

REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (HOSC):

Oxford University Hospitals NHS Foundation Trust People Plan:

**REPORT BY: HEALTH SCRUTINY OFFICER, OXFORDSHIRE COUNTY COUNCIL,
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INTRODUCTION AND OVERVIEW

1. At its meeting on 18 April 2024, the Oxfordshire Joint Health and Overview Scrutiny Committee (HOSC) received a report providing an update on the Oxford University Hospitals NHS Foundation Trust People Plan.
2. The Committee felt it crucial to receive an update on the Trust's People Plan, particularly in light of the increased Nationwide challenges around workforce recruitment and retention. The Committee also sought to assess the degree to which the Trust was taking adequate steps to promote and support the wellbeing of staff.
3. This item was scrutinised by HOSC given that it has a constitutional remit over all aspects of health as a whole; and this includes the strategies, plans, and decisions taken by NHS Foundation Trusts to support and improve the recruitment, retention, and wellbeing of staff. When commissioning this report on the Oxford University Hospitals NHS Foundation Trust (OUH) People Plan, some of the insights that the Committee sought to receive were as follows:
 - How the 2020 NHS People plan has shaped the direction of OUH's People Plan.
 - What the overall objectives of the People Plan are.
 - How the plan was formulated (and whether this included liaison with stakeholders).
 - How the Trust's workforce will be recruited as well as retained.
 - The degree to which the wellbeing of OUH staff will be supported and maintained.
 - Is there public communications work around the plan and its promotion.
 - The extent to which there is sufficient resource (including funding and workforce) for the purposes of delivering the objectives of the Plan.

- Whether there was any evidence to indicate how effectively the Plan has been delivered thus far.

SUMMARY

4. The Committee would like to thank Terry Roberts (Chief People Officer, Oxford University Hospitals NHS Foundation Trust) for attending the meeting on April 18 and for answering questions from the Committee in relation to the OUH People Plan. The Committee would also like to thank Dan Leveson (BOB ICB Place Director, Oxfordshire) for his attendance and for his contribution to the discussions around the Plan.
5. The Committee asked for clarification on the Oxford University Hospitals NHS Foundation Trust (OUH) vacancy freeze and whether an impact assessment had been completed to assess its effect. The Chief People Officer clarified that it was not a vacancy freeze, but a vacancy pause. This measure was implemented following instructions from the Integrated Care Board and NHS England, with the aim of balancing their financial books. The pause affected both clinical and non-clinical posts that were B and 8C and above, which included senior roles like managers with a salary of £70,000. Administrative and clerical roles were also paused. OUH still actively recruited to Band 5 and Band 6 nursing vacancies, healthcare support workers, and other direct healthcare roles. The primary goal of this action was to ensure financial stability.
6. The Chief People Officer added that OUH was directed to implement these measures. The Trust had been striving to increase productivity and had a significant productivity programme in place for the entire previous year. It was noted that at the end of 2023/24, OUH finished with a deficit of £10 million. However, this was in the context of achieving £90 million in efficiency savings during the same period. The Chief People Officer clarified that they did not want to pause the posts, as they were not extra and were indeed needed. However, they had been instructed to review them, a task not unique to Oxford University hospitals. The Trust acknowledged the difficulty of the situation, particularly the administrative burden placed on staff due to the thorough quality impact assessment.
7. The Committee enquired about the effect this could have on staff that were already under strain. The Chief People Officer stated that they were aware of the initiative's impact on their staff. The Trust were constantly monitoring the staff's mood through quarterly staff surveys, a large annual staff survey, retention questionnaires, and regular people plan listening events where they heard directly from the staff. These methods helped them understand the feelings of their staff and were instrumental in developing the people plan.
8. The BOB ICB Place Director, Oxfordshire acknowledged that their costs, like many systems across the country, had exceeded the allocated funds. The proportion of money spent on staff, was typically between 75% and 80%. They emphasised their responsibility to deliver a balanced budget and considered it absurd to do so without considering how they spent the major proportion of their

money. In financially challenging circumstances, one of the first actions they took was vacancy control, as it was something they could control. The Trust ensured that people were still able to staff safely. While doing so, they saw an opportunity to explore different care models that could deliver better value and outcomes at lower costs. They were introducing new integrated models for better value and were considering the introduction of technology.

