

Key Issues Report
Issues for referral to reporting Committee/Group

Originating Committee/Group and meeting date:	Extraordinary People and Organisational Development Committee – 16 September 2025
Chair:	Karen Sinnott, Non-Executive Director
Lead Executive Director (as appropriate):	Kate Read, Director of People and Organisational Development (OD)

Subject	Details of Issue	Action*
Provider Capability Assessment	<p>The Director of Governance introduced this item and invited the committee to consider the People and Culture domain as part of the new annual requirement introduced by NHS England (NHSE) for provider organisation Boards to undertake a Board self-assessment. Where compliance cannot be fully confirmed, additional context narrative and mitigations is required for presentation to the Board. The report provided the evidence available against each element:</p> <ul style="list-style-type: none"> • Staff feedback is used to improve the quality of care provided by the trust • Staff have the relevant skills and capacity to undertake their roles, with training and development programmes in place at all levels • Staff can express concerns in an open and constructive environment. <p>The Director of People and Organisational Development discussed the proposed rating of Partially Confirmed which had arisen in the course of a thorough exercise undertaken jointly by the Workforce and OD and central governance team in collaboration with all relevant colleagues. This reflects the challenges raised by the Care Quality Commission regarding the capacity and skills of the workforce at the inspected areas of Colchester Hospital; and the nursing and acuity review presented to Committee on 11 September was also referenced. Members had received evidence relating to education and training and the close scrutiny of the workforce plans, although further work is required on an ongoing basis across those areas. In relation to raising concerns, there is improved staff confidence as evidenced in the 2024 staff survey, although some areas require further improvement where the score was significantly worse in comparison with others in the sector. Both elements are intrinsically linked to the quality of care provided and the Trust maintains a close focus on those links.</p> <p>Members reflected that the self-assessment highlights those areas where further work is required, this demonstrates the robust governance processes in place and provides confidence and assurance in relation to the sound evidence provided. The next steps and the consequences following NHSE triangulation, the ratings and the National Oversight Framework (NOF) requirements were discussed. Given this is the first assessment,</p>	Escalation

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	<p>the most appropriate next steps would be to review the NOF scores against the Model Hospital comparators, and to present action plans to the committee. The potential of peer review was raised to provide an additional external view of the Trust's assessment. The Chief Nurse referred to the potential to strengthen the use of benchmarking in our assurance and Board reporting and the link between patient feedback and staff raising concerns requires further work to triangulate the information available. The formal Freedom to Speak Up process is only a small part of how we improve care, and the full range of other mechanisms in place could be reflected. In terms of additional information to be submitted if full compliance could not be confirmed, there was a discussion about the relevant guidance issued by NHSE. It was noted that the guidance included several prompts for Trusts to consider further elements that may not have formed part of the documentation before the committee today but had nonetheless been noted by those involved in preparing the reports. It was agreed that there was further work to be done to ensure full compliance with the guidance, and that the ICB regional team had organised a virtual call for later this week to brief provider organisations on their understanding of the requirements and what Trusts could do to meet those. For speaking up, this is a huge cultural change within organisations to ensure consistency every time a concern is raised. Whilst we seek to demonstrate incremental gains, this is a long-term requirement. A full read across all domains would be required prior to presentation to Board. The Committee recommended the assessment of Partial Compliance to the Board.</p>		
*Key:		Approval	Positive action required regarding an item of business or support for a decision
Escalation	Support/decision required by reporting committee to resolve an issue within its remit	Alert	Proactive notification of subject matter/risk that reporting committee is currently dealing with or mitigating which may require future action/decision
Assurance	Evidence or information to demonstrate that appropriate action is being taken within a reporting committee's remit	Information	No action required. Reporting to update on discussion within a reporting committee's remit

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