

 **RR/App 72/2021**

(Agenda item: 30(f))

**People Leadership and Culture Committee**

**Minutes of a meeting held on**

 **Thursday 21 October 2021at 09:00**

**virtual meeting via MS Teams**

|  |  |
| --- | --- |
| **Present:** |  |
| Bernard Galton | Non-Executive Director (Chair) (**BG**) |
| Charmaine De Souza | Chief People Officer (**CDS**) |
| John Allison  | Non-Executive Director (**JA**) |
| Mohinder Sawhney  | Non-Executive Director (**MS**) |
| Tehmeena Ajmal | Interim Exec MD for Mental Health, Learning disabilities & Autism (**TA**) |
| Emma Leaver | Service Director (**EL**) |
| Mike McEnaney  | Director of Finance (**MMcE**) |
| 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**) |
| **In attendance:** |  |
| Roz O’Neil | Head of Health & Wellbeing / Stress Lead (**RO**) |
| Karl Marlowe | Chief Medical Officer (**KM**) |
| Sigrid Barnes | Head of HR Systems & Information and Staffing Solutions (**SB**) |
| Neil Mclaughlin | Trust Solicitor and Risk Manager (**NM**) |
| Nykita Nelson | Risk and Assurance Manager **(NN)** |
| Mo Patel  | Head of Inclusion (**MP**) |
| Matt Edwards | Director of Clinical Workforce Transformation (**ME**) |
| Danny Allen | Consultant Psychiatrist, Guardian of Safe Working Hours **(DA)** |
| Mike Hobbs | Lead Governor (**MH**) |
| Shirley Innes | Executive Assistant to Chief People Officer (**SI**) |

|  |  |  |
| --- | --- | --- |
| **1.****a.****b.** | **Introductions and apologies** The Chair welcomed the Committee members and introduced new attendees. Apologies for absence were noted from: Nick Broughton – Chief Executive, and Ben Riley – Executive Managing Director – Primary, Community and Dental Care. | **Action** |
| **2.****a.****b.****c.****d.** | **Minutes of the meeting on 20 July 2021**The Chair proposed the minutes of the previous meeting were noted as an accurate record. **Matters arising** **Item 2.a Minutes to be circulated once agreed by Chair** Minutes circulated soon after previous meeting. Action closed.**Item 10.i GPG data to be prepared for discussion at PLC meeting in October**Agenda item for this meeting. Action closed.**Item 11.f Update required on Andrea Cipriani’s Digital Consultation study** MW advised that the first phase is complete and the output from the surveys of Clinicians is almost ready to be published. MW will share once received. **Action outstanding** | **MW** |
| **3.** | **Declarations of Interest**No interests were declared. |  |
| **4.****a.****b****c.** **d.****e.****f.****g.****h.** | **Chief People Officer’s introduction** The Chief People Officer (CPO) thanked everyone for a warm welcome and outlined her focuses for the first 100 days: Understanding the gap in our Trust Strategy between current deliveries and aspirations.Bringing together the components to make our Trust a great place to work. Building on the good foundations of the Leadership and coaching programme.The CPO added that it is really important to have the right structure for the People’s Directorate and we are finalising a new structure to go live on 1st November. This will include a new Organisational Development team incorporating succession and talent planning. The Chair commented that the CPO brings an expertise of dealing with complex people related issues.John Allison added that he welcomed the comments made by the CPO. The Interim Executive Managing Director for Mental Health, Learning Disabilities & Autism (MDMH) acknowledged that we hadn’t made as much progress as we would have liked on the Race Equality framework for change and welcomed the introduction of Organisational Development.  |  |
| **5.****a.****b.****c.****d.****e.****f.****g.****h.****i.****j.****k.****l.** | **HR Workforce Report** The CPO confirmed that the format of this Report is a work in progress and data rich. The ambition is for the Report to enable the Committee to dive into hot spot areas and to link in some of the programmes that sit outside HR, i.e. IQRA (Improving Quality, Reducing Agency);* Recruitment & Retention – our Head of Resourcing has experience of public and private sectors and will be working with the CPO to strengthen our brand given the competitive markets.
* IQRA has some connections to Recruitment and Retention but we also need to understand if we have the right Establishment.
* Medical staffing needs to be stabilised.
* Sickness absences are rising even before we hit Winter.
* Sensitivity is needed around staff who enter Care homes needing to be double vaccinated and if not, possible redeployment.

