NHS Oxford Health
NHS Foundation Trust

People Leadership and Culture Committee

**Minutes of a meeting held on
Wednesday, 14 October at 09:00hrs. – 12:00hrs.
MS Teams Virtual meeting**

RR/App BOD 10/2021
(Agenda item: 24(g))

Present:	
Bernard Galton	Non-Executive Director (Chair) (**BG**)
Nick Broughton	Chief Executive (**NB**)
John Allison	Non-Executive Director (**JA**)
Tim Boylin	HR Director (**TB**)
Debbie Richards	Managing Director of Mental Health & Learning Disabilities (**DR**)
Marie Crofts	Chief Nurse (**MC**)
Mike McEnaney	Director of Finance (**MME**)
Mark Hancock	Medical Director (**MH**)
Sue Dopson	Non-Executive Director (**SD**)
Kerry Rogers	Director of Corporate Affairs & Company Secretary (**KR**)
Martyn Ward	Director of Strategy & Chief Information Officer (**MW**)
Tehmeena Ajmal	Service Director (**TA**)
In attendance:	
Helen Green	Director of Education and Development (**HG**)
Sigrid Branes	Head of HR Systems & Information and Staffing Solutions (**SB**)
Simon Denton	Head of HR Operations (**SDe**)
Roz O'Neil	Head of Health & Wellbeing / Stress Lead (**RO'N**)
Shelly Masih	Executive Assistant to DoF (Minutes) (**SM**)

		Action
1. **a**	**Apologies for Absence** No apologies noted from the meeting.	
2. **a.**	**Minutes of the Meeting on 15 July 2020 and Matters Arising** The Minutes of the meeting were approved as a true and accurate record. **Matters arising from the meeting 15 July update on 14 October** **Agenda item 6 Recovery and Opportunities arising from crisis**	

b.	**6e. Coaching and Mentioning framework –** **Update** – Proposal on Coaching and Mentioning framework on the agenda to be discussed later in the meeting**.**	**Closed**
	Matters arising from 29 April update on 14 October **Agenda item 4k. Policy approvals** Further discussion to be held under item 8 about how policies will be presented in the future.	**Closed**

PEOPLE		

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a.
	Covid 19 HR response
	
	HR response
	
	- Communication – the Committee recognised the great work the Communication Team had done in the last few months. However, The Director of HR highlighted a few issues:-
	    ○ Front-line staff experience – Not all front-line staff have access to a computer all the time and it was recognised that some communication messages were not read by all members of staff.
	    ○ The sharing of information at ICS level appears to be good but information from Public Health England and other central bodies was rather slow. Therefore, it was a challenge to keep staff well informed and briefed.
	    ○ Staff are feeling exhausted and have not taken as much annual leave as they normally would have done.
	
	- A long discussion took place around potential improvements to ensure staff have access to all communications. These include ideas of developing a smart phone app, improving team briefings process and potential installation of TV screens in hospitals and other areas. It was noted that the Director of Communication is working on an improvement plan and he will be asked to develop a status report for the next meeting. **Action - The Director of Communications to be invited for the January meeting to provide an update.**
	
	- The Director of HR asked the Chief Nurse to provide an update on Health and Wellbeing. She said that the NHS Chief People Officer had shared some useful information about Health and Wellbeing resources for Mental Health staff, and she was looking at how best
		
