

**RR/App 47/2021**

(Agenda item 23(f))

**People Leadership and Culture Committee**

**Minutes of a meeting held on**

**Thursday 6 May 2021at 14:00**

**virtual meeting via MS Teams**

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| **Present:** |  |
| Bernard Galton | Non-Executive Director (Chair) (**BG**) |
| John Allison  | Non-Executive Director (**JA**) |
| Mohinder Sawhney  | Non-Executive Director (**MS**) |
| Mark Warner | Interim Director of HR (**MWar**) |
| Mike McEnaney | Director of Finance (**MME**) |
| Debbie Richards  | Managing Director of Mental Health & Learning Disabilities (**DR**) |
| Marie Crofts | Chief Nurse (**MC**) |
| Kerry Rogers | Director of Corporate Affairs & Company Secretary (**KR**) |
| Helen Green  | Director of Education and Development (**HG**) |
| Martyn Ward  | Director of Strategy & Chief Information Officer (**MW**) |
| Vivek Khosla  | Consultant, Forensic Services (**VK**) |
| **In attendance:** |  |
| Tehmeena Ajmal  | Covid Operations Director (**TA**) |
| Sigrid Branes | Head of HR Systems & Information and Staffing Solutions (**SB**) |
| Hannah Wright  | Risk Manager (**HW**) |
| Matt Edwards | Director of Clinical Workforce Transformation (**ME**) |
| Roz O’Neil | Head of Health & Wellbeing / Stress Lead (**RO**) |
| Mo Patel  | Head of Inclusion (**MP**) |
| Zoe Moorhouse | Senior HR Business Partner (**ZM**) |
| Simon Denton  | Head of HR Operations (**SDe**) |
| Tracy McAteer - Shadow  | Head of Operations, Oxford Centre for Psychological Health (**TMcA**) |
| Mike Hobbs - Observer | Governor (**MHo**) |
| Maureen Cundell - Observer | Governor (**MCu**) |
| Shirley Innes | PA to Interim Director of HR (Minutes) (**SI**) |

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| **1.****a.****b.** | **Introductions and apologies** The Chair welcomed the Committee members and introduced new attendees. Apologies for absence were noted from: Sue Dopson – Non-Executive Director, Nick Broughton – Chief Executive, Ben Riley - MD of Primary and Community Care Services, , Jo Faulkner – Head of Forensic Services, Jude Deacon – Director of Forensic Mental Health, Emma Leaver - Service Director, Neil McLaughlin - Trust Solicitor and Risk Manager. | **Action** |
| **2.**  | **Declarations of Interest**No interests were declared. |  |
| **3.****a.****b.****c.****d.****e.** | **Minutes of the meeting on 18 February 2021**The Chair proposed the minutes of the previous meeting were noted as a record. **Matters arising** **Item 3.i. Management of Over & Underpayments Policy**The Interim Director of HR (IDoHR) questioned if there was still an outstanding action. John Allison advised that the end point at which liability ceased was not properly defined.The Chair asked that wording in the final version of Policy was reviewed before publication.**Action: IDoHR to ensure wording is clear.****Item 4.m. Mentoring programme**The Chair advised that we have confirmation that reciprocal mentoring will include all protected groups, not just BAME.**Item 5.b. Creating a Dashboard of indicators** Agenda item for this meeting.**Item 7. Recovery programme**Agenda item for this meeting.**Item 10b.f Managers’ Toolkit**The Chair confirmed the previous slides had been circulated. | **MWar** |
| **4.****a.****b.****c.****d.****e.****f.****g.****h.****i.****j.****k.****l.****m.****n.****o.****p.** | **HR Director’s Strategic update**The Interim Director of HR provided an update on the following areas: National update - there is a new National contract for SAS Doctors effective 1st April 2021 designed to encourage recruitment and retention. It now has a 5-point scale, reduced from 11, which is consistent with Agenda for Change pay scales. It also includes a package of measures to enhance that grade. We’ve been running some workshops for our SAS Doctors to explain these changes. It is a voluntary move to this new contract and they have 6 months to consider these changes.In relation to other national terms and conditions, confirmation of the 2021 Agenda for Change pay review is still awaited.Additionally, the review of Consultants’ contracts has not developed in the last year due to the pandemic but we would expect to see some progress during the year. BOB ICS People plan – the People plan for the ICS system comprises of 5 workstreams: Workforce planning and change; Recruitment; Productivity; Retention, and Culture and Leadership. These are important workstreams as where money is being made available nationally, it is being fed through the ICS rather than directly to Trusts.In relation to the Productivity workstream, there is a proposal to have a common approach of Bank use and Flexible workers across ICS. The IDoHR stated that we had indicated our support for the programme, however explained that it was important that we focus on our internal review in the first instance. The Director of Clinical Workforce Transformation (DoCWT) advised we have set up a Programme Board to look at this and we plan to move forward quickly, while sharing learning and benchmarking with the ICS. A highlight report will be produced for this Committee. It was noted that we were an Outlier with our use of Agency. The Chief Nurse (CN) added that she and DoCWT along with the Chief Executive and the IDoHR are completely aligned on this and that delays to the internal review were due to resources having to be prioritised for the Covid vaccination programme.The Chair commented that it impacts negatively for us with the CQC and could hinder us if we don’t improve our position.The Managing Director of Mental Health & Learning Disabilities (MDoMH/LD) added that she was very pleased to hear that we are actively engaging with BOB and the ICS plan, but advised that we are accountable to the Commissioners too and it’s hampering us in terms of quality, reputation and value for money. Her main concerns are: * hotspots where our vacancy rates are at critical point, impacting on service delivery and staff morale
* expansion workforce requirements
* retention

