Boards in Common paper F9

Meeting title:	Boards of Directors of Kettering General Hospital NHS Foundation Trust (KGH), Northampton General Hospital NHS Trust (NGH) (University Hospitals of Northamptonshire NHS Group - UHN) and the University Hospitals of Leicester NHS Trust (UHL) Meeting together (Public)
Date of the meeting:	11 June 2026
Title:	**3.4 Escalation Report from the People and Culture Committee (PCC): 28 May 2026**
Report presented by:	Professor Ivan Brown OBE, PCC Non-Executive Director Chair
Report written by:	Professor Ivan Brown OBE, PCC Non-Executive Director Chair

Action – this paper is for:	Decision/Approval		Assurance	x	Update	
Where this report has been discussed previously	Not applicable					
To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which						
BAF Risk 09-PCC- Workforce Culture, Capability & Sustainability (Capacity)						
Impact assessment						
N/A						

Purpose of the Report

To provide assurance to the Trust Board on the work of the Trust's People and Culture Committee (QC).

Summary

The People and Culture Committee met on 28 May 2026 and was quorate. The attached escalation report identifies any issues which the Committee either needs to recommend, or wishes to highlight, to the Trust Board, and sets out the QC's level of assurance.

This escalation report follows the new quadrant template, focusing on assurance levels and aiming to provide an 'at a glance' report from the Board Committees. The template covers: **key escalations**; **actions to take outside the Committee**; **positive assurances**, and **decisions taken**.

The escalation report also sets out any items recommended for Trust Board approval, and any items referred to other Committees.

The report is not intended to be a narrative account of all issues discussed at the meeting.

Key escalations to notify the Board	Actions to take outside of the committee
Workforce Plan Delivery Risk (BAF 09-PCC) PCC advises Board that **delivery risk now sits primarily within operational services**, with dependency on divisional execution and capacity. While planning maturity has improved, **assurance remains moderate** due to delivery variability and reliance on operational ownership.	PCC Chair to review meeting frequency and alignment with Chief People Officer to ensure optimal oversight of workforce risks and delivery trajectory.
Positive Assurance taken	**Decisions taken**
BAF Risk (ref) • 09-PCC- Workforce Culture, Capability & Sustainability (Capacity) **Strategy and performance** PCC noted **moderate assurance** from the People Strategy 2025–2030: Year 2 Refresh Update with an acknowledgement that a further enhancement should be the wider inclusion of the enabling activities such as transformation and change management. **Workforce Culture** — The Gender, Ethnicity and Disability Pay Gap Report gave PCC **significant assurance** that UHL met statutory EDI reporting requirements and is actively monitoring workforce inequalities through targeted action within the People and EDI strategies. However, as disparities remain, PCC noted only **moderate assurance** regarding the impact of these interventions. **Workforce Capability** — **Moderate assurance** by the update relating to Appraisal and Management and Leadership Framework (MALD). The Committee noted a concern about current completion rates and requested further consideration of an approach to approve these. — **Significant assurance** was taken from the papers outlining our education provision. The Committee noted the outcome of the OFSTED Inspection Report and the award of the 'Expected Standard' rating. The Committee thanked those involved and were encouraged by the activities taking place to enhance the service. **Workforce Capacity** — PCC reviewed the April workforce metrics and received an update on actions to strengthen the reporting framework to support insight and decision-making. PCC took **moderate assurance**, recognising the clear structure and improvement plan in place, while noting that further improvement is still needed to improve performance in several	None

core areas. It was suggested that the metrics be presented to the Board at a future meeting. PCC noted the ask from NHSE for UHL to be an exemplary case study for the progress made on controlling absence. — The delivery of the workforce plan and the phasing was presented. PCC stated **moderate assurance** noting that there was a good understanding of the plan requirements and current position with an increased oversight from previous years. PCC discussed the need to make the Board aware that delivery of the plan sits primarily across operational services. — **Significant assurance** was taken from the evidence pertaining to the transition to the new national exception reporting framework for resident doctors noting that UHL are leading the way in terms of adoption and system development. — PCC took **significant assurance** that safe staffing governance is robust and that the plans arising from the Nursing and Midwifery Annual Establishment Review 2025 remain appropriate. No changes to any BAF ratings based upon materials received.	
Items recommended for Board approval:	
Freedom to Speak Up Q4 and 2025/26 Annual Report (featured as a standalone item on the June 2026 Board agenda) **Resident Doctors' Contract – Guardian of Safe Working Report** (featured as a standalone item on the June 2026 Board agenda) **Annual Report on the Effectiveness of the People and Culture Committee** (appended to this escalation report)	
Items referred to other committees:	
n/a	

SIGNIFICANT ASSURANCE	Clear understanding of the issues with a robust, deliverable plan which will achieve the required outcomes. Only insignificant residual risk. There may be external evidence to corroborate this view
MODERATE ASSURANCE	Good understanding of the issues, a clear plan with timescales that are credible and deliverable but some action still required. The residual risk is more than insignificant
LIMITED ASSURANCE	Recognised material weaknesses which may be incomplete understanding of the issues or an action plan which is not comprehensive, credible or deliverable. A significant amount of residual risk remains
NO ASSURANCE	A fundamental failure to understand the issues. An action plan is inadequate with fundamental gaps, weaknesses or breakdown in compliance. A significant of residual risk remains and immediate action is required