		LoN

	to access and promote to staff. **Action - The Chief Nurse to provide an update at the next meeting.**	**MC**
b.	**Covid 19 L&D response** The Director of Education and Development gave an update on the following areas:- - Online learning – significant increase noted in online learning and highlighted the functional skills for 1 to 1 tutorial to support staff particularly with Maths and English. From the feedback received it was acknowledged that this is a more efficient way of delivering training than face to face. - Mandatory training - some concerns highlighted which impact on nursing associate programmes and student placements. As well as this some areas were reluctant to take students because of issues surrounding Covid and redeployment Covid which made placing students challenging. L&D is working closely with the universities and services to resolve this issue. - The Chair asked questions on redeployment, if risk assessments had been completed as we are approaching the second wave? This was to ensure that adequate plans were in place to manage and shield vulnerable staff. Tehmeena Ajmal stated that this was a complicated process and difficult to share details with no clear national direction. The HR Director continues to look for ways to review the process and will provide an update at the next meeting. - In terms of Infection Prevention Control, the Chief Nurse highlighted three pathways – red (Covid positive patient with symptoms), amber (not sure) and green (tested and no symptoms). Therefore, the need to determine status around each community Hospital. - The Director of Education and Learning stated that in the last Covid period placement for student nurses was paid. However, Health Education England has advised that this will not happen should there be a second wave. She also informed that the universities are responsible for ensuring that students have OUH risk assessments which should be passed onto the clinical areas for awareness if there is an outbreak. Action – HR Director/Education Director to provide update at next meeting.	
4. **a.**	**Improving quality, reducing agency** **Bank and agency usage**	

i.	Sigrid Barnes joined the meeting to provide an update on current bank and agency usage. She said that the overall temporary spends continue to increase particularly throughout the Covid outbreak. All the indications are as we currently stand, the spend will continue to increase.	
ii.	Non-Inpatient spend on agency represents 56% for all agency use with 26% Inpatient, 16% spend specific costed on new Covid area. The trend increased since the last 18 months however managed to hold Inpatient spend and growth is sitting from the Community Teams.	
iii.	Staffing group – The same registered nursing staff agency is used by the Community teams as in the inpatient teams. Currently we have 145 agency workers engaged with lines of work on long term contracts. In patient staffing has managed to hold agency spend steady and any growth has been absorbed by deploying bank staff.	
iv.	Thornbury shifts – There has been sustained reduction throughout Covid and there are currently only 5 to 6 shifts a month. Although there is still more work required to reduce NHSI agency rules override, but there continues to be a problem in getting qualified registered bank nurses.	
v.	To compare the data SB will provide the Committee with the breakdown between mental health and community agency spend as well as the direction of mental health agency spend data with NB separately. **Action – Sigrid Barnes to provide data.**	SB
vi.	**New appointment to lead this work** The HR Director informed that Matt Edwards had been recruited into the position of Director of Clinical Workforce Transformation. His role will be to lead improvement quality, reduce agency costs focusing to sustain work in community teams. In addition to this he will be able to help with other work steams such as recruitment and retention. The Chief Nurse advised that a significant amount of funding is available through international recruitment and therefore she will be look at how best we can take advantage of this opportunity. The chair recognised the importance of positioning this new post with the approved OD Strategy. **The chair suggested to invite Matt Edwards to the next meeting.** *Update - The future dates of the committee meetings were shared with the Director of Clinical Workforce Transformation - Matt Edwards.*	Closed

5a.	**First Care absence system**	
i.	Sigrid Barnes stated that at the start of the pandemic the team centralised the reporting of absence. This was to ensure Covid sick absence is summitted to NHSI correctly and in a timely way along with Covid coding to measure the cost of absence and also provide relevant information to staff and management. The process worked well for a short time however it was apparent that it was not a proper system. To run the system in house 24/7 it was very expensive. Therefore, some solutions were considered and agreed to work with an organisation called First Care who provide an outsource absence line.	
ii.	She also highlighted some of the benefits of the service and how it links with the EAP and Occupational Health and automated messages will help managers with staff detail a member is off sick. It's known from other trusts that the implementation of this type of system is to reduce absence rate and therefore agreed to recruit three staff, which will be paid from the benefits expected from the service.	
iii.	JA queried the anticipated cost of the system and projected pay back as well as whether there was a risk that it might not be managed robustly enough to deliver the service. The HR Director responded that we needed a consistence approach to manage absence as the evidence received from other trusts clearly indicated that the system adds value to support managers.	
iv.	Overall, the committee supported the business case and asked for updates around developments. JA asked the business case to be shared with the NEDs separately. **Action – First Care Business Case to be shared with the NEDs separately.**	**SB**
b.	**Data accuracy/data sources on people issues**	
i.	The Director of Strategy & Chief Information Officer advised that the Trust had a significant challenge providing a single view of employee data and several discussions had taken place with some potential strategic solutions. However, the Covid crisis highlighted the risks of not having access to a single employee record especially with regards to risk assessments and the testing programme and it was recognised that we had to capture very basis data and had to contact staff directly. The process exposed the problem which the trust was facing, and a paper was presented to give some context and the potential approach we should take to resolve this important matter.	

