People Leadership and Culture Committee

RR/App_BOD 21/2020

(Agenda item: 23f)

Minutes of a meeting held on
Wednesday, 15 July at 09:30hrs. – 11:30hrs.
MS Teams Virtual meeting

Present:	
Bernard Galton	Non-Executive Director (Chair) (**BG**)
Nick Broughton	Chief Executive (**NB**)
John Allison	Non-Executive Director (**JA**)
Tim Boylin	HR Director (**TB**)
Debbie Richards	Managing Director of Mental Health & Learning Disabilities (**DR**)
Marie Crofts	Chief Nurse (**MC**)
Mike McEnaney	Director of Finance (**MME**)
Sue Dopson	Non-Executive Director (**SD**)
Kerry Rogers	Director of Corporate Affairs & Company Secretary (**KR**)
Martyn Ward	Director of Strategy & Chief Information Officer (**MW**)
Tehmeena Ajmal	Service Director (**TA**)
In attendance:	
Jill Bailey	Associate Clinical Director – Oxford Healthcare Improvement Centre (**JB**)
Helen Green	Director of Education and Development (**HG**)
Zoe Moorhouse	Senior HR Business Partner (**ZM**)
Victoria Drew	Case Manager (**VD**)
Shelly Masih	Executive Assistant to DoF (Minutes) (**SM**)
Apologies:	
Vivek Khosla	Consultant, Forensic Services (**VK**)
Mark Hancock	Medical Director (**MH**)

1. **a**	**Apologies for Absence** Apologies for absence were noted from Mark Hancock and Vivek Khosla.	**Action**
2.	**Minutes of the Meeting on 29 April 2020 and Matters Arising**	

a.	The Minutes of the meeting were approved as a true and accurate record. **Matters Arising**	
b.	**Agenda item 2. Terms of Reference for PLC** Update – A final draft of the ToR was shared with the group following with suggested comments made at the last meeting. JA made a comment on Assurance section and asked to consider removing section where its says that "The role of the committee is to exercise strategic oversight of the Trust's People Strategy and its Organisational Development Strategy". JA pointed out that this is one of the responsibilities of Board and not the Committee. It was agreed that the Committee should provide support to the Board with OD strategy owned by the Board. The chair recommended that the amendment should be "The role of the committee is to provide support to the Board with the Trust's People Strategy and its Organisational Development Strategy with ownership of the Board". *Update – The ToR has been amended.* MC commented on the membership list and asked if the membership can be listed out with clarity around if other Executive Directors could be asked to attend meeting as and when required to cover certain areas in their remit or as a regular group member? For right approach in terms of attendance JK made a point on the Committee membership and asked to be confined to nominated posts on board level**.** In terms of committee members relationship with the Board and other committees, the chair purposed to leave the membership as it as for now due to ongoing work across the other committees. However, NB advised to be explicit about Executive Directors attendance at the PLC. The ToR will be reviewed on annual basis once the committee and governance work is completed .	**Closed**
c.	**Agenda item 4. Covid 19 L&D response**	

	Update EAP usage – An email received from TB on 15th July providing EAP usage data up to 30 June 2020 which was shared with the Committee for information.	**Closed**
d.	**Agenda item 4. Leadership programme** **Update –** HG circulated some module information on 15th July around Leadership Programme and Preceptorship modules to demonstrate that leadership is not only imparted in the leadership programme.	**Closed**
e.	**Agenda item Policy Approvals** At the last meeting an action was noted for TB to link with SD and develop a prioritise list of those policies with the greatest impact for earliest review. **Action - TB to confirm progress at the next meeting.**	**TB**
3.	**Terms of Reference for PLC** Item covered above.	
4.	**Covid 19 HR response** <u>Current challenges</u>:-	
a.	Shielding ending end July 2020 – TB reported that approximately 300 staff fall in this category, either they had a letter from the government or GP from which 90 staff are not working and fall in the lower banding. Those staff have only few transferable skills and therefore bringing them back to work or transferring them to another post is very challenging. However, remaining 300 staff are shielding but working from home. The HR Business Partners are working with the line managers to ensure we bring those staff back to work safely and therefore have adequate engagement lined up. The Risk Assessments are being used to make sure staff are back to work in a safe way. He also highlighted that this is an anxiety process for staff.	
b.	Risk Assessments – Approx. 440 staff across the trust who still have not completed screening assessments and are being chased. TB emphasised that in this number the majority of proportion is BME staff than all staff. He explained the reason	

