

**People Leadership and Culture Committee**

**Minutes of a meeting held on**

**PLC xx(i)/2022**

(Agenda item:3)

**Thursday 07 July 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)** |
| Mike McEnaney | Director of Finance (**MMcE**) |
| Marie Crofts | Chief Nurse (**MC**) |
| Kerry Rogers | Director of Corporate Affairs & Company Secretary (**KR**) |
| Nick Broughton | Chief Executive **(NB)** (partial meeting) |
| Andrea Young | Non-Executive Director (**AY**) (partial meeting) |
| **In attendance:** |  |
| Rick Trainor | Non-Executive Director **(RT)** |
| Alison Cubbins | Head of HR Policy, Reward and Projects **(AC)** |
| Gemma Donnelly | Interim joint Head of Learning & Development **(GD)** |
| Claire Candy | L&D Leadership Lead **(CC)** |
| Zoe Moorhouse | Head of HR, Mental Health & Specialised **(ZM)** |
| Goldie Prince | HR Consultant, Policy & Reward **(GP)** |
| Jill Castle | Head of HR, Community & Corporate **(JC)** |
| Hannah Smith | Assistant Trust Secretary (**HS**) |
| Ema Dwyer | HR Systems Manager **(ED)** |
| Joe Smart | Head of Organisational Development (**JS**) |
| Jyoti Pandey | Clinical Development Nurse, City Community Hospital **(JP)** |
| Neil Mclaughlin | Trust Solicitor and Risk Manager **(NM)** |
| Nic McDonald | Senior Programme Manager **(NM1)** |
| Kezia Lange | Deputy Chief Medical Officer **(KL)** |
| Mike Hobbs | Lead Governor **(MH)** (*observing)* |
| Carl Jackson | Governor **(CJ)** (*observing)* |
| Shirley Innes | Executive Assistant to Chief People Officer (**SI**) *(note taking)* |

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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:  Karl Marlowe – Chief Medical Officer, Emma Leaver - Service Director, Amelie Bages Executive Director of Strategy & Partnerships, Ben Riley – Executive Managing Director – Primary, Community and Dental Care, Sigrid Barnes – Head of HR Systems & Reporting (Ema Dwyer in attendance), Martyn Ward -Executive Director Digital and Transformation, Charlotte Forder – Governor. | **Action** |
| **2.**  **a.**  **b.**  **c.**  **d.**  **e.**  **f.**  **g.**  **h.**  **i.**  **j.**  **k.**  **l.**  **m.**  **n.**  **o.**  **p.**  **q.**  **r.**  **s.** | **Minutes of the meeting on 05 May 2022**  The Chair proposed the minutes of the previous meeting were noted as an accurate record.  **Matters arising**  **Item 2.d Action:** Martyn Ward to advise when a strategic review of Food provision will be undertaken and provisionally set a date to update PLC.  Status: This item was on the agenda for the July 2022 meeting and a paper circulated but the Chair was notified at the start of the meeting that it needed to be deferred to October as MW unable to attend the July meeting due to other urgent priorities. **Action remains open until October 2022 meeting.**  **Item 2.e. Action:** Joe Smart to review OD workplan and deliverables and feedback overall views to Committee.  Status: Oxford Health People Plan has been developed and on the July PLC agenda. The OD work programmes have been completed and are being presented to CPO throughout July. Action closed  **Item 2.g 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’.  Status: Nic McDonald advised lots of work is underway. The Chair asked for a paper to be brought to October PLC to include time frame for key milestones, particularly early warning system. **Action remains open.**  **Item 2.h Action:** Casework data to be reviewed in depth.  Status: CPO, Head of HR and HRBPs have agreed an approach to review strategic themes that are emerging from casework, using the last 12 months of data, and this will then be triangulated with information from the FTSUGs. Action closed.  **Item 2.i 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: CPO and Lucy Weston have met. LW shared her interest in ensuring there is a focus on supporting staff and managers to have the correct budgetary controls in place and that these delegations are effective. Action closed.  **Item 2.j Action:** Marie Crofts to review the Dress and Uniform Policy.  Status: MC took to Senior Nurse Forum, a Clinical Lead Nurse will carry out scoping work and this will return in due course. Action closed.  **Item 2.k Action:** HR policy development and approval process to be summarised and shared with PLC.  Status: Complete and substantive item on the July PLC agenda. Action closed.  **Item 4.j Action:** CPO to redraft Terms of Reference for this Committee for review at July PLC meeting.  Status: Further work to be done reviewing ToR and Membership. **Action remains open**.  **Item 5.l Action:** DDT to advise Harun Butt what action the Trust intends to take re the technical problems.  Status: Included in the letter from CDS to HB sent 28.6.22. Action closed.  **Item 5m Action:** Chair/CPO to write to Harun with update on the issues he raised.  Status: Included in the letter from CDS to HB sent 28.6.22. Action closed.  **Item 6.i Action:** DF to check and confirm the reduction in staffing costs was not an actual cost, but a ratio.  Status: MMcE confirmed we have increased budgets accordingly for changes in investment and pay increase, which has reduced the ratio. Action closed.  **Item 6.l Action:** HHRSR to include in the slide deck more detailed information on those who are accessing the EAP service, and what the cost per intervention is.  