ii.	He shared a diagram indicating the complexity the trust is dealing with where few of the systems directly connect with each other. There are few teams involved in the process and each have their own systems in place allowing them to do what is required. Although a change process has been set up to provide an end to end solution, it is a huge process sitting with different teams.	
iii.	Various options have been discussed within the group and considered that we need an overall system architect which will require an agreement between all the other teams. From an information governance point of view, the Information Management Group has already been established and a lot of the information is appropriately managed through that group. However, interconnectivity and integration is a challenge.	
iv.	The Director of Strategy & Chief Information Officer has proposed to develop a technical group which will oversee the entire process. As we will not be able to resolve the issue within the current available resource, he is also seeking approval from the committee, Executive Team, Digital Strategy Group and other various group to use an external company to find a software solution.	
v.	JA enquired on the cost of the software and the Director of Strategy & Chief Information Officer indicated that the associated cost is likely to be significant. The Committee was happy to support the proposal in principle and the Chair asked for the Committee to be actively engaged in the development of the Business case and approvals process	
vi.	The chair said he recognised the importance of this project and wanted to see a HR Dashboard created which could be seen as the Corporate view on important people metrics and data. **Action – The HR Director to develop a HR dashboard for the future meetings.**	TB
c.	**Recruitment update** The HR Director shared a monthly recruitment activity data with the committee. He informed that in the last 12 months the tracker reflected steady staff turnover compared to three years ago. However, it was still high at12% and a lot of recruitment work was ongoing across the trust. The initiatives such as EAP, Wellbeing and quality and Staff survey actions had helped with staff retention.	

d.	**Staff Retention**	
i.	The retention work is also picked up at the BOB level with common cause including stress, house pricing and other factors. With the economic crisis the country is facing, the staff are not leaving the Trust unless retiring. He advised that retention of staff is the main theme of the People Strategy. The chair recommended further updates on this theme are required for future meetings.	
ii.	The Chief Executive asked if we have recorded data for staff joining and leaving the organisation within their first 12 months? He advised to include the data in the future HR dashboard if not available. **Action – The HR Director to provide data relating to staff leaving the organisation within their first 12 months of service.**	**TB**
	Tehmeena Ajmal and Director of Education and Development commented on a particular scheme which is focused on nursing and has gone well. The scheme has been successful to retain staff within their first 12 months.	
6.	**HR policies for approval**	
	Simon Denton shared several policies with the committee, some requiring routine review. The chair suggested only to highlight main changes. He also advised that in the future the committee will be reviewing them on a themed basis.	
a.	**Management of Concerns (Whistleblowing)**	
i.	The policy was submitted to the Committee in April 2020 but was not approved. SDe confirmed that the policy reflects the national NHS policy on raising concerns as required following Freedom To Speak Up review conducted by Sir Robert Francis in 2015. The concern was around application of the policy. Due to the number of anonymous concerns raised which would be managed better under the Grievance process and had some concerns. SDe informed that they are going to do some more work in terms of process and procedures. At present the Trust does not have an up-to-date approved whistleblowing policy in place and this is a matter of some concern.	
ii.	The chair advised that as a part of the future plan he recommended the policy should come back with the next 12 months around dignity of work as a part of the management plan.	