	and said that this is mainly because those staff on lower band and have lack of access to the IT equipment.	
c.	Annual Leave – Staff are not taking annual leave yet however, since the governance announcement last week, easing lock down and quarantine restrictions, an increase in booking leave noted. The Executive Team is also concerned that if staff do not take leave it could have cost implications. There could be further impacts also if there was a second wave in the winter. Therefore, they are encouraging staff to take annual leave mainly because staff are exhausted as well as operational reasons.	
d.	TB expressed his concerns on a separate issue and said that the HR team is struggling around capacity. He also informed that agency spend remains high and has not dropped.	
e.	Recovery from Covid19 – Most staff are asking when they can return to work and what will be the normality? A more detailed discussion will be held under Recovery item.	
f.	Equality and Inclusion – Remains a big challenge and TA has added a piece of work under AOB around race equality initiative in the trust. More discussion to be held later in the meeting under AOB. TB said that more clarity is required around Reward and Recognition of staff contribution and planning on how to hold Staff Awards in a usual way at the end of this year by adapting current restrictions.	
g.	Some positive outcome - Vacancy rate, underline sickness absence (around 3%) and , Staff turnover (12%) has reduced.	
h.	DR expressed her views in terms of how the Recruitment team carried out a great job around streamlining recruitment and fast track processes during the beginning of Covid 19 . To maintain good practice around HR recruitment process, she queried whether we will maintain the entire process going forward? TB confirmed that the team is maintaining the recruitment and retention processes and have been able to hire bank staff and HCA's quickly particularly those areas where the budget is available. However, he expressed his concerns around not been able to advertise for all the posts we have the vacancy for. Therefore, for additional push DR	

	suggested encouraging Service Directors to work with the HR Business Partner for positive assurance and it can feed into the recruitment work that Kate Riddle is leading. MC agreed with the comments made by TB and DR and plea to take central initiative to support recruitment work by having vacancy discussions with the Service Directors to understand within their remit enabling to reduce agency spend and improve quality at the workforce. She informed that progress is being made with centralising the recruitment for HCA's and suggested that a review should take place to move forward.	
i.	TA shared her views and said that as an organisation it is good to have an identity for such piece of work and how do we make OH as a place of work providing carer progression such as for admin staff. She reported on an approach that the Oxfordshire Community Services has taken and recruitment is a prime successful example. The services are asking people to engage with the community rather then a big organisation. She also informed that they have been proactively engaging with the district nurses by giving them the opportunities around visiting the families before applying for a role. BG asked what could we do as an organisation for the service directors to make this as one of their priority? TA highlighted the importance of communication between what's unique and different working for Oxford Health and there are number of other initiatives could be done on back of this.	
j.	NB advised that this is a real opportunity for the trust and encouraged not to miss out due to the current impact of the pandemic. He instructed that we should position ourselves to be the employer choice locally and to make this happen we need to refine our processes from the neighbouring trusts and the key is to offer staff the opportunity to progress their career. The way jobs are advertised is another key and making people aware of the opportunities by using different methods.	
k.	GB supported the comments made by NB and recognised the need of central intervention methods, clear development and opportunity with Services Directors as a part of vacancy work. **Action - TB to review position and banding by providing an update at the July Board of Directors around the way**	**TB**

	jobs are being advertised with development opportunities plans for carer progression.	
l.	JA emphasised the importance of focusing on achieving an ambition of OH as an organisation of developing people. HG informed that in terms of development, within Thames Valley we are ahead of the game as a trust from L&D apprenterchip development prospective.	
m.	Following on discussion held around Risk Assessments, BG asked what outcome and follow up actions we are going to take and how we are communicating to staff with what results/measures they must follow? TB provided assurance by indicating that weekly communications are being sent to all staff reminding to complete Screening Assessment. There is also manager guidance and a robust process web page available on the staff intranet with an option of asking questions to Occupational Health and HR about the processes. He advised that locally a manager should hold an action plan for a member of staff around mitigating steps they jointly will take such as how to use and replace PPE, Social distancing and infection control rules and steps. There is a more significant action plan if the staff has underlined health conditions and in a very small cases the action plan entails removing that person from work and then to redeployment route. This is one of the biggest challenges the HR team is facing, however, a very small proportion. The Staffside have been fully engaged with the entire process.	
5.	**Covid 19 L&D response**	
a.	HG informed that continued activities through Covid period however the team have put a hold on some of mandatory trainings. New starters have managed to complete all mandatory trainings. However, in terms of refreshers, the capacity to do that and uncertainty around providing face to face trainings is an issue. The team is working with those who are lead trainees across the trust to review areas where the rates have fallen and some of the training will be moved to online. She also informed that some of the L&D staff have been facilitating how Microsoft Teams works for educational purposes. She also reported that they are looking at whether MS Teams can be added to L&D licence which will enable them	

