

Nottingham City Council

Health and Adult Social Care Scrutiny Committee

Minutes of the meeting held in the Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 15 February 2024 from 9:30am to 11:51am

Membership

Present

Councillor Georgia Power (Chair)
Councillor Saj Ahmad (Vice Chair)
Councillor Michael Edwards
Councillor Kirsty Jones
Councillor Eunice Regan

Absent

Councillor Maria Joannou
Councillor Farzanna Mahmood
Councillor Sarita-Marie Rehman-Wall

Colleagues, partners and others in attendance:

Bel Asher	- Acting Chief People Officer, Nottingham University Hospitals NHS Trust
Dr Elizabeth Calderbank	- Senior Project Manager and NHS Workforce Race Equality Standard Expert, Nottingham University Hospitals NHS Trust
Sarah Collis	- Chair, Healthwatch Nottingham and Nottinghamshire
Clive Clarke	- Director of Inclusion, Nottingham University Hospitals NHS Trust
Adrian Mann	- Scrutiny and Audit Support Officer
Anthony May	- Chief Executive, Nottingham University Hospitals NHS Trust
Kate Morris	- Scrutiny and Audit Support Officer
Sara Storey	- Director of Adult Social Care
Councillor Linda Woodings	- Portfolio Holder for Adult Social Care and Health

36 Apologies for Absence

Councillor Maria Joannou	-	unwell
Councillor Farzana Mahmood	-	personal reasons

37 Declarations of Interests

In the interests of transparency, Councillor Saj Ahmad stated that she is an employee of NHS England and the Department of Health and Social Care.

38 Minutes

The Committee confirmed the minutes of the meeting held on 30 January 2024 as a correct record and they were signed by the Chair, subject to the correction of the spelling of Councillor Saj Ahmad's surname under item 30 (Apologies for Absence).

39 Nottingham University Hospitals NHS Trust - Workforce Inclusion Strategy

Anthony May, Chief Executive of the Nottingham University Hospitals NHS Trust (NUH); Bel Asher, Acting Chief People Officer; Dr Elizabeth Calderbank, Senior Project Manager and NHS Workforce Race Equality Standard Expert; and Clive Clarke, Director of Inclusion, presented a report on the development and adoption of NUH's new Workforce Inclusion Strategy. The following points were raised:

- a) The Strategy has been developed as part of the work around the People First programme and was signed off by the NUH Board during January 2024. The Strategy includes four objectives:
 - addressing bullying, harassment, racism and discrimination;
 - promoting accountability of all leaders;
 - increasing equality of opportunity for progression and growth at NUH, and supporting the levelling up agenda locally by improving 'Inclusion for All' within NUH and wider NHS workforce; and
 - facilitating social mobility in the communities NUH serves through employment, internships and work experience opportunities, and reaching out to engage with communities.

- b) The Strategy's objectives are supported by 23 actions. A success matrix has been designed to measure how well the Strategy is working, and it will be used in two ways. Firstly, each division has established its current baseline position, which has been used to identify the priorities for the division over the coming 12-18 months. The initial feedback from divisions on their baseline has been received and work is underway to engage with the teams and establish objectives. Some divisions have specific inclusion strategies in place already. As part of this work, the divisions have all been paired with a corporate team to ensure that this model is fit for purpose and the work is embedded in the culture of the organisation.

- c) A number of different metrics will be used to monitor progress against the Strategy and identify areas for additional support or interventions. It has already been possible to see that since the start of the work in 2023 there have been improvements made, with a slow but steady increase in Black, Asian and Minority Ethnic (BAME) staff throughout NUH. BAME representation across the workforce is currently 26.6%, representing an increase of 4.7% from 2023, making NUH higher than the national average of 24.2%.

- d) The Community Engagement team has been working with a number of community groups, including those that are emerging and hard to reach, to showcase NUH as a diverse and open employer. There are a number of opportunities for people to join NUH in a large variety of roles, including through apprenticeships. This work is done in support of a NUH-wide evaluation of staff demographics in comparison to Nottingham and the wider area, with the aim to make NUH truly representative of the population that it serves.