The IDoHR agreed that it was important for us to fully engage with the ICS Workforce activity and also noted that a proposal was being developed to review Flexible working, which will be based on research and involve the Oxford AHSN.The IDoHR noted that the usage of our EAP was discussed at the last Board meeting questioning whether we could measure the positive effect of the EAP programme. He noted that we do have some metrics – there is a reduction in generalised anxiety and the patient health questionnaire, and that we can track how many people are returning to work following counselling sessions. The IDoHR advised that he had started a review of our HR function, following the last restructuring 4 years ago. He will be discussing with the Exec team next week before progressing. Progress with the review will be aligned to the appointment of the new Chief People Officer. Flexible working – Beth Macgregor, Senior HR Business Partner, had been working on our approach to Flexible Working and we will be publishing some guidelines imminently to reflect changes in the national guidance in relation to the pandemic. We want to encourage conversations between staff and managers regarding returning to the workplace. We will not be progressing a suggestion from Staffside to introduce a working from home ‘premium’ at this time as it would be outside of national terms and conditions and we will aim to align our approach with other ICS Trusts. Mohinder Sawhney added that staff need guidance, but it must be clear that it is provisional. The MDoMH/LD acknowledged that our staff have worked extraordinarily well and flexibly, and it would not be good for morale if we went back to an overly bureaucratic approach and we should think flexibly where possible. The IDoHR added this was important to attract staff too. John Allison supported this approach and the Chair added that Staffside have a really important role to play in this and hoped we can work in partnership being both flexible and pragmatic. |  |
| **5.****a.****b.****c.****d.****e.****f.****g.****h.****i.**  | **HR Dashboard with key indicators**The Chair was keen that we have a comprehensive Workforce Performance Report with detail on key indicators that link into our strategic objectives and risks. The IDoHR said he would welcome the Committee’s input as to what information should be shared at PLC and what should go to Board meetings – he wanted to provide clear data but avoid duplication. It was also suggested that we integrate any Education metrics into this report. The Head of HR Systems & Information and Staffing Solutions (HoHRS/I/SS) talked through an example report which has been built around an example provided by the Chair.Different data options were discussed. The Chief Nurse advised of a Quality dashboard that will need to link in with this. She stated that we need to clearly understand why staff are leaving, and the Chair stressed the importance of exit interviews being part of the culture.The MDoMH/LD questioned if our turnover target of 12% is appropriate as she would expect a target of 4 or 5%. She added that the Trust is receiving a lot of investment (from Mental Health Standard, Transformation funding and Surge planning) of which a large proportion will be used to increase headcount, that would need to be reflected in the data. Specifically, a bespoke campaign will be needed to recruit a Specialised team for the new CAMHS PICU unit being built.Mohinder Sawhney added that the Committee needed to be assured of regulatory compliance and BAU improvement and that workforce capability should also be added.John Allison challenged how much data the Committee needed and suggested that change will stem from flexible leadership and management. The Director of Finance (DoF) added that Inclusivity / Diversity data should be included and the Director of Education & Development (DoE/D) had discussed with the CN and IDoHR what Learning & Development indicators should be included. The Director of Strategy & Chief Information Officer (DoS/CIO) agreed that data can be overwhelming and smaller more meaningful indicators can be helpful. The Chair concluded that the Senior leadership team need one set of meaningful indicators with the right data in order to manage the organisation.**Action: HoHRS/I/SS and DoS/CIO to work together taking today’s comments on board and bring revised Report to next meeting.**  | **SB / MW** |
