

**People Leadership and Culture Committee**

**Minutes of a meeting held on**

**Thursday 05 May 2022 at 13:30**

**virtual meeting via MS Teams**

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| **Present:** |  |
| Mindy Sawhney | Non-Executive Director (Chair) (**MS**) |
| Charmaine De Souza | Chief People Officer (**CDS**) |
| Grant Macdonald | Executive Managing Director, Mental Health & Learning Disabilities **(GM)** |
| Amelie Bages | Executive Director of Strategy & Partnerships **(AB)** |
| 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**) |
| Karl Marlowe | Chief Medical Officer **(KM)** |
| **In attendance:** |  |
| Chris Hurst | Non-Executive Director **(CH)** |
| Philip Rutnam | Non-Executive Director **(PR)** |
| Andrea Young | Non-Executive Director (**AY**) |
| Gemma Donnelly | Interim joint Head of Learning & Development **(GD)** |
| Becky Elsworth | Interim joint Head of Learning & Development **(BE)** |
| Hannah Smith | Assistant Trust Secretary (**HS**) |
| Sigrid Barnes | Head of HR Systems & Reporting (**SB**) |
| Joe Smart | Head of Organisational Development (**JS**) |
| Matt Edwards | Director of Clinical Workforce Transformation (**ME**) |
| Harun Butt | Junior Doctor **(HB)** |
| Mike Hobbs | Lead Governor **(MH)** (*observing)* |
| Carl Jackson | Governor **(CJ)** (*observing)* |
| Nyarai Humba | Governor **(NH)** (*observing)* |
| Shirley Innes | Executive Assistant to Chief People Officer (**SI**) |

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| **1.**  **a.**  **b.** | **Introductions and apologies**  The Chair welcomed the Committee members and introduced new attendees. The Chair also welcomed the Governors who were observing today’s meeting.  Apologies for absence were noted from:  Nick Broughton – Chief Executive, Ben Riley – Executive Managing Director – Primary, Community and Dental Care (Emma Leaver in attendance), Neil Mclaughlin - Trust Solicitor and Risk Manager (Hannah Smith in attendance), Martyn Ward – Executive Director – Digital and Transformation. | **Action** |
| **2.**  **a.**  **b.**  **c.**  **d.**  **e.**  **f.**  **g.**  **h.**  **i.**  **j.**  **k.**  **l.**  **m.**  **n.**  **o.**  **p.** | **Minutes of the meeting on 03 February 2022**  The Chair proposed the minutes of the previous meeting were noted as an accurate record.  **Matters arising**  **Item 2.c** **Action: Matt Edwards to provide date for delivery of proposed new establishment figure as part of the presentation on IQRA at the May PLC meeting.** **Status**: Agenda item for May PLC meeting. **Action closed.**  **Item 2.e Action: Testing data to be included in Report and Benchmarking data to be added to key slides. Initial desk research began but has paused due to work on mandatory vaccinations, to be resumed in April/May.**  **Status**: Data now added into Report. **Action closed.**  **Item 2.g Action: Martyn Ward to advise when a strategic review of Food provision will be undertaken and provisionally set a date to update PLC.**  Work has already started to improve food provision across the Trust. A regular meeting is now taking place with SPNCC colleagues so that a series of immediate actions can be identified and completed (such as the installation of freezers and microwaves to improve the out of hours provision) and to work out a plan to review the Trust on a site-by-site basis. The intention is to start with Witney Hospital as a pilot site so that a model for review can be developed. This will then be adapted and used across the Trust as part of a Project during FY23.  **Status: Action in progress, update required at July 2022 PLC.**  **Item 2.i Action: Joe Smart to review OD workplan and deliverables and feedback overall views to Committee.**  Action partially progressed in that the key planks of work that will fall under a Year 1 OD workplan are starting to be launched. These include work to focus on increasing retention and lowering turnover; a group to focus on increasing compliance of PDR completions and a culture change programme. The Chief People Officer (CPO) and Chair will look to create a 12–18-month people plan that dovetails into the wider trust strategy  **Status: Action in progress, update required at July 2022 PLC.**  **Item 2.j Action:** New Retention risk needed on TRR. Neil McLaughlin and Tara O’Brien to meet and review. **Status:** Risk added. **Action closed.**  **Item 2.k Action: Martyn Ward to advise of a provisional date when the Committee will be updated on the project to look at our different data sources as part of ‘an early warning system’.**  The Performance & Information Team will be able to present an update on the TOBI developments at the July 2022 PLC which will include work already underwayand our ambitions for the expansion of the intelligence capability over the next 12 months.  The CPO flagged if this should go to the Quality Committee. The Chief Nurse (CN) responded that if this concerned quality and safety of services then the Chairs of the Committees should discuss.  The Chair clarified that this related to hot spots of staff issues.  **Status: DTT to provide update at July PLC meeting.**  **Item 4.j Action: Casework data to be reviewed in depth.