iii.	TA commented on all the policies and highlighted Equality and Impact assessment not been done well. As a part of Race and Equality Framework for change, she advised that we need to ensure that we test every policy against potential impact of anticipated discrimination or disadvantage. She suggested to confirm and approve the content with pending review of for all other policies. The Chief Nurse will have a discussion with her team around the clinical policies and ask them to revisit to review the impact in terms of equality. The committee agreed with the suggestion made by TA. *Policy approved*.	
iv.	It was suggested to amend a sentence on page 9 "A non-executive director with responsibility for whistleblowing will be nominated by the Board" to "A non-Executive director has responsibility for whistleblowing will be nominated by the Board". **Action – SDe to make amendments.**	**SDe**
b.	**Management of Over & Underpayments**	
i.	The scope of the policy widened to include all types of over/underpayments including contracted hours, expenses and annual leave. This now includes limits on the Trusts liability and purposes limiting the period to 2 years including over/underpayments and the Finance team is happy with the approach. It was agreed at Policy Group that if NHS Employers, or legal advice changes to specify a 6-year period, the policy would be reviewed. A decision is required whether to keep 2 years or 6 years.	
ii.	JA asked a question if 2 years Initiation of a claim for an underpayment? He suggested adding wording in the policy to reflect 2 years to initiate for a claim. **Action – Suggested wording to be added in the policy.**	**SDe**
iii.	MH informed that NMC strongly feels and have been advised by the BMA that there should be a legal position of 6 yrs. SDe agreed to go back and confirm 2 year however if the legislation becomes clearer it could be review again. Over payments policy agreed over 2 year but if required review can be done at next meeting.	
c.	**Disciplinary**	
	The chair suggesting taking a consistent approach when drafting polices. He suggested that going forward we need to ensure that polices are well written, simple and easy to understand. KR informed that the Policy on Policies Group previously came up with a standard format. However, not all polices fit within that framework. The Chief Nurse informed that due to	

	the governance structure changes she is reviewing where the policies should be approved. Chief Nurse advised that her team was reviewing and collecting all the policies that were discussed with different parties and acknowledged the fact that some tidy up work is required. **Action - For a standard approach, the Chief Nurse to check if a standard template and what process is in place.**		**MC**
d.	**Investigation Policy** Policy approved without any issue.		
e.	**Grievance Procedures** Policy approved and no issue raised.		
f.	**Capability Policy & Procedure** Policy approved.		
g.	**Dignity at Work** Policy approved.		
h.	**Alcohol & Drug** Policy approved.		
i.	**Relocation Policy** A new policy introduced with aim to support recruitment to vacancies that have proved difficult to fill. The committee approved the policy on the basis that it would like to see procedure and controls in place to ensure a defined procedure for approved invoices and expenditure and meeting requirements**.** Relocation policy approved however require assurance that have detailed procedures developed to support policy. **Action – SDe to provide.**		**SDe**
j.	**Protection of Pay** Policy approved.		
k.	**Sickness Policy** **Action - A reference relating to First Care System to be added in the policy once the work fully completed.**		**SDe**
i.	**Workplace Stress Prevention & Response** Roz O'Neil presented the policy and highlighted that the policy has aligned with the legislation . This is mainly around the language to make it more		

	supportive and user friendly. Risk assessment has been revised providing more information to help guide managers. The policy has a reference added indicating the Stress Steering group and the Working group. Policy approved by the committee.	
7&11.	**Recovery and Opportunities and Coaching and mentoring framework**	
a.	The chair invited the Director of Strategy & Chief Information Officer to cover item 7 and 11. He advised that the Recovery Group is currently focusing on three areas:- Coaching and Mentoring, Appraisals and Mandatory training.	
b.	He shared a paper developed with the help of SD, JA, colleagues from HR and L&D focusing only on the first objective - Coaching and Mentoring within the Trust. The paper outlines the proposal that Coaching, and Mentoring will be separated and treated independently. This proposal focuses on enhancing the existing coaching programme and suggests development of a new Trust wide mentoring scheme, operating on a formal basis.	
c.	At present, the Trust has a small coaching network of 15 coaches which has been operating for several years. This has been linked to the formal L&D courses that are offered by the team. In terms of mentoring, the Trust does not have any formal arrangements and with only 15 coaches available across the Trust and coaching not widely promoted, there are two options to consider: • Does the Trust re-focus again on the development of an internal Coaching network? • Does the Trust approach the external market and develop some form of single or co-developed offer in-conjunction with a specialist third party organisation?	
d.	JA supported the idea behind coaching and mentoring approach and stressed the importance of the Committee to improve leadership and culture within the organisation. He agreed with the proposal to investigate this further with a view to strength coaching and mentoring effort and co-ordinate in a structured way.	
e.	The Chair supported the proposal and emphasised the importance of the emerging OD strategy. Although there was some discussion around OD Strategy this was covered in more detail under 8c(i) below.	