| **6.****a.****b.****c.** **d.** **e.** | **BAME Vaccination concerns** The Covid Operations Director (COD) provided a brief overview of our Vaccination status and the initiatives we had put in place to promote the staff vaccination programme. The MDoMH/LD advised that Managers are speaking to staff members on an individual basis to encourage take up of the vaccine and we are making progress.Mohinder Sawhney suggested targets of eligible staff are publicised. She asked where HR are in this process and what support is being provided to Managers. She commented on the need for a structural and systemic response from HR on this matter.The Head of Inclusion (HoI), advised of a Vaccination confidence group that is made up of BAME Pharmacists who have multi-lingual skills. Vaccinations are now an agenda item at all of our Staff Network meetings. He noted that we had received positive feedback following presentations that Staff have been reassured to take up the vaccine. Nationally, the hesitancy rate for BAME has reduced from 44% to 22%. The Chair suggested a statement is made to staff clarifying our approach to staff testing for Covid-19.**Action: Statement to be produced.** | **MWar** |
| **7.** **a.****b.** | **People and OD Strategy** The Interim Director of HR talked through the proposed OD strategy including the typical elements of and OD strategy and aspects that are being worked on. He suggested the strategy should be grounded in the principles of staff engagement and effectiveness and align with our values and Trust strategic objectives. Additionally, the strategy should align with the national NHS People plan and the ICS workforce plan. He noted that an actual OD Strategy document would need to be owned by the new Chief People Officer and it was proposed the detailed work on the strategy should await their appointment.The Chair added that we need to be clear how important leadership is, which should be a key strand of the strategy.  |  |
| **8.****a.****b.****c.****d.** | **Staff survey** The Senior HR Business Partner (SHRBP) advised that results have been fed back to the organisation at the CEO Webinar, via Intranet, and an all staff mailshot. Each directorate will produce 3 local actions. At a Trust level it was proposed that there would be 3 key priorities: Developing teams; Listening to our people and encouraging Development conversations. This was agreed.The Chair questioned where we are in terms of the introduction of People Pulse, as this provides more frequent local surveys for areas we know are struggling.**Action: to develop proposals around People Pulse in line with NHS guidelines** Mohinder Sawhney asked if smaller units were given the same version of the survey and whether we aggregate the results for area. The SHRBP confirmed that there was data at team level, with 380 teams identified (teams need to contain 11 people or more.) We have created heat maps and can triangulate this data with the TOBI system.The MDoMH/LD praised the SHRBP for keeping this fresh with her commitment and passion for this work, which was echoed by the Chair. | **ZM** |