**  Initial conversations had with both Heads of HR (ZM and JC) and once the new HRBP joins the team at end of May, the intention is to set up a Strategic Casework review meeting to examine themes, hotspots, and triangulate data with anonymised information from Freedom to Speak up Guardians. **Status: Action outstanding.**  **Item 4.l Action: The Chair and CPO to discuss offline with Lucy Weston how much of our over and underspends are driven by choice vs regulatory requirements.**  **Status: Action outstanding.**  **Item 7.b Action: Marie Crofts to review the Dress and Uniform Policy.**  Claire Forrest has undertaken a review with staff on current uniforms in use. We are also benchmarking against other Trusts. Policy to be updated and brought to July 2022 PLC for approval. **Status: Action outstanding.**  **Item 7.g Action: HR policy development and approval process to be summarised and shared with PLC.**  Changes in the team since February have meant that the Head of Policy job is currently vacant as Simon Denton left in March 2022. The new Head of Policy starts in July 2022 and will be leading a HR Policy Review programme. This action will come forward to the July 2022 PLC. **Status: Action outstanding.**  **Item 8.n Action: Interim Heads of L&D to report back to the Committee with a paper that sets out the diagnostics in relation to this issue so that we can avoid a repeat scenario.**  **Status:** Agenda item for May PLC meeting. **Action closed.**  **Item 9.d Action: CPO and Head of OD to review EAP data to ensure the Report provides insight and how we can better engage with our provider.**  **Status:** Health and Wellbeing programme for 2022-23 is in development and will be brought to the July 2022 PLC meeting. EAP data will be a core part of the data used to identify areas that require organisational support. **Action closed**  **Item 11.e Action: L&D Report to contain more insight into how we can achieve our 30% target of Adult Student Nurses.**  **Status:** L&D have purchased an electronic placement management system, but implementation has been delayed whilst the OTR system has been problematic; however work to set this up will be recommenced in Summer 2022. This, combined with the introduction of a new capacity management tool will facilitate the identification of spare capacity to work towards this 30% target.**Action closed.**  **Item 11.f Action: CPO to ensure that the correct elements of the Governance structure are briefed as needed ahead of Ofsted inspection.**  **Status:** Meeting arranged. **Action closed.**  **Item 12.c Action: CPO to review the 2020/21 PLC Annual Report.**  **Status:** Report redrafted and included in May 2022 PLC papers for information.  **Action closed.** | **MW**  **JS**  **MW**  **CDS**  **CDS**  **MC**  **CDS** |
| **3.** | **Declarations of Interest**  No interests were declared. |  |
| **4.**  **a.**  **b.**  **c.**  **d.**  **e.**  **f.**  **g.**  **h.**  **i.**  **j.**  **k.** | **Chief People Officer’s strategic update**  The PLC Agenda now reflects that we are working on a forward look.  The Annual Reports are now up to date for this Committee.  All key appointments have now been made to the Senior HR team, with one new starter left to join in July who will take up the post of Head of Policy, Reward and Projects.  Our strategic planks of work will form our Agenda for 22/23.  We already have a well-developed Recruitment plan, there is still some work needed to restructure the team.  We now have a dedicated resource around Retention, the Head of OD (HOD) is leading on a Retention working group, taking Staff survey feedback into consideration, and looking at why ethnic minority staff are leaving in disproportionate numbers in their first 12 months of employment.  The Head of HR Systems and Reporting (HHRSR) has taken stock of our system developments, and as we have some Learning & Development system issues, we have Exec agreement to pause and review over the over next few months and determine the direction of travel.  HR Policy review – we will have the resource available by the summer to carry this out, but the CPO can assure the Committee that our Policies are legally compliant. We will ensure they are enabling and allow managers to use their discretion.  EDI and H&W are 2 centres of excellence. We will be focusing on an evidence-based approach to determine workplans for the year ahead which will be brought to future PLC meetings and also Board seminars.  The Terms of Reference for this Committee will be redrafted and brought to the July 2022 PLC meeting. **Action: CPO to provide for July PLC meeting.**  Chris Hurst commented that ‘enabling’ rather than ‘restraining’ Policies is positive, and that as a Board, we need to test that accountability and responsibility are aligned. | **CDS** |