f.	The Chief Nurse commented on the number of 15 registered coaches. The Director of Education and Development advised that a lot of staff were trained in coaching however this was expensive. Staff do not always agree to be on the register after training. The Chief Executive asked should HR, L&D or both teams need to take lead? The DoF expressed his concerns regarding trained staff not on the coaching register and suggested to build a plan.	
g.	Tehmeena Ajmal highlighted the fact around timing and the capacity issue involved to become an effective coach. Therefore, highlighted the necessity to support staff when they go back to their normal roles.	
h.	The Director of Strategy & Chief Information Officer is proposing to liaise with SD to get the best possible advice for coaching and mentoring/what potentially we should aim for and then to link with the agenda to develop around OH as a great place to work concept. The committee supported and agreed with option 2 – to approach external channel.	
i.	The Director of Director highlighted the requirement of developing an annual plan to capture all unbudgeted spend and the Director of Strategy & Chief Information Officer confirmed that this is as a part of the OD strategy development.	
CULTURE		
8. a&b.	**Update on Organisational Development including:-** **National People Plan and People Plan at BOB level** The Director of HR shared information published in the NHS National People Plan along with the BOB ICS People plan developed over the last 2 years by the HRDs. It was noted that there are now active workstreams and project groups taking forward the work across the ICS. This will involve colleagues from NHS provider organisations, the care sector, local authorities, HEE, educational institutions and the central ICS team. The HR Director shared a diagram of the plan and informed that he is the lead of Programme and Retention workstream. Some of the HR colleagues are now part of the work with TB. The local work is now active, and it matches with the 4 people priorities in the Nation People Plan.	
c.	**OD Plan for Oxford Health**	
i.	The Director of HR reported that at Oxford Health level we are drawing our OD Strategy and People Plan together. Oxford Health has a wide range of component documents, created and developed over several years and in	

	different places with few more suggested components. The Executive agreed with the plan to develop and articulate OD Strategy and People Plan. The first draft will be shared with Executive Team at end of October 2020 and will be shared with the committee and the Staffside when agreed. However, there is no formal plan to engage the entire Board prior to sign it off and therefore, the chair emphasised the importance of engaging the Board.	
ii.	For clarity around direction of travel and the timeline of finalising the OD strategy, NB advised that the strategy needed to be agreed by the trust board before the end of December 2020. However, this could be a challenge. Therefore, NB suggested few options either to include the strategy on the future Board Seminar agenda or at one of the Executive Team meeting and take it further from that.	
iii.	The committee supported the plan and the chair advised that PLC will be a key to ensure OD strategy is in place. **Action – The HR Director to provide an update to the committee on the status of OD Strategy and timescale.**	**TB**
13.	**Workplan of PLC 2021**	
a.	The HR Director shared a workplan for January 2021 meeting which is based on four themes on the National People Plan. For structuring 2021 meetings, he is proposing to use the themes together with other topics for January 2021 meeting such as Growing for the future – more staff working - recruiting, retaining and returning to work, Reducing Agency programme, Sources of workforce supply, International recruitment, Coaching and Mentoring, Leadership Development, Appraisals and assessment of staff and Talent Management and Succession Planning.	
b.	The chair is happy with the workplan proposal however he is hoping that by January the trust should have its own strategy which should be used to develop themes. JA agreed with the comment made by the chair to use OH strategy.	
c.	The Director of Education and Development suggested to make clear indication around the audience of the strategy and write a clear document. JA and MME supported this idea. The chair suggested to link the themes as the OD Strategy developed. NB advised that it should reflect the Board Assurance Framework and the trust strategic objectives. As the next PLC meeting will be in January NB stressed the importance of revising the	