University Hospitals of Leicester NHS
NHS Trust

Meeting title:	Boards in Common
Date of the meeting:	11 June 2026
Title:	**People and Culture Committee Annual Report 2025-26**
Report presented by:	Becky Cassidy, Director of Corporate and Legal Affairs
Report written by:	Ninakshi Patel – Corporate and Committee Services Officer

Action – this paper is for:	**Decision/Approval**	**x**	**Assurance**	**x**	**Update**	
Where this report has been discussed previously	**None**					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
This report aligns with the requirements of the Head of Internal Audit Opinion and provides assurance that effective controls are in place to ensure that the People and Culture Committee is undertaking its duties and that the Committee is in compliance with its Trust Board approved terms of reference.

Impact assessment
There is no expected impact upon patients or staff.

Acronyms used:
PCC – People and Culture Committee

Purpose of the Report

The report provides PCC with assurance that PCC meetings have covered all essential areas aligned with its terms of reference. The report covers the period 1 April 2025 to 31 March 2026.

Recommendation

The UHL Trust Board is invited to approve the People and Culture Committee Annual Report for 2024/25.

Introduction

The People and Culture Committee's terms of reference require that the Committee produce a report on an annual basis, providing an overview of its effectiveness in undertaking its duties and its compliance with its Trust Board approved terms of reference.

At its meeting on 28 May 2026, the People and Culture Committee discussed whether to extend the length of their meetings following the move to bi-monthly meetings in order to accommodate the level of business. This would be further consideration.

Meeting Attendance

During the period of this report, the People and Culture Committee met on 8 occasions. Meetings moved from monthly to bi-monthly from September 2025.

The Committee membership consists of three Non-Executive Directors, Chief People Officer and Director of Health, Equality and Inclusion, Deputy Medical Director (UHL Responsible Officer) Deputy Chief Nurse and Chief Operating Officer.

Voting Members	Role	Possible	Actual	% attendance
I Browne	Non-Executive Director PCC Ch	8	8	100
A Haynes	Non-Executive Director	8	7	88
J Houghton	Non-Executive Director	8	8	100
A Inchley	Non-Executive Director	8	8	100
Ms J Houghton	Non- Executive Director	8	8	100
J Melbourne (Until October 2025)	Chief Operating Officer	6	4	100
C Teeney	Chief People Officer	8	7	88
E Meldrum	Deputy Chief Nurse	8	7	88
D Barnes	Deputy Medical Director	8	7	88
R Abeyratne	Director of Health, Equality an Inclusion	8	5	62
Non Voting Members	**Role**	**Possible**	**Actual**	**% attendance**
B Cassidy	Director of Corporate and Lega Affairs	8	8	100
R Manton	Head of Risk and Assurance	8	8	100
K Ceesay	Deputy Chief People Officer	8	6	75
Z Marsh	Deputy Chief People Officer	8	6	75

All of the meetings held were quorate. The quorum is four voting members (to include two Non-Executive Directors and two Executive Directors) and this is confirmed at the start of each meeting.

1. **Effectiveness of the People and Culture Committee in delivering its Core Functions**

This section provides an overview of the core areas where the Committee is expected to operate its function and provides assurances that the People and Culture Committee has fulfilled its duties. The position listed below reflects the terms of reference effective from May 2025.

The purpose of the Committee is to act as a point of triangulation which seeks assurance from officers on the appropriateness and effectiveness of, and the adequacy of risk management arrangements associated with progress against the People Strategy and on shared workforce and finance reporting.

General Composition and establishment		Yes	No
1	Does the People and Culture Committee have written terms of reference and have they been approved by the Board?	✓	
2	Are the terms of reference reviewed annually?	✓	
3	Has the committee formally considered how it integrates with other committees that are reviewing risk?	✓	

4	Are the outcomes of each meeting and any formal recommendations reported to the next Board meeting?	✓	
5	Does the committee prepare an annual report on its work and performance for the Board?	✓	
6	Has the committee established a work programme for the year?	✓	
7	Are committee papers distributed in sufficient time for members to give them due consideration?	✓	

The People and Culture Committee terms of reference were last reviewed by PCC in May 2025 and subsequently approved by the Trust Board in June 2025. These are reviewed annually together with the workplan.

The Board Assurance Framework risks that are within the Committee's remit are considered at each meeting.

The agenda and papers are circulated 3 days prior to each meeting via the electronic Board portal. In the event of exceptional circumstances, the Committee Chair would be requested to agree to a report relating to an additional agenda item being circulated at short notice.