| **5.**  **a.**  **b.**  **c.**  **d.**  **e.**  **f.**  **g.**  **h.**  **i.**  **j.**  **k.**  **l.**  **m.**  **n.** | **Voice of Junior Doctor**  The Chair welcomed Harun Butt to inform the Committee of his experiences as a junior Doctor within the Trust.  Harun joined the Trust in 2018 and is currently a Registrar in general adult psychology in Bucks early intervention system.  The organisational culture and strong training environment are key points that keep him here.  The IT systems cause frustration, Wi-fi is a major issue across sites, especially when holding virtual consultations. Care notes system is cumbersome, and the Dictation system is not the best.  The overall experience of training with the Trust is excellent.  The Medical staffing team provided excellent support on joining; that team have had a difficult past 12 months, but the issues are now being ironed out.  The Trust doesn’t sell itself well enough, only a low % of our trainees stay on as consultants.  The HOD asked if there were any tips Harun could share re selling the Oxford Health brand? Harun suggested that a recruitment event would be valuable, where the CEO, CMO, DME would be available for discussions.  The Service Director (SD) raised that IT and its functionality is heard as a consistent message from staff and asked how that can be linked back to IT?  The Chair advised that Martyn Ward – Director of Digital Transformation (DDT) usually attends this meeting and commented that unless we improve the day-to-day IT experience, our broader digital commitments ring hollow.  Chris Hurst advised that he chairs the Finance Investment Committee, which reviews business cases for IT investment. There has been a significant increase in funding, but we need to ensure we are smart with prioritising our investments. We’re commissioning a replacement system for our Community directorate which will roll out over the next couple of years. If the Digital dictation system isn’t efficient and effective, we need to review and look at alternatives.  Chris Hurst raised that one of the benefits of a large organisation, in theory, is that you can network, and asked Harun if he was able to take advantage of networking with other colleagues? Harun responded that there were opportunities, although it has changed significantly since the Pandemic.  The CPO confirmed that DDT has a planned pilot to improve the Wi-fi across sites.  **Action: DDT to advise Harun Butt what action the Trust intends to take re the technical problems.**  **Action: Chair/CPO to write to Harun with update on the issues he raised**  The CPO is looking forward to joining the Junior Doctor induction on 3rd August. | **MW**  **MS/CDS** |
| **6.**  **a.**  **b.**  **c.**  **d.**  **e.**  **f.**  **g.**  **h.**  **i.**  **j.**  **k.**  **l.**  **m.**  **n.**  **o.**  **p.**  **q.**  **r.** | **Workforce Report:**  The Chair flagged that as part of our forward look we will be revising the Workforce Report and build on the good work already done to capture data on key indicators.  The CPO advised that a new Leavers process was launched last month but the new Starters process had been delayed.  Staffing levels are on a downward trajectory and haven’t returned to pre-Omicron levels.  The Chair asked why our Agency target was at 18% while our Comparators are at 6%?  The CPO advised that we are resetting our targets for 22/23 now the work is completed on our funded Establishment.  The Director of Clinical Workforce Transformation (DCWT) added the Agency target was historically calculated as % of workforce, but the regional team have agreed, as our spend is so much higher, that we can set our KPIs as our target and report on monthly.  The Chair commended the team for resolving our Establishment figures which enables the Trust to have a firm foundation for the long-term resolution of the agency workforce challenge.  The CN added that we are worst in South-East and one of the worst in the Country for Agency spend. Nowhere else in the country delivers the PWP programme for IAPT workers outside of a university.  The Head of HR Systems and Reporting (HHRSR) added that the new Leavers process is partly to reduce overpayments and from an audit and security perspective, to ensure accounts are automatically closed down on our systems.  The Chair questioned if we should be concerned that staffing costs are down by 15% in some areas?  The HHRSR advised the reduction was against budget, as the budget had increased significantly in that month.  The Director of Finance (DF) added that it was not an actual cost, but a ratio.  **Action: DF to check the detail and send a note to clarify.**    The Chair commented that areas for development that we’re looking at in the workforce report include a). to ensure the data we are reporting is also shown in proportion to the number of staff in a Directorate so we can gauge not just how busy a Wellbeing/HR service is, but what the usage patterns tell us about the ‘temperature’ in different parts of the Trust b). There is a great deal of heterogeneity within our BAME Community, and we need to be more granular with understanding the experiences of different ethnic groups.  The CPO confirmed that we will be using an evidence-based approach to the EDI work programme.  The Chair added that on slide 8, it would be useful to see more details on those who are accessing the EAP service, and what the cost per intervention is.  **Action: HHRSR to include this information in the slide deck.**  Philip Rutnam questioned what action is being taken on 36 staff members from 1 team raising concerns with the Freedom to Speak up Guardian (FTSUG)? And generally do we have any reflections and learning on the concerning themes of staff feeling overwhelmed and stressed?  