| **9.****a.****b.****c.****d.** | **Wellbeing update**The Head of Health & Wellbeing (HoH/W) advised that at the start of Covid, Wellbeing joined forces with the Psychosocial response group with key targets of what to expect from the pandemic and how we could support teams. She reported that we had a positive 10% increase around Health & Wellbeing in the Staff survey but know there are still staff who aren’t aware of the Wellbeing initiatives.She continued by saying our Trust was instrumental in securing just under £1m for an enhanced Occupational Health & Wellbeing project across the BOB ICS – our key priority was to meet hard to reach groups and we had funding to run another cohort for the Restorative Just Culture initiative. We’ve secured 4500 places for virtual Mental Health training across BOB and our Trust has 2000 places for Managers. The Chair confirmed that Wellbeing should be an important part of our OD strategy and was highlighted in the NHS People plan. It also features strongly in the JD for the new CPO. John Allison welcomed proposals to equip Managers but added that a caring and compassionate style is not compatible with everyone’s style. The CN responded that we are a Healthcare organisation and research shows that caring and responsive leadership supports better outcomes for Staff, Patients and Carers. |  |
| **LEADERSHIP** |  |
| **10.** | **Pause and Recovery update**The Director of Strategy & Chief Information Officer advised that our 3 main areas of focus are Patients and Services, our Workforce, and our Partners and that we were looking to imbed the positive changes that have been introduced throughout the Pandemic.  |  |
| **GOVERNANCE** |  |
| **11.****a.****b.****c.****d.** | **Strategic and Corporate risks**The Risk Manager (RM) was pleased that the topics covered today aligned with our risks around Staff Wellbeing and Stress and also Recruitment. She advised she has met with the Interim Director of HR and will be meeting further with HR to deep dive into our People risks. The Chair agreed it was helpful for the RM to attend the full meeting and confirmed his aim was to cover as many risks as we can with conversations. At the start of the Pandemic, a specific Covid related Workforce risk was opened and the RM is now proposing that risk 991 could be closed, with the caveat that we migrate any remaining issues to the general risk 1018. The Chair confirmed the Committee’s agreement. Mohinder Sawhney asked if we have Covid testing on our risk register? The RM responded saying it was not a risk in its own right but is included in mitigations around protecting vulnerable staff and health and wellbeing. The Director of Corporate Affairs & Company Secretary highlighted that it was important that the Committee did not allow its focus to be solely on the risk content, albeit the importance of ongoing review of the appropriate risk profile.  She stated it was imperative that the Committee concentrate enquiry on the effectiveness of the controls in place to mitigate risk and in gaining confidence about any gaps in control or in assurances.  The levels of assurance to support that would need to be clear to the Committee to facilitate this and she suggested given the number of risks the Committee was overseeing, that it would be worth at the workplan/agenda setting meeting (for the year ahead) that the IDoHR, the NED Chair and her consider an allocation of risk and control focus across the breadth of meetings. The Chair agreed.**Action: Assurances to be discussed at pre-meet for next meeting.** | **BG/KR/****MWar** |
| **12.** | **HR Policies for approval**The Chair asked if anything specific needed to be discussed? The CN raised that changes are needed to the process in the Revalidation Policy before it can be signed off. All other policies were agreed.**Action: Review Revalidation Policy outside this Committee and bring back for approval.** | **MC/SDe** |
| **13.** | **Any Other Business**The Director of Education and Development advised that the Learning Advisory Group has been adrift and would like confirmation that it would come under the auspices of the PLC Committee. The Risk Manager advised that the risks around training and development sit with this Committee on the risk register.The Interim Director of HR confirmed that a review is taking place to confirm which sub-committees fed into the PLC Committee in terms of escalation and oversight.**Action: Sub-Committees to be reviewed and summarised.****Meeting closed 17:00** **Date of next meeting: Tuesday 20th July at 09:00** | **MWar/****SI** |