	to add break out sessions digitally. She is hoping to finish conversations around what methods can we use to bring the rating back over the next few weeks.	
b.	The first digital induction was done with a welcome video of NB for new starters this week. The team is now working with the normal presenters on Microsoft Teams. The team has gone back to the old induction process for Corporate Services.	
c.	HG reported that some Professional Health Care students were withdrawn from practice where second and third year were given pay placements unless they were shielding. The issue of not having practice hours was not an issue however, for first year nurses and Allied Health Professions they did not had their practice placements. Therefore, there will be some follow ups with the University around this. There is some complexity around where the services were redeployed or considered that they should not work in the same way; the student capacity was reduced in those areas and now cannot afford to have reduced student capacity. She informed that there is a requirement from HEE to expand our placement capacity and some of the activities around that can be used to trying to get pre Covid numbers. The team is in the process to review how the services can take more students in order to meet on going vacancy issue and to fulfil contracts with students.	
d.	Apprenticeships are recommencing particularly around our own however problems around where OH has partnership with other universities. For Nursing Associate trainings, the team was hoping to take 30 students in March 2020 however that's was put on hold and we would have taken another batch in September/October time. Therefore, the team has asked if the university could take 60 students on a partnership basis, delivered locally and we as a trust deliver 30% of the apprenticeship. However, the university has said that they can only go up to 40 as their comment to other trusts. For a regular output for Nursing Associate, we are working around how to progress further because of NMC approval and Covid we will have a period of almost a year gap in output of Nursing Associate trainee.	
e.	Development opportunities rise from Covid - JB has been involved with a project by viewing Physical Health skills for	

	mental Health employees. HG informed that they will be using some of the CPD upskill funding to bring all nurses and Healthcare Support Workers up to speed with physical health skills for those who are working in mental health environment. She also informed that the team had a modified version in the Redeployment Training particularly where they were anxious about going into another service where they thought they may have to face Covid.	
f.	The team is due to deliver master modules in conjunction with Oxford University and using upskilling funding. She also highlighted that the upskilling funding is coming into small portions and will not receive second portion until the first portion has spent. The team is therefore considering how they can move back to business as usual even if its digitally.	
g.	Provider of Apprenticeship Status - the teams came with an idea to provide apprenticeship for psychological wellbeing practitioners however no issue to raise providing this is in Buckinghamshire. In Oxfordshire, Oxfordshire Mind provide that service on the trust's behalf and could not provide the programme on their behalf. Different options were considered as well as applying for Apprenticeship Provider Status. The trust finally awarded and was able to register PWP apprenticeship, we are the first in England to provide apprenticeship for PWP's. This also means that we can closely work with the primary care partners to provide apprenticeship and potentially for nursing homes where we work as a partnership with other organisations. MC congratulate HG for this amazing work. She advised HG to make sure the Physical Health skills are aligned with Leicester tools and suggested to put as a quality objective for this year. HG confirmed that she has already spoken to the Physical Health Skills lead to make sure we are aligned.	
h.	The chair outlined the issues raised by JA earlier in the meeting and suggested HG to start reviewing development policies so the trust can offer further carer progression as a part of trust's vision.	
6.	**Recovery and Opportunities arising from crisis** MW provided a presentation around Covid 19 Recovery Plan update.	