9. The Committee asked how the NHS People Plan influenced the OUH People Plan, and whether the OUH People plan was sufficiently tailored toward any potential specificities for Oxfordshire. The Chief People Officer stated that OUH had a specific Oxfordshire remit, part of which involved attracting and retaining people from Oxfordshire. The Trust had a scheme to recruit locally for their apprenticeships. They worked on the health inequalities agenda for Oxfordshire and were part of the Anchor Institute. Their goal was to reduce health inequalities and recruit people from local communities into their organization.
10. The Committee asked whether there was still a heavy reliance on agency and bank staff and whether cheaper housing for staff would help attract the workforce. The Chief People Officer responded that there was a reliance on agencies due to existing vacancies and a national shortage of trained nurses and doctors. The Trust had not only depended on agencies and banks but also on overseas recruitment due to the poor supply of trained medical professionals. There was a target to reduce their reliance on banking agencies by 700 whole time equivalents that year and were exploring different ways to achieve this. The cost of living was a factor that made it difficult for people to afford living in Oxford. OUH had been working with outside agencies to secure cheaper accommodation for their staff, an effort that was ongoing; and were also considering the introduction of an Oxford Weighting, similar to the London Weighting received by hospitals in London, given that the cost of living in Oxford was not much lower than in London. The Trust expressed appreciation for any assistance that could be provided in this regard.
11. The Committee asked about the protection of staff from abuse and violence and whether there was a whistleblowing policy in place. The Chief People Officer stated that addressing abuse towards their staff was a high priority due to an increase in such incidents. There was a specific group focused on supporting staff in relation to violence, aggression, and sexual harassment. Several initiatives were in place, including body cams for Emergency Department staff, psychological support from their Psychological Medicine service, a poster campaign, and a revisited policy about violence and aggression. The Trust had strengthened its warning system for aggressive or violent patients, and were also encouraging staff not to tolerate abuse, which had sometimes led to staff leaving their jobs. There was work to lower staff tolerance of violence and aggression, even when it came from patients with dementia or other illnesses. They wanted staff to report incidents so they could take action, and were even willing to deliver final warnings to patients at an executive level. They were making progress on this significant agenda, but not as quickly as they would have liked.

12. The Chief People Officer had confirmed that the majority of the issues were from patients. Upon reviewing the data and staff survey results, the Trust found that incidents involving staff-on-staff were less than half of those involving patients-on-staff. The Chief People Officer stated that OUH had a whistleblowing policy encouragement to speak up, however, it was acknowledged that more needed to be done. As part of their action plan, they were exploring ways to provide psychological safety for people to voice their concerns. They were seeking charity funding to establish an external whistleblowing system, assuring that it would be anonymous and allow people to raise their concerns without fear of being traced. This was aimed at addressing these concerns effectively.
13. The Committee asked how OUH would be evaluating and measuring the overall effectiveness of the Plan and its tangible outcomes and delivery. The Chief People Officer had responded that they had 15 metrics in their report, that they believed were crucial to measure. The end of Year Three of the People Plan, which was also the end of the financial year, was the time they would measure against all the metrics such as bullying and harassment, time to hire, and vacancy rates. An annual evaluation was conducted to assess their position, and for the second year, they had met the majority of the metrics. The areas they identified as having the most significant gaps were some of the equality and diversity metrics. They also noted the importance of employees taking the majority of their annual leave throughout the year, as it was crucial for rest and recovery. Another concern was the number of people leaving within a year of starting, particularly among admin and clerical and healthcare support workers. This indicated issues with the work environment and the selection process.

KEY POINTS OF OBSERVATION & RECOMMENDATIONS

14. Below are some 4 points of observation that the Committee has in relation to the OUH People Plan. These key points of observation relate to some of the themes of discussion during the meeting on 18 April, and have also been used to shape the recommendations made by the Committee. Beneath each observation point is a specific recommendation being made by the Committee.