Status: Information now included in Workforce Report. Action closed.  **Item 8.c Action:** The Chair asked the CPO to provide an offline update on time frame in which resources will be added to the Intranet given the immediate raised threat levels of Cyber security.  Status: Tris Church, IM&T Service Development Manager advised there is a lot of information regarding Cyber Security best practice on the Intranet. The plan is to convert this information into bite-size training videos that will ultimately be available via the OTR, expected mid-August. Action closed.  **Item 9.g Action:** Staff survey - 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.  Status: ‘Organisation takes positive action on health and wellbeing’ was the question with biggest change from the last staff survey, jumping from 29% (2020) to 66% (2021), due to a lot of work by Wellbeing team; introduction of EAP and You Matter services; launch of 200+ Wellbeing Champions; TRIM and REACT training for Managers; regular H&W newsletter; constant promoting of services through Comms and CEO webinar. The next biggest is question around people’s last experience of bullying and harassment which reduced to 61% of people saying they had never experienced it. They are being built into everything we’re doing and into our People plan. Action closed.  **Item 10.a Action:** HOD to determine and advise how we will keep track of Wellbeing Guardian responsibilities prior to November 2022 audit.  Status: A mid-point audit has been conducted looking at how we track metrics of the 9 principles. The Chair advised we need to proactively check how we evidence these principles. Further discussions needed with CPO, HOD and Chair. **Action remains open.**  **Item 10e Action:** HOD to investigate if a role is being developed within OHFT to support staff after incidents and to assist with addressing questions, scrutiny, writing reports etc.  Status: JS discussed with Head of Quality Governance, there are a number of ways support is available.  The Chief Nurse (CN) advised there is a PIP team, led by Guy Harrison and Karen Lascelles that provides immediate support automatically after an incident and this is followed up a few weeks later. Individual support is available too. The CN oversees this programme and feedback is that it is valued.  The CN confirmed we are planning to train more staff so more support can be offered this way and added that Schwartz rounds also receive positive feedback.  The CN suggested Guy Harrison for a future PLC ‘voice of’ slot. Action closed.  **Item 12.f Action:** DCWT to discuss with CPO and CN and provide information at July 2022 PLC for IQRA; what is the target, the trajectory, and the progress.  Status: Included in substantive item on the July PLC agenda. The paper provided is an interim stage towards this and further discussion to take place with MC, CDS, MS.  MS also to consult FIC **Action remains open.**  **Item 13.k Action:** Mandatory training review to be brought to October PLC meeting.  Status: Included on Workplan for October PLC, **Action open until October meeting.** | **MW**  **MW/NM1**  **CDS**  **CDS/JS**  **MS/CDS/**  **MC**  **BE** |
| **3.** | **Declarations of Interest**  No interests were declared. |  |
| **4.**  **a.**  **b.**  **c.** | **Chief People Officer’s strategic update**  HR Leadership team finally at full complement, Alison Cubbins joined this week as Head of HR Policy, Reward and Projects.  Much of the work of the People Team is still Covid related, the special pay for NHS staff in relation to Covid is ending and we will be transitioning staff to our normal Absence Policy.  We’ve now started to think as a top HR team of our priorities, we need to focus on a medium and a long-term plan, key areas are Recruitment and Retention. This focus is reflected in the papers for this meeting and in particular the People Plan priorities which are set out in Item 8. |  |
| **5.**  **a.**  **b.**  **c.**  **d.** | **Voice of**  The Chair welcomed Jyoti Pandey to inform the Committee of her experiences as a Nurse. Jyoti is the Clinical Development Nurse at City community hospital.  She joined OHFT in April 2021 and came to work from us from India as part of our first tranche of International Nurses.  Jyoti was recently promoted from a band 5 registered adult nurse role to the band 6 role of Clinical Development Nurse, Jyoti is our first internationally educated nurse to have been promoted within the Trust.  JP shared that she felt very welcomed and supported joining the Trust and was very happy being here,   * she has found the communication and work environment is different to what she experienced in her home country * there are great opportunities to progress, her manager encouraged and supported her to apply for the band 6 role she is now in * OHFT has a really nice culture, there is diversity on the ward, and they work as a close-knit team * She had a good experience with Goodshape when she was sick and she experienced a very supportive working culture when she or her colleagues were affected by Covid * Some Nurses have many years of experience in their own country, but they still have to join at the bottom of band 5 which is an issue and which she knows has been raised.   The Chief Nurse (CN) added that a celebration day of International Nurses was held recently, and they are continually learning from the experiences of our Cohorts.  **Action: CPO to follow up in writing with JP with regard to the issues she has raised.** | **CDS** |