a.	Recovery Plan Context:- • The Trust stopped only a small number of services during Covid19 Response Phase – Alternative ways to provide services were found (such as digital consultation). • There was a sharp decline in routine referrals across all services. However, Emergency and Urgent referrals remained broadly at pre-Covid levels. • Activity delivered by Mental Health Services in particular, increased across all areas. This is due to the digital consultations as well as telephony. The trust is leading trust in the country in terms of numbers of digital consultations that have happened. However, we do need to understand the impact on patient and staff and an evaluation of what we have done as we rapidly changed the way we work, and we haven't understood the impact of that change. • The Trust continues to rely on Out of Area Placements (OAPs) as the maximum occupancy has been set at 85%. • The directorates are leading on their own Recovery Plans with a Trust wide 'co-ordination' function in the Centre. Focus at the present time on ensuring estates are 'safe'.	
b.	Recovery Planning Activities Summary:- • Vulnerable groups – how we are going to look after and protect these groups such as elderly, BAME, people with Long Term Conditions. • Adapting our Estate continues to be a prime area of focus of the directorates. • The trust is under a lot of pressure to be able to understand waiting lists and part of that is request demand from the Covid period and understanding patients previously were not known to the services and now known because of the impact of Covid19. • Second wave planning - learning from Covid, second wave planning, the serge and managing our resources.	
c.	Recovery planning – primary areas are divided into three sections:- Operational Recovery – the directorates are looking, Strategic Recovery – the trust has controlled over and System	

	Recovery – relying on others. Some timescale has been given for each section. • Some of the areas where providing guidance and oversight is important and highlighted what steps are being taken as a trust. These areas are:- Health & Wellbeing of Staff, Equality and Diversity, Organisational Development & Culture, Leadership & development of autonomy, Quality Improvement Culture and Delegated Commissioning & System Leadership.	
d.	Corporate Services Coordination Plan:- • Coordination themes are around Culture - embed QI culture & practice (Freedom to Act), Swifter recruitment and onboarding, OD, High-levels of staff wellbeing & engagement & development and Healthy flexible / virtual working (reduced Estates demand). MW particularly drawn committee's attention to Culture and asked what is a great culture means and how does the Recovery activity fit to develop what that culture means currently?	
e.	To test some of these plans with the committee MW listed three areas:- Leadership Development within the Trust, Organisational Development and New Ways of Working. To set out some principles he asked the committee to have a brief discussion around listed above areas. 1. Leadership Development current plans within the Trust – HG informed that Leadership programme has 1 year Post Graduate Certificate and implied with Healthcare Leadership programme. This programme provides an opportunity to staff to do 360 evaluation in terms of leadership. The programme has Leadership Academy's framework to map where they are and enabling to develop an action plan with their line managers to identify where they want to be? Alongside they undertake Quality Improvement activities to understand Quality Improvement, how it works, what style of leaders they are and how to improve leadership styles. Due to delay around Covid, have three cohorts with the Leadership programme – one near to completion, second has not finished and third group	

	has just started. She reported that the team can accommodate approx. 60 staff on this programme. The leadership elements have been put into all the following programmes - Care Certificate band 1 to 4 for staff that work in the clinical areas and Level 3 and 5 apprenticeship for operational managers. She also said that a lot of activities recorded from the senior managers in the leadership programme. Mo Patel has mentioned this in his training and how the leaders can help in terms of Equality and Diversity. The Management Toolkit is another element of Leadership programme and to be discussed later in the meeting in more detail. • JA queried on the process of selecting staff on this programme as well as what reporting regime is at the end of the programme? HG explained the applying and selection process for the programme. She described that manager approval is required accomplishing a compete statement to explain the reason applying for the programme as a part of the application process. The reporting is based on the completion and what they have completed in a way of academic credit. However, she informed that we do not have a formal reporting process in place. JA emphasis the importance of having a formal reporting system in place to access graduates and the leadership potential enabling trust to use for appointments. More discussion to be held in the future. As a part of recovery of Leadership Development, MW asked the committee to support by him establishing a mentoring and coaching proposal with TB and HG so that it can be available for all staff across the trust and start from middle managers. • The committee supported the proposal. SD highlighted the importance of sharing the knowledge of such programmes with others. She will share some evidence base interventions with MW that have been introduced in the Business School. **Action – As a part of the Leadership Development plan MW,TB and HG to present a proposed framework around Coaching and mentoring at the next meeting.**	**MW,TB,HG**