- e) The Stopping Bullying, Harassment and Discrimination Charter was launched in 2023 and was developed following extensive staff engagement. It has been a central part of essential leadership training events and has been signed up to by teams across NUH through team meetings, with 93% of staff feeling that it is a

valuable tool. The Safer and Inclusive workstream triangulates data from staff surveys and feedback from the staff advocates to target hotspots in the organisation for more proactive work and, if necessary, more intensive support or intervention.

- f) Staff members are reporting feeling more confident in the internal grievance process and that issues are being dealt with quickly and effectively. The reviewed policy and process has been updated with a focus on early intervention and resolution. More complaints are being informally resolved prior to being escalated to the formal grievance process.
- g) Extra support for staff dealing with aggressive patients has been introduced. A number of body-worn cameras have been deployed, there is a focus on training staff on de-escalation, and there has been improved liaison between staff and the Police (with a dedicated co-ordinator now in place). Policies around aggressive patients have been reviewed and updated and a prominent poster campaign is in place to remind patients that violent or abusive behaviour towards staff is not appropriate and will be addressed.

The Committee raised the following points in discussion:

- h) The Committee queried the policy approach to patients refusing treatment from BAME staff. It was explained that NUH has a policy in place for patients who refuse treatment from BAME staff members. In cases of refusal there would be an initial conversation with the patient and, if treatment continued to be refused by the patient, the very last step would be for treatment to be halted. The policy is very clear that racism of any kind toward staff cannot be tolerated – while also needing to ensure that no vulnerable person is excluded from treatment.
- i) The Committee asked what the main challenges to achieving the aims of the Workforce Inclusion Strategy were and how NUH planned to tackle them. It was reported that four main challenges to achieving the aims of the Strategy are maintaining momentum, stabilising and making permanent the Inclusion team posts, leadership and capacity within Human Resources, and up-skilling line managers. Staff across NUH are enthusiastic about the Strategy, but there are challenges in relation capacity for delivery in all divisions and the corporate team. The training available to managers and the briefings for all staff highlight the ways that the work of the Strategy can be worked into everyday activities, rather than be considered as an additional thing to do.
- j) The Committee commented that the Strategy did not appear to contain detailed reference to intersectionality or gender identity and considered that these should be key elements that are reflected more prominently. It was explained that the Strategy represents an overarching document with a number of work programmes contained within it. Considering intersectionality is a key part of the work being done within NUH and is recognised as a vital element in improving experiences for both staff and patients.
- k) The Committee asked how staff networks were established and supported, and how their voice was heard up through to corporate leadership. It was set out that the staff networks were established with the support of the NUH Board and have

an appropriate allocated budget for running costs. Each network has a sponsor from the leadership team and the chairs of each network are supported with specific relevant training. Each network has a set objective around improving membership, a dedicated work programme and representation at departmental and corporate meetings. Members of the networks are offered shadowing experiences, and are invited to be involved with improvement work around recruitment, retention and leadership development. Three of the networks (LGBTQIA+, Disability and BAME) have been established in operation for some time, while there are two newer networks for women and neurodiverse colleagues being established.