| **6.**  **a.**  **b.**  **c.**  **d.**  **e.**  **f.**  **g.**  **h.**  **i.**  **j.**  **k.**  **l.**  **m.** | **Workforce Report:**  The Chief People Officer (CPO) advised that as well as the usual report with data and commentary, there is a new template for how we plan to present this data going forward which has been included here for discussion.  The CPO drew attention to the new and emerging overriding risk to the People agenda - cost of living pressures. The Trust has given a one-off bonus and paid for Blue light cards, but we need to understand what more can be done. This will be an immediate priority for the new Head of HR Policy, Rewards and Projects (HHRP) to co-ordinate a Trust response in the face of increasing hardship experienced by staff, looking at partnership agreements with Trussell Trust, credit unions etc. We have a hardship policy, but the criteria are somewhat rigid and don’t lend themselves to the situation that staff now find themselves in.  Another high risk is our employee records. This was a red risk from Audit Committee - we have fixed the leavers process and we now have a new technical contractor working with us for the starters process. We are due to report back to Audit Committee in the autumn on progress given the “high” risk ratings that were recorded in the Internal Audit report.  Operationally, we have filled gaps in our recruitment team but now need to get them up and running. Discussions are taking place with CN as to how we can align our recruitment campaigns to where there is highest need.  Andrea Young endorsed the CPO’s comments and stressed the importance of supporting staff through this difficult period of cost of living pressures and she mentioned that this had been highlighted to her by staff at recent visits she had conducted.  The Chair added it would be good to know how many staff are telling us they’re experiencing hardship so that we can ensure our response is adequate.  The Chief Executive (CE) added it would be helpful to compare and contrast our KPIs against comparable organisations.  The Executive Managing Director, Mental Health & Learning Disabilities (MDMH) asked why there was such a difference in time to recruit for 2 comparable directorates (Oxford & Bucks)  The CPO advised there was a range of different factors that could affect this, but we don’t currently have a recruitment policy, so there is no governing for each part of the process.  The Chair added that it would also be helpful to understand:  1 - Time to hire by role type – HCAs in private sector are completed within 2 weeks, and 2 – how these benchmarks have been set, and what levels of performance are being achieved by other Trusts and private sector.  **Action: CPO to investigate why:**  1 - there is such a difference in ‘time to hire’ between the Oxford and Bucks areas and by role type, and  2 – how these benchmarks have been set and what levels of performance are being achieved by other Trusts and private sector.  The CPO added that comparable benchmark data will be added, and we will use the people promise and national frameworks as a Golden thread; we have tried to place KPIs where we think they best fit. We need to review what is the data telling us and how this then flows into directorate reports that are meaningful.  In relation to the new template for Workforce reporting; there were not specific comments.  The Chair concluded that it would be helpful to preface it with our specific challenges; that our absolute priority is to improve patient and staff outcomes and experience through a reduction in our dependence on Agency. The indicators that support the reduction in agency reliance need to be grouped and highlighted. Work will be done on the new workforce report over the summer and the Committee are encouraged to submit any feedback. | **CDS** |
| **7.**  **a.**  **b.**  **c.**  **d.**  **e.**  **f.**  **g.**  **h.**  **i.**  **j.**  **k.** | **IQRA**  The Chair advised this programme of work is reviewed regularly at PLC; we had a detailed report at February PLC, and we now want top level views to check if our plans are sufficient to the scale of the challenge and that we are achieving the progress we intended.  The CN advised that our Internationally recruited Nurses will make a difference ongoing and we’ve recruited a Peripatetic team for Community hospitals that we can deploy at short notice.  Andrea Young asked why aren’t we attracting Clinicians - what’s the root cause?  The CE advised it is a national problem, demand has significantly increased, and they feel they are not able to provide the quality of care they would like to. It’s important we engage with consultants, maybe as a ‘voice of’ at a future meeting.  **Action for CPO/CMO to identify an experienced consultant to speak to PLC about their experience in the Trust.**  The CE added that many things are in train, but they will take some time to have the traction we need; we’ve strengthened the medical advisory committee, the medical leadership, the medical HR function, and given our location and academic links we should become an employer of choice.  