Importance of risk assessments for recruitment pauses: The Committee is supportive of the OUH People Plan, and perceives the development of such a plan as constituting a positive development. The principles of the Trust's People Plan also appear to be in line with those outlined by the NHS's overall People Plan. Nonetheless, it has come to the Committee's attention that the Trust has paused the recruitment of certain types of staff. The key concern revolves round any serious implications of the recruitment pause on the delivery of the priorities and objectives of the People Plan. The vacancy pause at OUH is occurring at a time of unprecedented waiting lists and demands, and is also taking place in a national context where other Integrated Care Systems in other areas have already warned that the scale of staffing cuts to balance the books are wholly unrealistic without putting patients at risk. Therefore, it will be crucial for there to be sufficient reassurances, as soon as possible, both to the Committee as well as key stakeholders and the wider public,

as to what the implications of such a recruitment pause in Oxfordshire could be.

If the pause includes a ceasing of recruitment for clerical or administrative staff, then this may apply further pressure on clinical staff, some of whom significantly depend on the administrative support that such staff provide; and this will be likely to impact on patients as well as staff. Any pause on clerical appointments will have an impact on patients. The Committee also understands that the pause is on certain managerial level staff. Again, it is important for there to be clarity and reassurances around the implications that this could have on the management structure and the effectiveness of the Trust's management of its staff overall. In addition, it is understood that clinical staff may also be affected by this pause, which could also potentially have an impact on patients. Therefore, the Committee urges and recommends for there to be mechanisms in place so as to enable frequent reviews of the Trust's managerial, administrative, and clinical circumstances so as to allow for the hiring of such posts (which have been subjected to the pause) in scenarios when they may be urgently needed.

Related to the above point regarding frequent reviews of staffing affected by the pause, it is important for there to be adequate risk assessments of sufficient quality and frequency. This would help the Trust to identify with immediacy whether any negative implications have arisen, for either staff or patients.

Therefore, the committee is requesting for a written briefing to be provided to it; one that outlines the reasoning behind the recruitment pause for certain OUH staff, in addition to information on any risk assessments that may have been, or that may be, conducted in the context of the pause.

Recommendation 1: *For Oxford University Hospitals NHSFT to provide the Committee with a written briefing around the reasoning behind the pause in recruitment of certain OUH staff, as well as around any risk and impact assessments that have been conducted around the recruitment pause; to also include assessments that are ongoing.*

Importance of ongoing engagement with staff/stakeholders: The Committee is pleased to see that there has been some level of engagement around the development of the People Plan, including with staff. It is crucial for such engagements to continue as much as possible. Continuing engagement should be sought over the very design and essence of the plan and its principles, as well as in the process of its ongoing delivery.

It is important that staff feel as being part of the process of the designing and the delivery of the People Plan. The staff represent the beating heart of the Trust, and in the case of some clinical staff, the pressures they could often face at work are significant. The Committee is glad to see

that staff listening events had taken place, but urges that further listening events take place and that such events are inclusive for all types of staff. The importance of engagement with staff is also reflected in the fact that allowing staff to have a voice could further inform the Trust of some of the challenges that its staff often face, which could in turn shape not just the content of the People Plan but also contribute to the development of very tangible support structures and processes for staff.

Furthermore, the pressure that frontline clinical staff are subjected to may also make them more susceptible to developing mental health challenges. Ensuring that there is adequate engagement with staff will allow for staff to be reassured that their concerns and experiences are taken on board, and it can help to determine the kind of support structures that the Plan should have in place for clinical staff who may experience mental health decline.

Moreover, the Committee encourages the Trust to continue to engage with any other relevant stakeholders beside staff. Engaging and listening to Healthwatch Oxfordshire and patient groups could help the Trust to understand how patients feel about the services they are receiving, and such feedback could be utilised as a means to develop support for staff that will enable them to provide the kind of care and support that patients would want and require.

Recommendation 2: *To ensure that there is ongoing engagement with staff and key stakeholders around the continuing design and delivery of the OUH People Plan.*

Securing adequate resources for delivering the Plan: The Committee is generally supportive of the priorities and objectives of the People Plan. The plan reflects a comprehensive and extensive commitment by the Trust to improve the people aspect of the organisation. Nonetheless, as with any extensive plans of this nature, it is necessary for the Trust to explore avenues through which it can continue to fund and resource the plan. There may be aspects of the plan that could be delivered with the Trust's existing resources or through existing workstreams. However, there may almost certainly be other commitments within the plan that may require the Trust to secure further resources to deliver on.

