

## PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE MINUTES

**Venue:** Room 13, Education Centre, Sandwell  
General Hospital

**Date:** 25<sup>th</sup> June 2018, 11.00 – 12.30

**Members Present:**

Mr Harjinder Kang, Non-Executive Director & Chair	HK RS
Mr Richard Samuda Non-Executive Director	RG
Mrs Raffaella Goodby, Director of People & OD	RB
Ms Rachel Barlow, Chief Operating Officer	PG
Ms Paula Gardner, Chief Nurse	

**In Attendance**

Stacey McDonald – Executive Assistant

Minutes	Reference
<b>1. Welcome, apologies and declaration of interests</b>	<b>Verbal</b>
Apologies were received from Toby Lewis.  Note: deputy directors not in attendance as per December 2017 action.	
<b>2. Minutes of the previous meeting held on 21<sup>st</sup> March 2018</b>	
The committee noted that the incorrect minutes were circulated with the papers. Mrs Goodby offered her apologies and agreed to circulate the correct minutes following the committee. This was then completed and the minutes checked by the committee members for accuracy.	<b>POD (06/18) 001</b>
<b>3. Board Assurance Framework BAF 8 &amp; BAF9</b>	
Mrs Goodby presented the two workforce items on the board assurance framework and expressed concern that the mitigations to date do not meet the risk in full detail. Ms Barlow asked for a data set to support each BAF item, where clinical groups can set 'tipping points' that are regularly monitored, to offer the committee assurance that this is being managed. This particularly related to local workforce plans, skills shortages, links to the Trust Risk Register and influencing educational establishments. Ms Barlow also suggested regular meetings with primary care, and the ICS, were cited as mitigations in the BAF.  The committee discussed the role of the LWAB (Local Workforce Action Board) and agreed that involvement in this board was not sufficient to mitigate the workforce skills regional risk. There was a clear appetite for a more focussed training needs analysis, linked to the strategy of the Trust, e.g. CESR in Emergency Care and Critical Care.	<b>POD (06/18) 002</b>

<p>Ms Gardner stated she was working with local universities and was attempting to gain a place of influence on the Curriculum planning boards. She also supported rotational roles across the health and social care sector.</p> <p>The group discussed the apprenticeship levy, and the lack of workforce planning skills across the STP.</p>	
<p><b>Action: Mrs Goodby agreed to rewrite the BAF items for discussion with the Director of Governance and Chair of the Audit Committee.</b></p>	
<p><b>4. People Plan – Aspiring to Excellence PDR &amp; new onboarding process</b></p>	
<p>Mrs Goodby presented an update on the PDR process. Only 170 staff members had not yet booked their PDR date with their line manager. These are being chased up on a one to one basis.</p> <p>All PDR's should be completed by 30<sup>th</sup> June 2018, as of 18<sup>th</sup> June 2018 2772 PDR's have been completed and updated on ESR. 3146 PDR's remain to be updated, of which 2605 should have been updated on ESR, with the remainder having a date between 18-30 June 2018. The committee noted this was a big achievement to get all PDR's booked and thanks were passed on to the teams involved.</p> <p>Mr Kang asked for feedback how the PDR's were landing with clinical teams. Ms Barlow gave feedback on how the review has been used to set SMART objectives, and how scoring has been discussed in clinical areas. There were discussions around a score of 2 being a good score, and managing that message within the organisation.</p> <p>Mrs Goodby presented the moderation process that will take place during July and August 2018. The moderation panels will have a detailed PDR dashboard and be provided with a structured agenda on how to manipulate and moderate the scores. Mr Kang asked what training would be provided for managers to have a conversation with their staff members following the moderation, to ensure that the message of downgrading or upgrading scores is given in the right way. Her felt this will be critically important in order to maintain the positive feeling around the PDR as a developmental tool, as well as an organisational tool.</p> <p>Mrs Goodby presented the new On-boarding Portal and revised and streamlined induction process. Mr Kang asked what was on offer for senior people to give feedback after 6-12 months within the organisation. Mr Samuda asked why there were not more pictures of the Board across the organisation to raise awareness of who the Trust Board and non executives were.</p>	<p><b>POD (06/18) 003</b></p>
<p><b>Action Mrs Goodby agreed to generate a flow diagram of moderation outcomes</b>  <b>Action Mrs Goodby agreed to generate support and communications for line managers in how to deliver PDR moderation outcome messages.</b></p>	

## 5. Staff Engagement Programme

Mrs Goodby presented the paper on the Chief Executive's behalf. The paper updated the committee on the work the executive is leading on staff engagement, for which the Chief Executive is the SRO. The Trust is attempting to raise the levels of employee engagement to 3.9 / 4.0 which would make us a leader in terms of engagement. This is a critical factor in 'Going for Good' and on our journey of improvement.