- l) The Committee queried whether a biannual staff survey was sufficient and whether there should be a shift to quarterly reporting to the NUH Board to ensure momentum is not lost. It was explained that, alongside the general staff surveys, there were also more focused surveys taking place. Consideration is being given to how to best feed the information gathered into the right places, including the headline metrics from surveys going into a regular report to further supplement the information already received by the NUH Board. The Inclusion Ambassadors from divisions are also linking into senior leadership teams to bring feedback directly from staff.
- m) The Committee asked what Trade Union involvement there had been through the development of the Strategy and whether exit interview data had been used to inform it. It was set out that Unions were part of the consultation process throughout the development of the Strategy through a specific development group. The Strategy was also reviewed by the Unions prior to going for sign-off by the NUH Board. The exit interview process has been reviewed and improved to ensure more data is captured. This data is fed into the Inclusion workstream through divisional committees. Themes found within any disciplinary proceedings are logged and monitored at a divisional level and this information is used to target additional support and training where needed. This is also fed back into the workstreams through divisional committees.
- n) The Committee asked what specific targets NUH had set for improvements on individual metrics. It was explained that the data for setting these targets is complex and is constantly changing with staff flow. The aim of the Strategy is to see a year-on-year improvement for all metrics with a steady trajectory. Stabilising staffing is important. Currently, there have been fewer recruitment challenges and retention rates are slowly increasing as the labour market has eased. Both turnover and sickness rates have decreased, and staff have reported feeling more confident to speak up on issues in relation to their wellbeing.
- o) The Committee requested more information around achieving culture shift, especially on how staff felt they were being treated. It was reported that staff within the Facilities and Estates team have not always felt a close connection to the rest of NUH, with many of their contracts being temporary. Work has been done to convert many temporary contracts to being permanent, and to encourage staff to participate in additional training and access the different opportunities available to them. The general staff survey has highlighted that this shift is encouraging staff to recommend NUH as a place of work to family and friends, further advancing the Workforce Inclusion Strategy. This builds on the work

underway with local community groups, schools and universities in the region to make NUH an employer of choice for everyone.

The Chair thanked the representatives of NUH for attending the meeting to present the report and answer the Committee's questions.

Resolved:

- 1) To request that the Workforce Inclusion Strategy's (WIS) Inclusion Maturity Matrix is circulated to members, for information.**
- 2) To request that case studies and representative individual feedback are used as part of future reporting on the WIS, to illustrate how it is progressing and being delivered.**
- 3) To recommend that the WIS makes clearer reference to the importance of intersectionality and the detail of the particular communities from which NUH staff are drawn, and how overcoming barriers to full inclusivity and belonging will be approached on an appropriately individualised basis.**
- 4) To recommend that the WIS further draws out what inclusivity and belonging means to NUH in terms of gender identity.**
- 5) To recommend that the NUH Board is able to review the metrics and feedback from staff on how the WIS is being implemented and delivered on a suitably regular basis.**
- 6) To recommend that appropriate positive action continues to be developed with disadvantaged communities within Nottingham to show that NUH is an accessible and inclusive local employer, with employment opportunities available across a wide range of areas.**

40 Care Quality Commission Pilot Care Act Assessment

Councillor Linda Woodings, Portfolio Holder for Adult Social Care and Health, and Sara Storey, Director of Adult Social Care, presented a report on the outcomes of the recent pilot Care Act Assessment carried out by the Care Quality Commission (CQC). The following points were raised:

- a) In 2023, the Council volunteered to participate in the pilot assessment framework developed by the CQC to assess how Local Authorities are meeting their duties under Part 1 of the Care Act 2014. The pilot inspection took place during the summer of 2023 and, in November 2023, the report produced by the CQC was issued – giving an assessment rating of 'requires improvement', while acknowledging that the Council already had a good awareness of where improvement was needed.
- b) A full self-assessment was carried out in preparation for the CQC visit, which was a positive learning experience for staff that developed understanding and reduced anxieties. The assessment covered nine areas, three of which were scored 'good', with the other areas scoring close to the 'good' threshold – with the CQC

noting that the existing transformation work within Adult Social Care had come a long way in improving services prior to the assessment.

- c) The report issued by the CQC represents a narrative, rather than providing a specific list of actions, and is being used to build on and develop the Adult Social Care transformation programme already underway. Strengths within the Service that the CQC acknowledged included the dedication, passion and commitment of staff, the visibility of senior officers, the work already underway to address waiting lists, positive examples of prevention and supporting independence, and good support in terms of the training and development of staff.
- d) Areas identified for improvement include caseload pressures in some teams, confusing or duplicate pathways between some teams and partners, enhancing co-production and participation, delays caused by sourcing and availability of suitable accommodation, accessibility of information and support for the diverse population. Particular reference was made to how advocacy support could be improved, in addition to access to mental health services.
- e) Unfortunately, budget constraints mean that it is unlikely that the Council will be able to reach an 'outstanding' rating, as this would require a significant level of investment that may not be achievable at this time. However, with targeted work and the appropriate prioritisation of funding, it is the aim for the Council to achieve an assessment of 'good' from the CQC in the future.