The Chief Medical Officer (CMO) commented that this Report doesn’t really give us an overview of benchmarking; our Agency spend has increased and is not comparable to other organisations. There is a large element of risk in Medical HR fulfilling Medical Locums. The Chair welcomed the attendance of CMO and advised that the report is still developing and wasn’t in existence 6 months ago.Mohinder Sawhney echoed that there has been a lot of progress with the Report, but we should be able to see more clearly the link between staffing issues and services i.e. if we have services running on business continuity arrangements.The Service Director (SD) added that we have specific staffing issues for OOH GPs in Community Hospitals.The CPO noted the comments and agreed that Establishment is crucial. The CMO advised that the ‘Guardian of Safe Working Hours Report’ shows a decrease in fines in the last 6 months, but we’ve realised that the Junior Doctors have not been recording where they have gone over the WTD since August. This will be rectified on-going and the CMO will ensure that every rotation of Junior Doctors is given the correct access to record their hours, ensuring the accuracy of future reports. Mohinder Sawhney raised that we are significantly below the best performing Trusts regarding vaccination coverage, adding that we need data regarding Covid testing too. The Head of HR Systems & Information and Staffing Solutions (HoHRSISS) advised that her team has recently taken on providing this data and are reviewing using revised guidance on scope of data from NHS England. The Chief Nurse (CN) has done some benchmarking, and our reporting is more transparent than some other Trusts. A lot of work is being done to ensure the data pulled through is accurate. The MDMH reiterated that our reporting is transparent and added that each time someone joins the Trust, they are included in the data and their vaccination status is recognised. The CPO summarised that we will be looking at how to introduce Benchmarking to all our slides and include testing data; mitigating commentary may be helpful on the slides for clarity.**Action: Testing data to be included in Report and Benchmarking data to be added to key slides****Action: The Chair and the CPO to discuss Report improvements**  | **CDS/SB****BG/CDS** |
| **6.****a.****b.****c.** **d.****e.****f.****g.****h.****i.****j.****k.****l.** | **Improving Quality, Reducing Agency** The CPO explained that this Programme was suspended due to Covid but has recently restarted led by The Director of Clinical Workforce Transformation (DoCWT).The DoCWT highlighted that the Trust has spent £54m on Bank & Agency in the last 12 months. Nursing is where we have the highest volume of vacancies vs current funded Establishment. We have a lack of workforce planning. The workforce is insufficient to fill the rotas with safe staffing levels, even if there were no vacancies.Standardised reporting is needed; some data sets are rolling 12 months and some cover the financial year. The Executive team have agreed a centralised HCA recruitment programme, reducing the time taken to hire and train them so they can be utilised quicker.We need to plan for recruitment, retention, and workforce over the next 5 years.We are on target to have 74 Nurses recruited internationally by 31st March. The CPO commented that workstreams include approval processes and controls, behaviours and addressing concerns of our workforce when making decisions.The CPO and CN will be working together to ensure our workforce is protected. Mohinder Sawhney observed that we need to improve on the speed and warmth of recruitment.The MDMH added that urgent work is needed to recruit Locums and Consultants; we need to be proactive in promoting Oxford Health and growing resource with Partnership working.John Allison asked what standards our Safe staffing levels are being judged against? The DoCWT responded that there is a national framework for Inpatient services, based on Services provided, number of beds and acuity, but there isn’t currently a national framework for Community.The Chair added that this work is vital for us to challenge our Establishment and asked for IQRA to be included as a standing item with timeframes detailed.The SD commented that we need to look at the experience of Agency staff and how we can convert them into substantive staff members. |  |
| **7.** **a.****b.****c.****d.****e.****f.** | **Guardian of Safe Working Hours:** The Guardian of Safe Working Hours (GoSWH) advised of a decrease in overall reporting since Covid. The Chair asked if we could improve the insight into some of the issues Junior Doctors may face? and how we might improve their work/life balance.The GoSWH advised that providing working canteens with hot food would improve the working environment.John Allison added that having a canteen is invaluable and would make such a difference to staff morale. **Action: MW/CDS to follow up**The CPO asked if the Committee would be interested to hear from a Junior Doctor about their experiences? The Chair agreed and suggested hearing from an International Nurse too.**Action: ‘the voice of’ to be arranged, ensuring Committee sponsorship**Mohinder Sawhney questioned if the GoSWH review should be brought forward?The GoSWH advised that wouldn’t add value as data is collated every 3 months.  | **MW/CDS****CDS** |