The Chair checked that managers and directors are receiving Agency usage data for their areas and asked how are we holding managers accountable to this?  The MDMH advised we are getting to the bottom of understanding it, budget vacancies are only 1.4, but we’re using 7 agency staff to backfill leave, sickness etc.  **Action: ME to bring update to October PLC on how managers are supported and held accountable for Agency usage in their areas.**  The CPO advised we now have the resource in medical staffing to run campaigns.  The CPO, HHRP and Chief Medical Officer (CMO) will be attending the junior doctors’ induction on 3rd August and are planning to run a separate session for those at a crossroad in their careers. We have a very good educational opportunity for Clinicians.  The Chair confirmed that Quality Committee and PLC Committee agreed that IQRA would sit with this Committee. The IQRA report submitted is good progress towards providing the overview needed and further conversations will now take place to finalise. **Action: CPO, CN, MS to discuss.** | **CDS/KM**  **ME**  **CDS/MS/**  **MC** |
| **8.**  **a.**  **b.**  **c.**  **d.**  **e.**  **f.**  **g.**  **h.**  **i.**  **j.**  **k.** | **Draft People plan 2022-23**    The CPO advised that HR would like feedback from senior leaders on what is proposed so the programme of work can be refined. The focus is on the key themes that HR believe will add the most value in relation to our workforce challenges - upskilling line managers, new starter experience (from advert to end of first 12 months in the role), data quality and systems. The Just & Restorative Learning culture is one of the OD frameworks, and there will be an opportunity to review the streams.  The Chair commented that the Trust has not previously had a clear programme of this work and commended its focus and brevity.  The Chair added that the paper lacks the clear and explicit statement that our immediate strategic and operational priority is to improve patient and staff outcomes and experience through reducing our dependence on Agency and that this will be our touchpoint.  The MDMH suggested this is presented in such that we want to recruit and retain staff, and that reducing Agency is a secondary effect? There is also a risk of getting stuck in timeframes of financial years, maybe be clearer on time frame and extend the timeframe beyond this financial year into the 2023/24 year.  The CN agreed the message needs to be to recruit and retain, and that above the restorative and just learning culture sits civility, respect, and kindness.    The Director of Corporate Affairs (DCA) suggested it is made clear how we bring this back to patient care and Staff involvement and experience.  The CE agreed with the MDMH and CN comments, our overarching focus should not be badged as reducing agency – there are things that sit outside HR’s remit that affects our use of Agency. Improving overall staff engagement is very important.    Rick Trainor added that it seems odd in isolation to just talk about managers.  The Director of Finance (DF) commented that the Trust values should underpin everything.  The CE suggested that focussing on leaders rather than managers may resonate more widely.  The Chair noted the inclusion of the Just and Restorative Learning Culture as a key pillar of the Plan and that this may evolve as the work on the OD programme develops.    The CPO thanked the Committee for their comments and feedback which will be incorporated into the next iteration of the Plan  The Chair concluded that this is an internal working document for the HR leadership team and that communication of the priorities is an important but separate task. There is a great deal of opportunity in the People agenda – and it is all important; the risk is we fail to rain traction on any of it by spreading our limited resource too thinly. The proposed People Plan is an excellent vehicle for helping the team to determine what will be focussed on first. |  |
| **9.**  **a.**  **b.**  **c.**  **d.**  **e.**  **f.**  **g.**  **h.** | **Strategic and Corporate risks**  The Trust Solicitor and Risk Manager (TSRM) asked the Committee to consider:   * Risk 955 (staff who are particularly vulnerable to Covid) is now closed on the TRR and left to the clinical oversight group for continuing monitoring.   The Chair confirmed the Committee agrees that Risk 995 can be closed.   * Risk 1020 (work related stress) which has sat at a high level for a long time, is reframed so it is measurable.   The Chair confirmed NM should reframe the risk.  **Action for NM/JS**   * Risk 1132 (HR employee record system) is moved to PLC from Quality Committee. * A cost-of-living risk to be formulated.   **Action for NM/CDS/AC**  The Chair raised Risk 1065 (RESUS training), we have some significant issues with mandatory training compliance, does the CN think we need to change the risk rating?  The CPO advised that the rates are heading in the right direction, we are just on the cusp of 80% and that the CN is considering what needs to be done on RESUS.  The Chair suggested if the RESUS training numbers are not improving at the next meeting, we will need to look at this further and perhaps increase the risk rating.  **Action: To be combined with Mandatory Training paper coming to October PLC.**  The Chair requested an analysis of how long things have been at a red rating, are we accepting this level of risk, or do we need additional resource to address this risk?  **Action for NM to provide.** | **NM/JS**  **NM/CDS/**  **AC**  **BE**  **NM** |