The Committee raised the following points in discussion:

- f) The Committee asked for more information on how the Council's wider proposed budget cuts and service restructuring might impact on the ability to achieve an assessment rating of 'good' in the future. It was set out that there is a risk that if funding is reduced then the standards of some services could deteriorate. Statutory services will remain the priority for funding, with activity taking place to better understand other areas that should be prioritised, including working to reduce the requirement for crisis services and supporting independence. There is currently an effective and efficient triage system in place to identify the most urgent need, with systems for the assessment and management of risk. There are external grants and specialist funding that the Council can access and work continues to understand how best to maximise the use of these funds, such as for managing service and assessment waiting times as effectively as possible.
- g) The Committee asked whether the CQC assessment team had fully considered the particular context and culture of the Council and Nottingham as part of their assessment. It was explained that the CQC had learned about and taken into account the culture within Adult Social Care when conducting the assessment. Given the limited time of the pilot assessment, the CQC did not have the opportunity to look more closely at the Council's wider culture, but understood the constraints within which it is operating, currently.
- h) The Committee asked how the Council was learning from other Local Authorities, nationally. It was explained that staff have supported and taken part in peer reviews across the country, and there are a number of different professional networks dedicated to sharing best practice. The challenge now is facilitating the

peer-based learning and knowledge sharing given reduced resources and increasing workloads. The Association of Directors of Adult Social Services has established a group to review the emerging themes and developments in legislation and share learning and experience.

- i) The Committee asked for an indication on the numbers of people in receipt of Adult Social Care services and whether that figure could be broken down to the ward level. It was reported that, overall, around 7,200 adults across the city are users of the Adult Social Care services, 5,000 of whom receive care support. However, it is not currently possible to break these numbers down to indicate service usage at the individual ward level.
- j) The Committee asked for assurance that work was being developed to move the assessment rating from 'requires improvement' to 'good' in all areas. It was explained that transformation work continues and is being reviewed to take into consideration the comments from the CQC pilot assessment. Investment in services to the level that would be required to obtain an 'outstanding' assessment rating does not seem viable within the current financial climate, however, progressing to a 'good' rating is considered to be achievable. Ensuring that a good quality of care is delivered remains a challenge, but all statutory duties are being met and safeguarding remains a priority. The wider funding for the voluntary sector to support care needs at a community level remains a significant challenge and any reduction in this area could impact on the level of care and availability of services, particularly in the context of prevention.
- k) The Committee sought assurance that services were fully accessible to the people who needed them. It was explained that the CQC assessment had found that some team structures were complex and some of the criteria set for the receipt of services were difficult to achieve. However, examples of good practice were identified and team models recognised as 'good' would be replicated where appropriate. The assessment highlighted that improvement was needed around the transition from Children's to Adult services and that, ideally, work on the transition process should start earlier. These services are due to be included in an upcoming review.
- l) The Committee asked where the priorities should be moving forward to best support the effective delivery of Adult Social Care. It was set out that a focus on service redesign would be beneficial as part of the ongoing transformation process, as would ideas around engaging partners and service users in the effective co-design and delivery of services.
- m) The Chair thanked the Portfolio Holder and officers for attending the meeting to present the report and answer the Committee's questions. The Chair and the Portfolio Holder also thanked the outgoing Director of Adult Social Care for her hard work and dedication to the role during her time at the City Council and wished her well in her upcoming position at a new Local Authority.

Resolved:

- 1) To request that the development and implementation of the Adult Social Care Transformation Single Integrated Plan 2024-28 is brought to a future meeting of the Committee.**
- 2) To recommend that full consideration is given to how the work with partners across the system can be developed and expanded to ensure that 'every contact counts' for the delivery of social care support to vulnerable adults at the community level.**

41 Work Programme

The Chair presented the Committee's current Work Programme. The following points were discussed:

- a) The Committee is scheduled to consider access to both NHS dental services and to mental health crisis support services at its next meeting.

The Committee noted the Work Programme.