| **8.****a.****b.****c.****d.****e.****f.** | **EDI Escalation Report:** The Head of Inclusion (HoI) shared Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Reports and advised that a WRES Delivery group has been set up to address some of the stubborn indicators.John Allison commented that not everyone wants to be labelled.The SD commented that Managers need practical, specific support to help with their understanding of reasonable adjustments.Mohinder Sawhney queried levels of disclosure on disability; are we comparing like with like for registered and self-declared disability? It is important to include response rates and look at Intersectional data.The CPO advised that these Reports would provide a sense of where actions are needed. EDI should be a golden thread that runs through all of the Trust’s deliverables. The CMO added the importance of addressing discrimination faced by patients accessing our Services too. |  |
| **9.****a.****b.****c.****d.****e.** | **Gender Pay Gap Report** The Chair commented that when we’re resetting the Establishment and recruiting, we need to focus on grades that have under representation, ensuring the correct focus when planning work streams. The CMO would like it noted that for the past 2 years, the Clinical Excellence Awards have been distributed equally amongst all Consultants; the gap is an historical gap. Mohinder Sawhney added that women are disproportionately affected by pregnancy, miscarriage, and menopause.The Chair confirmed that we need to ensure we are deigning the right sort of flexibility for all of our staff. The CPO would like the Ethnicity pay gap to be reviewed as well as gender and disability. It is important that the Trust commits to an action plan for Race, Gender and Disability that are more in depth, holistic and linked to Policies. **Action: In depth action plan for all protected characteristics to be compiled** | **CDS/MP** |
| **10.****a.****b.****c.****d.****e.****f.** | **Learning & Development deep dive:** The Director of Education and Development (DoED) advised that due to a cyber security issue with the old system, data was moved to a new system very quickly and some work is still needed to populate the new system.We have an increasing number of last-minute ‘no shows’ for training.We provide functional skills support for Maths and English on 1:1 basis for staff. We have a contract with Activate college which allows us to use their Adult skills funding.We deliver a lot of Apprenticeships, in Business & Admin and Management as well as Clinical HCAs, Nurse Associate Trainees and Registered Nurses.We also support people with qualifications that we don’t deliver (either we don’t have the skills or numbers are too small). The Department is also short on space.The CN reiterated how important it is to establish our pipeline workforce to aid retention. |  |
| **LEADERSHIP** |  |
| **11.****a.****b.****c.****d.****e.****f.****g.** **h.** |  **Strategic and Corporate risks**The Trust Solicitor and Risk Manager (TSaRM) explained that the Board Assurance Framework (BAF) deals with the Trust’s Strategy risks, and the Trust Risk Register focuses on Operational day to day risks. TSaRM recommended that the Recruitment and Retention risks should be included on both of these Registers with the highest level of risk. The CN added that concerns over patient safety affect Community teams as well as Wards.TSaRM proposed that he brings these Risks back to the next meeting after meeting with the CPO and Head of Resourcing to work through the risks and action plans in more detail. Mohinder Sawhney supported this proposal and added it would be helpful to understand the difference between Services that have Business continuity arrangements, and those in the Escalations process; we need to ensure suitable visibility.John Allison suggested the 2 Risk Registers were combined. The Director of Corporate Affairs & Company Secretary (DoCAaCS) added that the magnitude of the Demand & Capacity risk is a focus for the Board; we have to recognise the impact on staff especially with the increased use of Agency staff. The Chair concluded that the Committee supported the TSaRM’s proposal and suggested he emailed Committee members setting out his expectation of information from them. **Action: NM to provide detailed review and action plan covering Recruitment and Retention at next meeting** | **NM** |
| **GOVERNANCE** |  |
| **12.****a.****b.****c.** | **Escalation Report Health & Wellbeing**The Head of Health & Wellbeing / Stress Lead (HoH&W/SL) commented that Retention is intrinsically linked to poor behaviour.As part of the bid we were awarded across BOB ICS to implement a Wellness culture we’ve been able to deep dive into data collection and Benchmarking.We are still aiming to have a H&W Champion in every team. |  |
| **13.****a.** | **Health & Safety escalation Report** The Chair commented that this Report has been to Board and is for noting.  |  |
| **14.** **a.****b.****c.** | **AOB**The Chair advised the Report on HR Policies was for noting. Mohinder Sawhney raised the importance of being able to understand how our different interfaces come together for early warning systems. **Action: How is information reviewed to enable an early warning system?**The DoCAaCS advised the Committee that the Chair will be leaving the Trust at the end of this calendar year and thanked him on behalf of the Board and Committee for all he has done in the last 4 years. **Meeting closed at 12.06pm** | **MW** |