The CPO advised that the FTSUG roles are independent within the Trust, reporting to CPO for pay and rations only. The specific concern raised by the team of 36 has been escalated to the relevant head of HR to review that consultation process; the organisational change has already been implemented and it is in hand.  We have some planned work to deep dive into the wider themes emerging from our casework, looking at hotspots and triangulating data.  The SD confirmed that this was the Clinical support worker team, and we are confident in the remedial action plan we have put in place.  The CPO commented that we have recently strengthened our organisational change consultation process which has been welcomed by union colleagues.  The SD raised that pressure on senior managers is a real threat that we need to be aware of. | **MMcE**  **SB** |
| **7.**  **a.**  **b.**  **c.**  **d.**  **e.**  **f.**  **g.**  **h.**  **i.**  **j.**  **k.**  **l.**  **m.**  **n.**  **o.**  **p.** | **Strategic and Corporate risks**  The Chair thanked the Assistant Trust Secretary (ATS) for the work that has been done to make the risks easy to understand.  The ATS asked the Committee to consider increasing the current risk rating of Board Assurance Framework (**BAF**) risk 2.3 (succession planning, organisational development and leadership development) to reflect the increase in the likelihood part of the risk rating from ‘3’ (possible) to ‘4’ (likely). In February we were concerned that PDR compliance had reportedly dropped to 75% against a target of 90% and that had resulted in an increase in this risk rating; it has now dropped even further to 32%. This may also be partly due to data quality and reporting issues i.e. even if the reality is not as low as 32% compliance, there may be an issue with accuracy of data capture.  The Chair flagged that there are some teams who do not recognise their reported PDR and supervision compliance levels.  The CN confirmed that PDRs and training were an area we were guided to stop during Covid. The CN also questioned the accuracy of the supervision data.  The HHRSR added that a first look at the system has been undertaken and there is c.1500 records on the system which may not be correct. The first data cleanse will be done tomorrow. The HHRSR set out that the issues we need to correct are not to do with the interface with ESR but with the way we have configured the system to use in the Trust.  The DCWT raised that as Clinical supervision is one of the CQC’s key pillars of understanding quality and safety, while the data cleansing is underway, should we add this to our internal peer reviews? The Chair agreed that was a good suggestion.  The CPO added that we are fundamentally having to look at how the L&D system was set up. We have resource coming in to work on this, but we are not currently confident with the data.  The HOD has set up a working group to review our PDR process.  We have also implemented the Pay progression policy now; staff need to evidence they have had a PDR to progress to the next pay step.  The Managing Director MH&LD (MDMHLD) commented it needs to be clear how it is measured - a rolling year? April to March?  Philip Rutnam asked if clinical supervisions were suspended during the pandemic?  The CN confirmed that Clinical supervision was not suspended. The CN also confirmed the Heads of Nursing are assured of supervision in their areas.  The Chair proposed that, as we don’t currently know what the levels are, and these are key controls for a key risk, that we increase the current risk rating for BAF risk 2.3 as suggested and that we ask Managers to carry out spot checks for assurance.  The Chair added that we are confident that low compliance levels in Mandatory training, supervision, and PDRs, is a long standing, multi-year issue, notwithstanding the Covid period and the recent reporting system challenges.  The ATS provided an overview of relevant risks on the Trust Risk Register (**TRR**) and reported that: the Recruitment risk no. 1019 had been refreshed; and a new risk was being developed around Retention at an operational level and would focus upon day-to-day impact of failure to adhere to policies or comply with performance indicators.  The ATS added that a new risk had been escalated to the TRR (at TRR no.1077) from the Community Services Directorate around Agency staff not having access to Carenotes. The CN was involved in the development of the mitigating actions for this.    There was also an historic risk (at TRR no.995) around taking adequate steps to protect BAME colleagues who may be disproportionately affected by Covid; as the situation had moved on with vaccines, we will discuss the removal of this risk at TRR level with the CPO separately outside of this meeting. |  |