The committee were reminded of the launch of this work at the Board retreat in February 2018 and a valuable workshop at the Leadership Conference in May. On the 26<sup>th</sup> June the first Clinical Leadership Executive engagement taskforce will meet. This brings together a core of executive directors and selected group level leaders. Over the next months this group will steer the engagement programme.

The support will be:

- a) Group level programmes of change, accountable to the taskforce
- b) A small set of trust wide changes, widely communicated and branded
- c) Local teams self nominating to be pacesetters in this work, with central support and coaching.

This work will be supported by HR Business partners and use Your Voice data and local actions to evaluate.

The Trust will be working with Wrightington, Wigan and Leigh NHS Trust on their 'Go Engage' approach, following an initial successful conversation with them. The engagement taskforce will visit on 31<sup>st</sup> July for an in depth implementation conversation. Ms Gardner asked where this Trust sat in the rank order of engagement in the NHS. This will be brought to a future taskforce meeting.

Executive board members will focus on 1) work we have done already which needs reshaping b) new ideas which can develop staff engagement c) things that make working life easier at the Trust d) targets, evaluation and data.

Mr Kang supported the structure of the programme and asked for the group led approach to be given equal importance with the executive / top down approach.

The committee supported the approach and the data metrics proposed in the paper.

**POD (06/18) 004**

**Action: Mr Lewis ensure that importance given to group led interventions and update committee on where Wrightington, Wigan and Leigh sit in rank order**

## 6. Nurse Career Escalator

Ms Gardner presented an update paper on the Nurse Career Escalator programme. This development programme was agreed by the board earlier in 2018, designed to impact on the retention rates of Band 5 nurses who have been at the Trust for 2-3 years. The Nurse Career Escalator is a development programme that supports nurses in to a specialist / clinical role at a higher level, or down a management route. Mr Samuda asked about the incentives for nurses attending the programme, and the financial reward associated with this. Ms Gardner responded that the new pay deal affected the original proposal as it was not possible to offer accelerated increments under the new deal. This has been dealt with by offering a 'golden hello' payment of £1000 when nurses are accepted on to the programme, and £1000 on completion.

Ms Gardner informed the committee that 17 band 5 nurses have scored appropriately in their PDR to be eligible for the programme, with 12 expected to attend the first cohort. Mr Kang asked what the message was for those nurses who did not want to attend the programme. Ms Gardner assured the committee that no one would be forced to undertake this programme, it was voluntary and developmental.

Mr Samuda asked whether a certificate of achievement would be provided for those successful on the programme. This was confirmed by Ms Gardner

Mr Kang asked how this would fit in to the PDR and recruitment process. Mrs Goodby responded that the intention was to integrate both together. The cohort of nurses on programme would be considered for Band 6 roles and prioritised for interviews, or secondments / developmental opportunities. Mr Kang welcomed this as the Trust's developing approach to talent management and 'growing our own'. Mr Kang asked for an update at the September People and OD Committee.

POD (06/18) 005

**Action: Programme update to be taken to the September committee**

## 7. Future Workforce – refresh long term workforce plan

Mrs Goodby presented the paper which set out the work undertaken to date to refresh the workforce plan in terms of skills, knowledge and expertise of the future workforce need. She then set out the plan throughout Q2 and Q3 to refresh the plan including working closely with clinical groups on shaping their workforce needs, understanding new roles, understanding developing pathways and considering any refreshed workforce needs for an interim reconfiguration with the Midland Met delay.

Ms Barlow raised that a lot of good work has already been done, for example in emergency care, and believed that this piece of work should get other clinical groups and services to a similar standard of workforce plan.

POD (06/18) 006

<p>She stated that some services have developed considerably since the original plan was developed, in particular care of the elderly and acute care and community workforce planning. These, and other services, are behind in terms of a long term workforce plan to be Midland Met ready or in terms of a defined skills and workforce plan. Ms Barlow asked that the workshops led by People and OD include new models, such as consultant of the week, new models of care and new services.</p> <p>Mr Kang asked whether the ICS developments would play a part in a refreshed workforce plan. Mrs Goodby responded to say that the ICS workforce plan will play an important role in this, and that she will seek to work to similar timescales as the ICS if at all possible.</p> <p>Mr Samuda asked what would happen if services were not viable by themselves, e.g. if the skills gap was such that no service could be sustained or delivered. Ms Barlow responded to say that this would form part of a service risk assessment, and be governed through local risk committees.</p>	
<p><b>Action: Develop an approach to workforce planning agreed between Chief Executive and rest of the executive</b></p>	
<p><b>Date and time of next meeting:</b></p>	<p><b>Verbal</b></p>
<p>The next meeting will take place on 24<sup>th</sup> September 2018 at 11.00 am in the Education Centre, SGH</p>	

Signed .....

Print .....

Date .....