:** a. Work undertaken to date has: • Revealed the true cost of the current delivery of the work • Enabled an understanding of the wider organisational change that needs to happen alongside changes within PDC	The Board is **advised** that: 1. the PDC transformation (in particular the formal consultation process) is not progressing at pace; 2. given the previous decision of this board to undertake required transformative work any change in approach should be susceptible to

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			• Showed that a range of PDC process and ways of working need support and digital capabilities to enable modernisation • highlighted a range of areas where we deliver welcomed and much-admired work but with no central funding pot to provide this • Change is difficult and we must balance the cost of change against the benefits b. pace of the consultation had been reduced in response to the feedback from the PDC team & staff, allowing time to pause and reflect on what the structures ought to be and to recruit to senior positions to support the change process c. It had been recognised that there was a low level of diversity in the Learning and Development team d. Next steps: Once the Senior Leadership Team is in place, there will be a review and support in the changes in HR systems and HR operations (Oct '24) and Resourcing – substantive and temporary staffing (Nov '24).	appropriate governance i.e. further board discussion and agreement; 3. an inability to deliver Sirona wide efficiency changes will significantly impact the delivery of contractually required savings amounting to c.10m pa
	Update on Workforce Priorities and Activities		**The committee heard:** a. Sirona possesses an older cohort of staff and a predominant female staff group who have very different caring responsibilities. b. levels of sickness (5.8% vs 4.8%) and absence are higher compared with system	The Board to **note** the concern that some patients do not allow racially minoritized staff to enter their homes.

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			partners. The challenge with the long-term sickness and moving into a profile of people, not just being off for a few days at a time c. the need to communicate to staff that Sirona has significant numbers of flexible employment opportunities and supportive interventions d. internationally trained nurses were not receiving adequate support in terms of how we prepare, understand, and tolerate their needs and how they are supported to feel settled. **Action: To present a report on how Sirona can better support internationally trained staff.**	
	Equality, Diversity, and Inclusion (EDI)		**Discussion held in relation to the disability profile of our workforce and current initiatives in place to support them:** a. only 5.76% of the organisation had declared a disability b. The most common types of disability are long-standing Illness (28.71%), learning disability/difficulty (21.29%), unspecified (15.84%) and mental health condition (10.4%)	The Board is **advised** that: 1. As an organisation we have not routinely used existing staff demographics to adequately inform our decisions relating to specific staff groups. 2. We need to address why those with a disability are not progressing to higher bands.

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			c. The pay bands with the highest percentage of employees with a disability are Band 8+ (8.96%) and Band 4 (7.38%) d. Sirona is a Level 2 Disability Confident employer and part of the Positive about Disability (Two Ticks) scheme which guarantees an interview to disabled applicants who meet the minimum criteria and offers feedback. We have a health and wellbeing passport which guides people on reasonable adjustments. We offer Disability Leave & support access to work requests. We have a Disabilities and Long-Term Conditions staff Network. We have wellbeing conversations, with guidance and templates.	
	Workforce Dashboard and Key Performance Indicators (KPIs)		**April-July workforce data evidenced that:** • Staff turnover is slowly decreasing (14.5% June '24 vs 16.8% June '23) but not at the desired pace and Sirona remains an outlier compared to the system average of 12.5%. • Sickness and absence continued to increase with specific areas of concern around stress and anxiety. • reduction in the usage of the very high costs of framework agencies • Mandatory and statutory training compliance remained high	The Board is **advised** that further work is being undertaken to understand the impact of menopause and long-covid upon sickness and absence rates. The Board is asked to **note** that an area of specific elevated risk before the committee related to Adult INT and clinical staff training and competencies, currently rag rated at 16 on our risk register. Concerns include staff not having had full opportunity, time or support to complete essential, other clinical skills training and