	2. Organisational Development : detailed discussion to be continued over email/in a small group. TB said that no defined OD Strategy at the moment however he talked on few areas such as Equality where concerns are being raised from different groups during the meetings and therefore further consideration is required area like this to be considered for OD strategy to measure progress we have to establish indicators such as WRES, WDES, Gender Pay gap and Engagement scores. A priority is to define how Just Culture/Psychological Safety will change things. 3. New Ways of working- Key Activities already underway: • Significant rise in the use of Digital Consultations (40,000+ since the start of Covid). • Significant rise in remote and home-based working. • Opportunities to increase clinical time by reducing travel, reduce costs and contribute to the Trust's Green agenda.	
f.	MW purposed some key questions to be considered over an email separately after the meeting for further views by the members . As a part of the Recovery planning working to achieve objectives as well as preparation for a potential 2nd Wave & Winter pressure.	
g.	NB advised that he is very keen to ser progress around OD strategy and having discussions around timeline for completion. He is expecting that the final strategy will be ready for the Board for final rectification by December.	
7.	**Management Toolkit** Zoe Moorhouse and Vicky Drew presented the item	
a.	ZM explained that the Toolkit was set up as a collaboration between HR and L&D as both teams came to a conclusion that there was a gap in the Introduction of Management programme. Therefore, the idea of the toolkit is to replace the programme we had in place and fit in the Leadership Programme the trust has been managing for some time.	

b.	In terms of setting up the programme and shortlisting process from right area the teams decided to follow nomination process. They asked the nominees directorates to nominate staff and offered approx. 200 spaces giving free places for individual development. There have been 100 attendees so far pre Covid and attended virtual sessions. The aim for the toolkit is to build confident, link to some other programme we already have in place internally and externally and develop practical skills.	
c.	Content of the programme, how many programmes we run per year? - There are usually 3 days sessions over the year. However, only able to run 2. The July session was put on hold and the plan is to have that session in September virtually. 3 days sessions content - day 1 run by HR by delivering people management skills, day 2 around managing staff and resources within OH and day 3 session by the Quality and Risk team to review introduction to patient complaint and responses.	
d.	The original intention was to cover refresher training by e-learning and retain face to face 3 days sessions. However, due to Covid the process has been revisited to see what content would work in the current circumstances. Therefore, an external company provided a couple of sessions and working with NHS Elect around virtual facilitation to retain the attraction with the candidates. She is also working with the IM&T and L&D teams to cover technical aspect and advised that the class has now moved to small groups.	
e.	How to keep sessions interactive as possible? – Educate staff how to use Microsoft Teams, intermitting Wi-Fi connection, adapt additional learning needs for those who have disabilities and suitable space. The networking opportunity is the key within the Management Toolkit and how to develop this further and in small groups.	
f.	The chair supported the Management toolkit and asked developments around Personal toolkit. *NB and MME left at 11.00am.*	

g.	ZM said that developing Personal Toolkit could be a part of the induction programme. The chair suggested to build the toolkit around branding, recruitment and carer progression. TB informed that the Management toolkit received a good feedback and to fill the gap, management competence was required. *ZM and VD left at 11.05am.*	
8.	**Provider of Apprenticeships status** Covered under item 5g.	
9. **a.** **b.** **c.** **d.**	**Any Other Business** Equality Framework - TA advised that there are numbers of tools giving us useful areas to explore. The feedback from BAME staff is that they wanted a clear statement that the framework will be developed as an anti racist practice across the trust beneficial to all staff around delivery of trust's values. It was also a clear sense from the BAME group that they should be involved in developing and feeding however the leadership should come from wider organisation. A suggestion was made to have a small core Race Equality and Action Group across the trust to define terms of engagement and track progress. The wider group will remain as a reference group from BAME and different services prospective. The wider Race Equality network gives the opportunity to engage across the trust and a set of objectives have been developed and require clear measurement and resourcing. A separate discussion will need to take place outside meeting around who from HR and workforce will join the group, JB also offered support. The chair made it clear that the Board should take the ownership and PLC should drive/making sure the implantation happens. Therefore, for comments purposes the framework should go to Board. This area can be a part of the Cultural pathway. The future meetings to be held for 3 hrs.	

	The meeting closed at 11.11am. **Date of the next meeting:** **14 October 2020 09:00-12:00 by Microsoft Teams**.	