The aforementioned temporary pause on the recruitment of certain staff may constitute one of the many limitations or barriers toward meeting the objectives of this plan in as optimal a manner as possible. However, this is not the only challenge that could arise. The Trust is also operating in a broader national context where challenges with recruitment, retention, and resourcing are widespread. The Committee therefore urges the Trust to identify which aspects of the plan may be easily deliverable, and which other aspects will have dependencies on other resource related factors, and for adequate steps to be taken to address this as early as possible.

Furthermore, the Committee also understands that a key element of attracting staff for the Trust would be the incentives provided through

offering wages that would allow them to avoid significant financial hardships. Clinical staff, in particular, are often subjected to physically and psychologically demanding work. Such staff should therefore not be subjected to additional financial burdens that could affect their personal life. Whilst the challenges around the cost of living are not unique to Oxfordshire and are experienced nationwide, it is pivotal that the Trust engages with staff and explore avenues through which to increase benefits which would be valued by staff, especially those that are most exposed to the pressures of the cost of living and housing in Oxfordshire. This would help enable staff to manage their finances in a manner that enables them to have a healthy work-life balance.

Additionally, and as part of measures taken to improve pay and financial wellbeing for staff, the Committee is recommending that the Trust works with relevant system partners, including HOSC, to make the case and explore the prospect of achieving an Oxford Weighting. Much like the London weighting which enables workers in the capital to receive an additional increment that allows them to cope with the additional local costs, an Oxford weighting would allow Trust staff to cope with the increasing financial constraints faced by those living or working in Oxford. This will provide significant benefits for staff given that living in Oxford could be just as costly as living in parts of London.

Recommendation 3: *To continue to secure the necessary levels of resources required to deliver on the key objectives of the People Plan, and for the Trust to explore avenues of improving pay for staff in line with the increases in financial hardships generated by the Cost-Of-Living Crisis. It is recommended that the Trust works with relevant system partners to explore the prospect of achieving an Oxford Weighting.*

Monitoring effectiveness of the People Plan: The committee believes that with the adequate securement of resources, as well as with the collaboration between various staff and teams within the Trust, that the People Plan could indeed produce positive outcomes for the Trust and its staff. However, equally important for the plan's deliverability is the imperative for a clear understanding and identification by the Trust as to the amount of funding and resources that would be necessary to deliver the plan. Part of this would rely on what was emphasised earlier in this report in respect to identifying areas of risk and dependency when it comes to resourcing the plan. However, an additional important aspect would be to develop important performance indicators that are separate to the Trust's overall indicators and that are tailored specifically toward monitoring the deliverability of the People Plan.

The key principles as well as the objectives of the plan should ideally be measured on a frequent basis, and efforts should be made to clearly identify any complications or delays to any set timescales that could arise. Indeed, timeliness is also an important factor which should be applied when measuring the delivery of the objectives of the plan. Realistic timescales for each indicators should be produced and assessed against.

Furthermore, the Committee urges for there to be an explicit role for staff in being able to be a part of the process of evaluating the plan's effectiveness. Staff can provide first hand insights which could demonstrate the degree to which they feel happy in the environment that they work in, as well as the extent to which they feel they have received adequate levels of support and training to be able to execute their roles and responsibilities confidently and effectively. Additionally, related to this is also the importance for there to be clear transparency and accountability over the monitoring of the plan and its overall effectiveness. Each indicator/measurement should ideally have a clearly identifiable lead, and there should be regular reporting against any targets/indicators associated with the plan. At the internal Trust level, this reporting should take place at the most senior level.

Recommendation 4: *To continue to develop clear processes through which to evaluate and measure the effectiveness of the People Plan and its delivery.*

Legal Implications

15. Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:
 - Power to scrutinise health bodies and authorities in the local area
 - Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions
 - Duty of NHS to consult scrutiny on major service changes and provide feedback on consultations.
16. Under s. 22 (1) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 'A local authority may make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised'.
17. The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

Annex 1 – Scrutiny Response Pro Forma

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