

**People Leadership and Culture Committee**

**BOD 39/2020**(Agenda item: 17(d))

**Minutes of a meeting held on**

**Wednesday, 29 April 2020 at 14:00 – 15:30**

**MS Teams Virtual meeting**

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| **Present:** |  |
| Bernard Galton | Non-Executive Director (Chair) (**BG**) |
| John Allison  | Non-Executive Director (**JA**) |
| Tim Boylin  | HR Director (**TB**) |
| Stuart Bell | Chief Executive (**SB**) |
| Debbie Richards  | Managing Director of Mental Health & Learning Disabilities (**DR**) |
| Marie Crofts | Chief Nurse (**MC**) |
| Mike McEnaney  | Director of Finance (**MME**) |
| Mark Hancock | Medical Director (**MH**) |
| Sue Dopson  | Non-Executive Director (**SD**) |
| Kerry Rogers | Director of Corporate Affairs & Company Secretary (**KR**) |
| David Walker  | Trust Chair (Shadow) (**DW**) |
| Jill Bailey | Associate Clinical Director – Oxford Healthcare Improvement Centre (**JB**) |
| Vivek Khosla  | Consultant, Forensic Services (**VK**) |
| **In attendance:** |  |
| David Hunt | Researcher - Nursing and Clinical Standards (**DH**) |
| Emma Leaver | Service Director (**EL**) |
| Shelly Masih  | Executive Assistant to DoF (Minutes) (**SM**) |

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| **1.**a | **Apologies for Absence**Apologies were received from Martyn Ward- Director of Strategy & Chief Information Officer and Tehmeena Ajmal – Service Director (Emma Leaver in attendance).  | **Action** |
| **3.** a.b.c.d.e.f.g.h.i.j.k.l. | **Psychological Safety** MC introduced by explaining the reason of linking a few areas under the umbrella of Psychological Safety. This should enable moving good to outstanding adopting a different approach for CQC action plan, delivery of care and any actions relating to regulatory bodies to embed quality improvement approach and people feeling psychologically safe. Charles Vincent and David Hunt have carried out a review and pulled the concept together. The proposal is to develop a core group and sub-group later to review systematically. DH gave a presentation explaining options and featuring benefits of Psychological Safety with some initial ideas on how this could be implemented across the trust. The options around intervention for employee engagement, approaching mindfulness and resilience workshops can be developed to provide skills and build resilience as well as just culture, joy at work and compassionate leadership. DH specified the benefits of psychological safety and a key to fostering innovation in the workplace and foundation of quality improvement. DH explained that there are multiple approaches the trust can adopt. However, psychological safety is very important as a foundation of engaging the workforce. JA supported the idea and agreed the analysis particularly around benefits of psychological safety. However, commented upon not agreeing with the proposed development approach. He suggested having the right people in leadership positions when selecting, developing and appointing people who can lead within all levels across the organisation. SD reinforced the concept of psychological safety and emphasised a great addition to leadership work. However, she recommended corresponding to leadership behaviours and for this to happen, the leadership strategy required support to build just culture.  For further discussions MC recommended to consider and develop concepts around the discussion held during the meeting.  DR provided her views to make it inclusive for all, such as joy at work, enabling staff to express themselves at the team meetings. This is particularly around what: went well, is not working and work we have stopped due to C19 pandemic. She suggested embracing some of the approaches and concepts as we move into the next phase of Covid. TB stated that National People Plan for NHS has a clear guidance on leadership indicating hierarchy and structure about people speaking up freely and what organisations can adapt around culture change. SB commented that systematically analysis review should be considered to understand