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			• Owing to greater disclosure there was an increase in the diversity of our workforce population from 6.78% to 8.2%. • There have been a number of probationary casework dismissals, that is reflective of Sirona's recruitment capabilities and induction practises, including who and how we're recruiting staff **Action: To present the Attendance policy at the next meeting,** **Action: To circulate a breakdown of sickness by directorate after the meeting**	wider professional development, the risk is that we do not have a fully trained and competent workforce and the impact is: -delay to patient care -dissatisfaction of staff wishing to develop leading to poor retention -pressure on remaining staff who do have the skills -poor compliance with statutory requirements -inefficiency and unnecessary visiting -increased levels of deferred visits
	Staff Survey 2023 and April Pulse survey update		**Discussion included that**: i) In relation to NHS People Promise scores, Sirona scored above average compared to National and SW but below average compared to community providers ii) Although ahead of SW results we lag behind Picker on two key questions - "Not seen any errors/ near misses/ incidents that could have hurt staff/patients/service users" in the past month. Nearly one third of the organisation witnessed an error, near miss or incident. - "Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public" in the past 12 months lagged behind the Picker comparator by 6%.	The Board is asked to **note** that the Q1 pulse survey evidenced that in relation to overall mood within those staff responding, 50% felt positive, 50% felt negative, and that comment themes included that Sirona is understaffed; to streamline processes; staff feel overworked; not treated well enough and asked that management be improved.

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			iii) A thematic review of free text replies revealed that serious Issues were themed as: HR process, potential grievance/ complaint, discrimination / harassment, insufficient or poorly trained staff, culture, unpaid hours, quality and safety process, patient safety or safeguarding iv) Q1 Pulse survey showed that the top reasons for positive mood Included My workload is manageable, I enjoy my job and I feel productive/on top of things Top Reasons for Negative Mood Included: Having a high workload and competing demands, poor communication, too many changes, management/staff not supportive and being short staffed. v) Key message to leadership stated by 35.9% of respondents was that communication needs improvement vi) having engaged with leadership, staff networks and communicated results to the organisation, work is ongoing in five key areas to explore how improvements could be made; and current support in place includes: identifying teams of concern, undertaking directorate & team presentations and providing a managers toolkit	
	Chief Medical Officer (CMO) Report		The committee received an update on the key priorities and areas of activity within the Medical Directorate including:	The Board is asked to **note** the high level of enthusiasm in developing the clinical strategy.

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			i. **Clinical Strategy** - to develop a clear strategy for our clinical services; embracing the needs of our population; encompassing health inequalities work and personalised care; supporting our teams and embedding a floor to board approach ii. **Clinical Outcomes Fra**mework - agreed in Business Plan Feb/March 2024 and part of Sirona's commissioning contract. Sits under broad principles of community model and alongside the clinical strategy, applying a framework to measure the clinical impact of the services we deliver and how we demonstrate our value iii. **Children's Neurodiversity improvement plan** – significant Sirona and ICS transformation work using co-design principles with stakeholders, including parents. Key issues: remains high risk for delivery and communications. Key Risks outlined include a lack of impact on current waiting list; ongoing high demand; limited capacity; and potential parent carer challenge iv. **Medical HR**, job planning and medical contracts requires developing robust process for effective job planning,	

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			mapping with demand and capacity, workforce development. High level of concern exists due to multiple complex historical Medical HR issues, and lack of expert Medical HR staff v. Effective Medical Revalidation and appraisal processes. vi. Effective Medicines Management and audit plan as well as Caldicott Guardian and Clinical Information Governance including ongoing input into supporting appropriate ICS data sharing; supporting clinical teams regarding complex clinical information governance	
	Bi-Annual Safer Staffing Report		The inpatient unit reviews that were completed in August 2023 & January 2024 suggested that the current staffing model was broadly adequate to meet current demand, however the current funded establishment of each unit does not match the roster template as built within the e-rostering system. A review of all Integrated Network Teams concluded that establishments are currently sufficient to meet demand and there were no recommended changes The following actions are being progressed: Working on aligning the rosters and budget NHS at home; launching community nursing; safer staffing tool and	The Board can be assured that the committee reviewed the report

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			the national review; working with Local Authority colleagues on the contract and funding.	
	Terms of Reference (ToRs)			The revised TORs were approved to go to Board.