| **10.**  **a.**  **b.**  **c.** | **Discovery phase of Culture programme**  The HOD confirmed that the discovery phase is on-going, and the Chair requested people to restrict their questions to those of clarification.  The CPO asked people to send any comments to JS off-line; this work will inform decisions on what is included in the programme.  The CEO and Chair both agreed to remind Executive and Non-Executive director colleagues to complete the questionnaire. |  |
| **11.**  **a.**  **b.**  **c.**  **d.**  **e.**  **f.**  **g.**  **h.** | **Leadership development provision**  The Chair commented that our staff’s experience of ‘the Trust’ is mediated through line managers, but what is it we’re doing to equip managers to lead and manage well?  The Interim Head of Learning & Development (IHLD) advised that we have a good offer for staff, we use our clinical expertise and receive good feedback. We need to consider the gaps and how we coordinate offers across the Trust, look at the impact of the training and determine the prioritisation of some of the work we need to do. We don’t currently have a suite of bitesize training.    The Chair suggested Executive colleagues would be better placed to prioritise this work.  Andrea Young advised some external NHSE programmes are very good and also provide networking opportunities, they are expensive but worth it.  The identification of leadership training needs to be identified through the PDR process. Bitesize training is valuable and having difficult conversations is a key skill.  The Chair added that it’s quite difficult to get a sense of what is offered, and the PDR process is essential to navigate this.  The Chair endorsed bite size training and observed training of ‘meetings management’ would be welcomed across the Trust, especially for large group meetings.  The Chair concluded that the next step would be for Executive colleagues to approve the scoping piece of work and determine prioritisation against a clear description of number of existing managers/new managers each year, and the % that currently have had training to support them in key management skills.  The CPO added that this is honest account of strengths and reflection on the function and reflects the investment made in accredited professional learning over the last period which has meant that leadership training had been less of a focus. |  |
| **12.**  **a.**  **b.**  **c.**  **d.**  **e.** | **HR Policy review**  The Head of HR (HHR) asked the Committee to advise if they agreed with the workforce plan and priorities. It is proposed an audit and gap analysis is brought to the next PLC.  The common template and definition of governance process is planned by end of the year, followed by an employee handbook to complement it all by mid-2023.  The Chair confirmed agreement with that approach and advised of the need to consider and do first those things that are most material to recruitment and retention.  The Chair added it would be helpful to understand handoffs between different groups identified in the governance process.    The CPO welcomed the Chair’s steer and added that a model on policy statement will really help our managers and staff.  **Action: Brief progress report to come to January 2023 PLC.** | **AC/GP** |
| **13.**  **a.** | **Food Strategy:**  **Action: This item was deferred to October PLC.** | **MW** |
| **14.**  **a.**  **b.**  **c.**  **d.**  **e.** | **Medical Appraisal and Revalidation Report**  The Deputy Chief Medical Officer (DCMO) asked the Committee to approve the Report ahead of going to Board on 20th July for official approval, and explained we have statutory responsibility for annual appraisals for doctors, over the last couple of years we have identified some fragilities in our processes.  Andrea Young supported the recommendation to strengthen the appraisal system, and added the appraisers need to have credibility and be respected.  The DCMO added that our appraisers carry these out on top of their normal duties; a lot of Trusts now use external appraisers at £600 - £1000 per appraisal.  The Chair confirmed the PLC Committee’s approval of the plan of action in the report.    The Chair commented it would be good to hear how work is progressing against the recommendations.  **Action: DCMO and CPO to agree when/how a touchpoint could be created.** | **KL/CDS** |
| **15.**  **a.**  **b.**  **c.**  **d.** | **AOB**  The Chair asked if the observing Governors had any comments or observations?  Mike Hobbs commented it was a very full agenda, very efficiently covered, and it’s commendable that the key issues are being addressed.  The Chair added that we now have the bones of the HR programme, and an updated forward look will be brought to the next PLC.  The Chair acknowledged this was Mike McEnaney’s final PLC meeting as Director of Finance and thanked him for all his support and knowledge sharing and for his past leadership of the HR function. |  |