why we are taking this approach. The National People Plan is a route concept to underpin series of approaches and require a system around this as well as focus on leadership. The committee agreed with the concept and expressed to use as a platform to take this forward in terms of developing culture change and to be relevant for everyone. The committee recognised the fact that we must follow the framework and develop a template by involving changing processes, progress charts, changing policies to make sure they are consistent with the language and leadership behaviour. The concepts must be developed separately with DH. For a consistent approach MME mentioned that the trust should develop a long-term plan with a clear set of key outcomes enabling a high performing culture looking after people and delivers good services. The committee members acknowledged the work DH completed in terms of developing and presenting it to the committee. **Action – MC and TB to consider, develop and share some proposals with the committee by email before the next meeting.** *David Hunt left the meeting at 14.37.* | **MC/TB** |
| **2.**a.b.c.d.  | **Terms of Reference for PLC**A draft ToR was circulated to the committee. To extend the framework and to develop an opportunity allowing us to work overall culture and leadership approach within the workplan, the chair recommended sending him written comments for further input by the committee members. SB commented on the ToR particularly on a reference “It is a Non-Executive committee and has no executive powers, but it has a duty to report to the Trust Board any issues which it believes merits it’s attention”. He shared his views and stated not to use the terminology that PLC Committee is a Non-Executive committee meeting in the ToR. KR expressed her views and recommended taking a consistent approach along with the comments made by SB and to highlight the purpose of the committee and what is the aim of the committee. The correct membership to be adjusted accordingly once the ToR agreed. JA and SD welcomed comment made by SB and agreed to adjust and reflect the change on the ToR. **Action - KR and BG to have a separate conversation making further adjustments to reflect the change and to make sure the wording is correct.**  | **KR/BG** |
| **3.**a.b.c. | **Covid 19 HR response** TB provided an oversight view of areas where things were going well and not so well:- Areas going well:- * Staff adapted well to the redeployment rules, new ways of working including new teams and new locations, positive involvements by the line managers and positive meetings with staff representatives weekly. During the meetings with the Staff reps some concerns were raised a few weeks ago around PPE and food prevention as some of the cafes were closed at a very early stage due to the crisis. However, the issues were soon resolved and acknowledged by the Staff reps.
* Occupational Health Team has been busy supporting with staff testing, Staffing Solution Team has been working supporting the central absence line enabling to have a consistent data on sickness and offering consistent advice when returning to work with guidance on policies and procedure.
* The team has the most relevant updated section within the daily Staff Briefing. This is on the staff intranet which are is sent to all staff on a daily basis. The HR section is being reviewed and updated each day with fresh guidance and policies. HR is aware that many staff have no regular access to staff intranet therefore the daily communication making it clear that this is a responsibility of mangers at all levels to brief and share key messages from this briefing and detail.
* A lot of information is available on Health and wellbeing staff support, free car parking, discounts and accommodation helpline. The team has also taken the opportunity to role the recruitment campaign out with the help of MC and hoping to build and attract more people to work for the trust. This is developing as a part of the applause on every Thursday’s at 8.00pm in recognition Key Worker contribution.