| **8.**  **a.**  **b.**  **c.** | **Cyber security risk given Ukraine situation (action escalated from Board)**  The ATS explained that this had arisen from an update to the Board in private in March 2022 around how the Trust was following general NHS operational advice in improving cyber resilience in response to the conflict in Ukraine. No matter how good any IT team is, or how many security patches they apply to systems, any organisation will still face a cyber security challenge with ‘user error’ i.e. staff accidentally clicking an unsafe link or otherwise falling prey to a scam. Although cyber security training can be provided, a cyber security awareness campaign may have a wider immediate reach and be more immediately effective (especially if compliance with mandatory training remains challenging). The ATS has linked with the Interim Heads of L&D (IHLD) who have also liaised with Will Harper in IT.  An IHLD (GD) confirmed that IT have added a suite of Resources onto the Intranet and plan to work with L&D to create bite size training that will be accessible on the Intranet.  The Chair asked the CPO to provide an offline update on time frame given the immediate raised threat levels. | **CDS** |
| **9.**  **a.**  **b.**  **c.**  **d.**  **e.**  **f.**  **g.** | **Staff survey action plan**  Andrea Young asked if we had corporate objectives for the whole Trust? The HOD responded that we did; Capacity, quality of PDRs and Flexible working. He added that we would like teams to take ownership for things that they can change within their teams.  The Chair questioned if it was worth us prioritising PDRs and supervision of Staff with less than 2-years’ service, given we have high leavers in that category?  The Chair also questioned what we believe drove the results for significant improvements in some areas? It would be instructive to understand the causes of these improvements and to consider whether we should increase these activities.  The HOD confirmed we are data gathering and interviewing some of the best and worst areas. The Chair clarified she was referring to the Trust wide improvements rather than areas of good practice in lower scoring dimensions of the survey.  The CPO added that the NHS pulse surveys we carry out will help guide us as we move through the year but won’t give us any new meaningful data – they are more of a temperature check for the organisation.  The DCWT added there are workstreams in IQRA that will have an indirect effect.  **Action: HOD to provide a summary of progress against milestones and actions identified, and to provide a short summary of insights into the factors that drove the Trust-wide improvements with a view to assessing if these should/could be amplified.** | **JS** |
| **10.**  **a.**  **b.**  **c.**  **d.**  **e.** | **Wellbeing Guardian responsibilities**  The Chair commented that the Paper gives a comprehensive view and asked if there was any interim data that could help us track the wellbeing indicators before the next audit in Nov 22? **Action: HOD to determine and advise how we will keep track**.    The Chief Medical Officer (CMO) raised the principle of supporting staff in significant incidents, we start with scrutinising and suggested the threshold could be modified.  The CN added that language is important, everything we do is about learning and support. We’ve had positive feedback around how we frame and look at patient safety incidents, we now have ‘incident review huddles’ ideally within 72 hours.  The Chair asked if we are confident our staff are being supported?  The CN responded that we are. The issue is that messaging from the Board does not always emphasise the concern for staff involved.  Mike Hobbs questioned if a role is being developed within OHFT to support staff after incidents and to assist with addressing questions and scrutiny, writing reports etc.  The Chair advised we will look into that. **Action: HOD to investigate.** | **JS**  **JS** |
| **11.**  **a.**  **b.**  **c.**  **d.**  **e.**  **f.**  **g.**  **h.**  **i.**  **j.** | **Discovery phase of Culture programme**  The Chair commented this is a summary of the discovery work undertaken so far, and she invited the Committee to focus on findings and whether or not to progress to the formal Discovery phase rather than the more detailed delivery options summarised at the end of the paper.  The HOD added this is a suite of options, asking the Committee to sign off this project, so we can delve further into the discovery phase and return at the July 2022 meeting.  Andrea Young questioned if it is possible to pull different methodologies and cultures into a single programme and commented there are no medical consultants or Doctors included in this document.  The HOD confirmed including Medics is absolutely essential and he can revise the document to include who we could engage with. There are levels of QI, the goal would be for Staff to understand enough to be involved and how the pathways link and build on each other.  The CN added the Trust needs to agree what good outcomes would look like? The whole organisation needs to say ‘we want to be a restorative just and learning culture’ with everyone using the same language.  The MDMHLD added that we need to consider rolling this out within teams and not horizontally in cohorts.  Philip Rutnam commented that a) the programme should be focused on an agreed aim eg. Just and Restorative culture b) to acknowledge that there are many components of an OD programme of which a leadership programme would be only one c) given the resource constraints and the investment already made in QI, would it not be better to get QI cemented into the organisation first before embarking on a wider OD programme.    