	timeline for rectification of the OD strategy. **GB, KR and TB to have conversations off-line around the timeline.** **Action - TB and GB to develop themes for future meetings by the end of November and circulate to the committee ready for the next meeting.** *Update - A separate conversation will be around at the Dec. PLC Pre meet.*	**Closed** **Closed**
9	**Black History month update**	
a.	**Action - The HR Director to provide an update to the committee following feedback from Black History Month.**	**TB**
b.	**Race equality framework for change**	
i.	The Chief Nurse and Tehmeena Ajmal jointly have taken the lead role and established a Race and Delivery group – Delivery group and Race and Equality Reference group along with Race and Equality Network – using as a reference group. The group is establishing a Framework for Change, certainly over the next three to 5 years within implementation over the next 12 months with three stages – immediate term, long term and medium term. The plan focuses initially on our staff, and subsequently building a set of activities focusing on the experience of our patients, and our relationship with the communities we serve.	
ii.	The delivery and reference groups recommend the following priority/immediate term actions for the first year :- Staff, Process and Hearts and Minds and review the policies to make it possible for some of the BAME staff to join interview panels. A programme of change of this nature will need to be based firmly in the experience of our staff and patients, delivering improvements in systems and processes, culture, practice and experience; and visible internally and externally. To make the change in culture that is required, further investment and capacity will be required in the following areas such as: Leadership and management development, coaching and support and Race equality subject matter expertise.	
iii.	The Committee was asked to approve the approach to developing and delivering a Race Equality Framework for Change. TA advised that there will more detailed discussion around costing and resources at the Executive meetings. The committee recognised the progress.	
10.	**Remainder of EDI agenda**	

	Action - Due to time restriction it was decided that the wider discussion on Equality, Diversity and Inclusion to be included on the January agenda.	**TB**

LEADERSHIP		
12. **a.**	**Trust Risk Register - New Risk** Hannah Wright shared the single risk document on a new risk - Training, Appraisals and Supervision which has a new entry on the TRR with a difficulty to compliance in any of these areas.	
b.	She asked the committee for an approval to include a risk entry on this nature on the TRR as well as reviewing wording around the controls and assurances to ensure they are accurate and comprehensive. To maintain these areas, she is also looking for ideas or any actions which could be attached to the risk going forward.	
c.	JA shared his views by reviewing whether the appraisals are effective and useful rather than meeting the standards on number. Chief Nurse explained that the purpose of this new risk on the TRR is to increase compliance with coaching around what a good PDR should look like.	
d.	The Director of Education and Development reported that Covid caused some blockages and therefore training had to be stopped however is now resolved. She pointed out that each year by the end of March the trust has managed to achieve 95% in Information Governance training. However, with a lot of effort to meet that extra requirement she strongly highlighted that mangers and staff should see mandatory training as an important part of the practice.	
e.	The chair advised that it is important for the trust to see the risk in terms of improving quality. He recognised this and agreed that the risk should go on the TRR.	
f.	Hannah Wright raised with the committee that TRR has not managed to find a committee where it should be reporting to. However, on this particular risk she questioned whether PLC should receive a report from L&D on training compliance to monitor assurance?	
g.	The Chair reminded the committee again that we are looking to develop a people dashboard which should cover important matrix for HR and L&D. He suggested Hannah Wright to work with HG,TB and KR to ensure when the dashboard developed, include those areas that are at potential risk.	

| 14. | **Any Other Business**
None to raise.

Meeting closed at 12.15.
Date of next meeting Wednesday,13 January 2021 at 09.00 via Microsoft Teams virtual meeting. | |