Areas not going well:-  * Central bank initiative received a very limited return, only one member of staff starts working.
* The work associated with people strategy including just culture work has been put aside.
* Work put aside to update policies.
* An Internal HR re organisational structure work on hold due to workload around Covid situation.

The recovery programme has developed a huge opportunity for the trust to make a sustainable change.   |  |
| **4.** a.b.**c.**d.e.f.g.h.i.j. | **Covid 19 L&D response** The following key points were addressed by HG:- Unipart Group allowed the building to remain open for L&D during current pandemic to support work with training activities. The team has been focusing on supporting staff with upskilling particularly those who work within the MH services and have not much experience of supporting service users with physical health problems particularly around Covid 19 end of life care and general care of patients with acute respiratory conditions. The team provided support to staff who were redeployed such as Health Visitors going to community Hospitals.The team has been running inductions on a weekly basis to make sure the back log of inductions is reduced. Where possible the inductions have been held virtually via MS Teams. However, some learning cannot be carried out virtually such as Resuscitation, moving and handling, undertaking clinical skills - blood pressures, blood sugar tests etc. and requires competent with the guidelines. Therefore, there has been some face to face sessions in place. Mental health wellbeing sessions have been completed face to face for those who have recently been redeployed, facing anxieties around going to work in areas where there are C19 related cases. Those sessions have allowed staff to express themselves and help them how to deal with stress/anxiety. The capacity of the training rooms has been reduced for social distancing purposes. A conference room is being used provided by Unipart at the ground floor however they are not charging for the room but just for refreshment. The team has been operating on inductions of 24 staff in a weekly and working on back log who needs inductions. L&D has been trying to place student nurses in paid placements. Currently the student nurses and AHP’s are not allowed to have non-paid placement because it has been determined as they do not have same employment protections. The HEE has been paying for them to have a placement. In the third year L&D has been placing wherever possible in the area they indicated interest to have a job. HG is hoping that by giving them support now we are ensuring that they will work with us. From 17th of May, L&D is due to have second year student nurses on paid placement and the third year will be paid as band 4 and second year will be paid as band 3. Some on going work relating to when we go back to normality – Some approvals from Oxford university in place for additional master modules. The L&D has also received an approval from the university for a psychological wellbeing programme and this is an area that is in the Long-Term Plan for expansion. BG asked TB about the progress re launch of the EAP programme that is now live from this month. TB informed that hoping to have the first months data to be available by next week. Some various other apps are also available to help with mindfulness and health and wellbeing. **Action – TB to provide EAP data report for the next meeting.**   | **TB** |
| 5. a.b. c.d. e.f. g.h.i. | **Recovery and Opportunities arising from crisis** A Recovery Planning group has been established and Martyn Ward has been assigned to be the trust lead. The purpose of the group is to determine the strategy and strategic objectives for recovery within the trust and lead recovery issues. Each member of the group will provide and commit to support Ways of working – the future business as usual, Handling difficulties together, Effective communication with honest constructive dialogue, Patient focused approach, take learning from national best practice and published evidence, utilise IT solutions where possible, be innovative in our thinking and open to new and better ways of doing things and provide evidence of value to patients etc. A working group has been developed and is now working to establish a plan. To allow more capacity a sensible move was taken to remove rule to take annual leave by the end of March 2020 was taken off. In current times where staff are unable to travel, they have started to cancel annual leave which will cause problems longer term. Therefore, new management guidance is required to support and encourage individuals to take their annual leave between now and March 2021. HR has introduced an updated annual leave guidance during Covid 19. The chairman commented on taking an opportunity from this crisis by adopting learning best practice from other organisations and suggested to avoid problems that have already been encountered. The chair acknowledged the fact that we need to keep social distancing for some time. The plan for the offices needs to be reviewed and changed, staff need to adapt more working from home and some changes will need to be made. Therefore, individuals will have to take responsibility for themselves and this has to be reflected in part of the cultural work going forward. It was noted that Wayne Heal – Head of Property is carrying out a property questionnaire on a new study to understand how the current healthcare crises has effected the way our staff work and interact with the Estate team and how the staff are working and having problem. HG mentioned that from L&D prospective she will be carrying out some repeat work relating to Mental Health Workforce numbers. SD said that the Said Business school has 320 MBA students who could be volunteered with benchmarking, research and best practice by the trust. The implementation of MH helpline was rapidly developed within robust governance however not tied up within a timescale. DR thanked both HG and TB the work that has been achieved over the period. She also commented on MH helpline established work that was reviewed by both MC and DR with the team and acknowledged the amount of work and governance that has been put in by the team themselves due to some less pressure. This however is not financially an official model and will be under review going forward. She also highlights ‘Joy at concept’ by informing how staff are talking about enjoying working socially distanced and supported by their managers.   |  |
| **7.**a.b.c. | **Policy Approvals** A summary was put together and presented to the committee seeking approval to extend the deadline for the policies. TB advised that the current policies are in place and are being reviewed. However, he is purposing to the committee members to highlight and send him a list of the areas that need improving for the HR team to take into an account so that they can redevelop policies in the coming weeks. The committee acknowledged that the received policies require rewriting in the manner to reflect new culture and modernisation. It was noted that the policies will not be further extending until a new policy is being drawn. For best employment practice, SB suggested accepting SD’s offer by involving some of the MBA students to rewrite policies to introduce modernisation in them. **Action - TB to link with SD and develop a prioritise list of those policies with the greatest impact for earliest review.**  | **TB** |
| **8.**a.b.c. | **Any Other Business**JA requested for the strategy document relating to leadership development programmeand training for staff to be available for the committee members. A bank appraisal document and a copy of all the syllabus having elements of leadership training to identify what has been done to reflect the change and what could be developed. EL is running a year of leadership programme within the Community Services. She agreed to share the programme with the committee members. EL commented on the ToR and suggested inviting Staff side into these meetings particularly theme around culture and developments. The Committee supported the proposal involving a representative from the Staff side to support some of the development currently undertaken. For a consistence approach for workplan and call for papers, KR,SM,TB and HG will meet separately*.****Update on 15 May*** *– a meeting has been arranged to develop a workplan and to set the agenda on 28th May.*  | ***Closed on 15th May***  |
|  | The meeting closed at 11.59**Date of the next meeting:** 25 June 2020 09:00-12:00 in Meeting rooms 1&2, Abell House, Slade House.  |  |