The CMO advised that he is developing a clinical leadership programme, providing individuals with exposure to the team development programme. We do want multidisciplinary teams.  The DF added that it needs to be contextualised with our existing organisational structure, and the values of the Organisation need to be coherently linked.  The Chair echoed the earlier point about an OD programme being a multi-component initiative, and summarised that we need to frame the OD intervention with what are the key results we want to create as an organisation and what is the culture that enables us to achieve those results; then to map where we are now against the results we want to achieve and the culture we need to create. This will provide the pathway for a transformation programme and underlines the importance of linking this programme of work with that being developed by the incoming Director of Strategy. She confirmed the Committee is in agreement to progress to the formal discovery phase. |  |
| **12.**  **a.**  **b.**  **c.**  **d.**  **e.**  **f.**  **g.**  **h.**  **i.**  **j.** | **IQRA update**  The DCWT advised that our Agency spend for last year, on the backdrop of Covid, was £58m, with 61% Agency v 39% Bank.  IQRA has predominately focussed on Nursing and AHP workforce, but there is now a plan to address Medical spend.  We have delivered a number of initiatives - International Nurses resulted in cost avoidance of just over £1m.  We are in a good position moving forward, KPIs have been agreed and will be reported on monthly.  We undertook an inpatient staffing review, looking at supply and demand to determine what was driving our spend, which identified our funded establishment was incorrect.  Philip Rutnam commented it would be useful for the Board to know; what is the target, what is the trajectory and what is the progress.  **Action: DCWT to discuss with CPO and CN and provide information at July 2022 PLC.**  The MDMHLD noted it was very important to recognise the impact of transferring roles from unaffiliated to affiliated.  The DCWT confirmed we have strategically moved to a 5–7-year plan with acknowledgement from the Board; the gap won’t be closed for 2 years.  The CPO added that we have agreed a deep dive into the recruitment of International Nurses, and that will be added to the workplan within the next year.  The Chair commented it was very useful for the Committee to see the detailed work that’s been restarted after Covid, and it would be helpful to show trajectory v. KPIs going forward. | **ME** |
| **13.**  **a.**  **b.**  **c.**  **d.**  **e.**  **f.**  **g.**  **h.**  **i.**  **j.**  **k.** | **Mandatory training review**  The Chair advised that current system issues aside, we’ve been under-performing for 5 years in compliance with mandatory training.  Andrea Young questioned the enormous variety of training matrices.  An IHLD (GD) advised that the number of matrices has reduced from 4000 to 450 and that we plan to reduce the number of matrices and to fix them to people’s jobs, not their titles. We have set up a Task and Finish group and will have robust controls going forward. We will also look to create more disciplined distinction between mandatory training vs CPE; there is some evidence that the two have been confused.  An IHLD (BE) added we will be defining the governance of how things are added and what we term ‘mandatory’.  The MDMHLD commented that the first principle should be e-learning unless absolutely needed i.e. Resus, conflict resolution, PMVA and maybe advanced manual handling.  An IHLD (GD) advised that will be looked at in the T&F group.  An IHLD (BE) suggested e-learning could be linked into our induction process.  The Chair added it would be good to understand in due course, how accessible and what is the quality of mandatory training, how useful do colleagues find it in the actual conduct of their work.  The DF raised the importance of accountability and responsibility of training, it should be checked in appraisals and Managers should be checked on their staff.  The Director of Corporate Affairs (DCA) agreed that we need to look at the wider problem and that it is not just a system issue.  The Chair concluded this is a focus for the PLC as well as the Audit Committee, we would like this to come back with a consideration of the additional dimensions that have been raised here, along with a proposed set of milestones/KPIs for reporting back to the Committee. **Action: Mandatory training review to be brought to October PLC** | **GD/BE** |
| **14.**  **a.**  **b.**  **c.** | **AOB**  The DCA advised she has feedback on the PLC Workplan, to be discussed at the next PLC Agenda setting meeting with the Chair and the CPO.  The Chair commented how pleased she was that Governors had joined to observe the meeting and thanked everyone for their active participation.  The next meeting will be held on Thursday 7th July at 13:30. |  |

**For information only:**

PLC Workplan for 2022/23 (papers – PLC21(i) & PLC21(ii)/2022)

PLC Annual Report 2020/21 (paper – PLC22/2022)

PLC Annual Report 2021/22 (paper – PLC23/2022)