Specific Duties of the Committee:		Yes	No
1.	Monitor and take assurance against the Trust's approach to Equality, Diversity and Inclusion monitoring and improvements.	✓	
2.	Monitor and review the Trust's performance against the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and the Equality Delivery System 2 (EDS2) progress and corresponding actions.	✓	
3.	Receive assurance that the Trust continues to develop and embed an open and safe culture towards Speaking Up. Receive quarterly FTSU reports in relation to concerns raised, themes and outcomes ensuring the Board has sight of any escalations of a concerning nature	✓	
4.	Gain assurance that the Trust approach and initiatives connected to the promotion of staff health and wellbeing are aligned to workforce needs and embody the culture and values of the organisation	✓	
5.	Receive quarterly assurance reports from the Guardian of Safe Working Hours	✓	
6.	Receive assurance there are robust and effective processes in place for the delivery of transactional services	✓	
7.	Be assured that the Trust's approach and initiatives connected to attract, recruitment and retention are effective	✓	
8.	Seek assurance the Trust has an appropriate workforce plan which aligns with the Trust's broader business plan	✓	
9.	Gain assurance on the Trust approach and initiatives connected to culture improvement.	✓	
10.	Seek assurance there is a positive and open culture to staff engagement and that there are appropriate processes in place for engaging and communicating with staff on Trustwide initiatives	✓	
11.	Receive and review the findings of the annual National Staff Survey, and take assurance on the implementation and effectiveness of resultant actions	✓	

12.	Receive assurance there are robust systems and processes in place for management and resolution of employee relations matters. The committee should receive regular updates on the status of employee relation cases and any escalations of particular concerns.	✓	
13.	Seek assurance there are appropriate processes in place to enable the responsible Officer to carry out their statutory duties. Receive the annual completion of Medical Revalidation	✓	
14.	Receive assurance the Trust has a learning and organisational development programme to support staff at every level and reinforces the culture and values the Trust is seeking to achieve	✓	
15.	Review the Committee's associated risks on the Board Assurance Framework at each meeting. The committee will assess the level of assurances received, risk appetite and tolerance of each risk and determine its status. Reports to the Trust Board and/or Audit Committee will be produced as required	✓	
16.	Consider how best to receive assurance/oversight on shared workforce and finance reporting and delivery (formal oversight having moved to FIC).	✓	

3.3 The People and Culture Committee is compliant in respect of the core functions as set out above.

4. **People and Culture**

The Non-Executive Directors and Lead Executives on PCC were asked for their feedback on the operation of the Committee. The findings are noted below.

No	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Answer	Comments/Action
Theme 1 – composition, establishment and duties							
1	The committee has written terms of reference and they have been approved by the Board.	6					
2	The terms of reference are reviewed annually.	5	1				
3	The outcomes of each meeting and any internal	4	1				

No	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Answer	Comments/Action
	control issues are reported to the next Board meeting.						
4	The committee prepares an annual report on its work and performance for the Board.	4	1				Not sure if I have seen this as yet
5	The committee has established a plan of matters to be dealt with across the year.	5	1				
6	Committee papers are distributed in sufficient time for members to give them due consideration.	3	2		1		Often late papers.
Theme 2 – committee focus							
7	Committee members contribute regularly to the issues discussed.	4	2				
Theme 3 – committee team working							
8	The committee has the right balance of experience, knowledge	3	3				

No	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Answer	Comments/Action
	and skills to fulfil its role.						
9	The committee ensure that the relevant executive director attends meetings to enable it to understand the reports and information it receives.	3	3				If you include deputies for medical and nursing who are the principle attenders
10	Management fully briefs the committee on key risks and any gaps in control.	3	3				This committee provides an environment where you feel safe to express views and opinions and are not cut short when you talk / present
11	The committee environment enables people to express their views, doubts and opinions.	5	2				
Theme 4 – committee effectiveness							
12	The quality of committee papers received allows committee members to perform their roles effectively.	2	4				Some papers are very long if you include the appendices

No	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Answer	Comments/Action
13	Members provide real and genuine challenge – they do not just seek clarification and/or reassurance.	4	2				Very insightful questions
14	Debate is allowed to flow and conclusions reached without being cut short or stifled.	4	2				• Most of the time • Yes – but since frequency of the meetings has been reduced this may be tricky to maintain
15	The committee provides a written summary report of its meetings to the Board.	3	3				
Theme 5 – committee engagement							
16	The committee challenges management and other assurance providers to gain a clear understanding of their findings.	4	2				
Theme 6 – committee leadership							
17	The committee	4	1				Chair understands and supports the

No	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Answer	Comments/Action
	chair has a positive impact on the performance of the committee.						focus of the committee
18	Committee meetings are chaired effectively.	3	2				• Occasionally a little flustered/ disorganised and not uncommon for IT issues to affect • There are sometimes challenges with time but debate needs to happen and I think this has been exacerbated with the meetings held less frequently • • People and culture are two of the most important factors in UHL similar to quality and safety and I am not sure reducing frequency of this meeting

No	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Answer	Comments/Action
							was the right thing to do but I accept there was external advice – but they might have only seen poor examples of people and culture committees ??
19	The committee chair is visible within the organisation and is considered approachable.	4				1	Very approachable
20	The committee chair allows debate to flow freely and does not assert his/her own view too strongly.	4	1				
21	The committee chair provides clear and concise information to the Board on committee activities and gaps in control.	2	2				I don't think I have witnessed this as I am not a board member