

PEOPLE AND OD COMMITTEE - MINUTES

Venue: Room 15, Education Centre, Sandwell General Hospital
Date: 2nd October 2018, 14.00-15.30

Members Present:

Mr Harjinder Kang, Non-Executive Director & Chair HK
Mrs Raffaella Goodby, Director of People & OD RG
Ms Paula Gardner, Chief Nurse PG

In Attendance

Ms Sue Bullock, Executive Assistant SB

Minutes	Paper Reference
1. Welcome, apologies, declarations of interest	Verbal
Apologies were received from Mr Richard Samuda, Mr Toby Lewis, Ms Rachel Barlow.	
2. Minutes of the previous meeting held on 25th June 2018	POD (10/18) 001
The Minutes were agreed as accurate.	
3. Action log and Matters Arising from previous meeting	POD (10/18) 002
There were no matters arising that are not covered on today's agenda.	
Action Log: Refresh BAF items – Completed and on Agenda PDR Moderation outcomes– On Agenda PDR moderation – comms for line managers – Completed. Engagement – on Agenda and completed. Nurse Career Escalator – On Agenda Workforce Planning – For December meeting following executive discussion	
ACTION: RG to send comms video regarding PDR moderations to HK	
4. Strategic Board Assurance Framework BAF 8 & BAF 9	POD (10/18) 003
To remain as a standing item on the agenda as working document.	
The two BAF items, 8 & 9 were discussed by the committee. It was noted that BAF 8 may need some further work in relation to EU staff and national and international skills shortages. Mr Kang suggested it may be worthwhile breaking down BAF 8 into smaller chunks given the complexity of the issues particularly around Brexit which is a huge risk to the Trust as the labour supply does not match our demand. Potential to link up with Universities.	
BAF 9 is much more within our control as it relates to training spend and the allocation of the monies in the training needs analysis.	
ACTION: RG to find out percentage of our EU workers.	

ACTION: RG/PW to continue working on BAF 8, breaking it down into acute risks.

5. Rostering Productivity Update

POD (10/18) 004

Detailed discussion on the paper submitted by Ms Gardner including compliance rates, the rapid improvement plan and key metrics of improvement. A lot of work has gone into ensuring compliance in roster administration and verification however, this needs to continue and a significant improvement in annual leave management is required. Work is ongoing to tighten up controls on annual leave, KPI's and taking back hours owed. Rostering rota schedule currently goes out 6 weeks in advance, but it may be worthwhile setting a rough rota over a longer term (e.g. 12 months) to assist with planning. This needs to include doctors and facilities staff.

ACTION: PG to bring update on rosters compliance/practice to December 2018 Committee.

ACTION: PG to review KPIs 1-5

6. Aspiring to Excellence – PDR Moderation

POD (10/18) 005

RG presented the Aspiring for Excellence – PDR Moderation paper. We have now come to the end of the moderation process for 2018. During August and September clinical groups leaders held their moderation panel meetings. They were provided with a very detailed step by step moderation pack from the Learning and Development team. They were also provided with a moderation dashboard containing all the data on scores and protected characteristics and other useful data. Feedback from group leaders is that they have found this to be very useful. This is the first year that the Trust has used this method of moderation and there will be lessons learned to take forward into future years. There are two moderation workshops planned for the end of October to capture feedback and suggestions from those involved, to improve for next year. There have been concerns from staff who feel they have not scored as highly as they had expected, e.g. receiving a score of 2, rather than a 3 or 4. One thing that hadn't been anticipated is the amount of individual actions arising from the moderation process, this will be built in to the timeline for 2019. Corporate Nursing Services were congratulated on being the first group to complete the process. Next year plans would include a bigger run up because people now understand what the process is and what is required. We will do more comms at the start of the year and be really clear what it looks like to get a 1, 2, 3 or 4. We will give more time for moderation and that there is enough settling down time after the moderation for people to appeal and for face to face conversations to happen which will all be built into the moderation timeline.

HK queried the data showing the amount of staff scoring in Band 1. It had been anticipated that more staff would be in this group. RG explained that the definition of '1' is that you need to be on a formal improvement plan or be in performance conversations, but doesn't necessarily mean that you need to be in performance management. It was explained also that if someone is on long-term sick and haven't been able to do their PDR, then they are not counted in this data and the often those who are going through a tricky formal performance management may be off sick. It would be useful going forward to note those who fall into this category as it may be masking the true picture.

Scoring needs to be consistent with clearly defined criteria across all scoring bands.

In terms of reporting, PG suggested a write up of how PDR moderation and the Nurse Escalator programme was being linked and send to Nursing Times and HSJ.

HK gave example of Talent Mapping grid which could be used to map individuals' performance.

ACTION: PG / RG to draft write-up for Nursing Times & HSJ	
ACTION: RG to map onto talent management grid. Bring to December meeting.	
7. Nurse Career Escalator Update	POD (10/18) 006
<p>The nurse escalator focuses on those nursing staff at Band 5 who have scored 4a or 4b within their yearly appraisal and offers them the opportunity to join the programme, with a financial reward for completion. Staff can join as either clinical or managerial experts.</p> <p>Still waiting for final moderation scores to be confirmed however, it is likely that 7 of the 34 staff identified will be moderated to 2b as their mandatory training was not up to date, therefore reducing the total to 27 invitees to join the programme.</p> <p>More comms needed around the escalator as some people are not forthcoming because they are not sure what is required. There also needs to be a formal 'launch' of the programme once PDR moderation has been completed. Emphasis needs to be placed on the positives and benefits for the individuals undertaking the programme to encourage more staff to want to join.</p> <p>The committee were asked to consider whether the same financial incentives could be offered to HCA's who want to join the programme, i.e. £1,000 against £500. This needs to be costed outside the meeting before a decision can be made.</p>	
ACTION: PG to bring back further update to December meeting around those people who have gone onto the programme and for those who haven't, why they haven't.	
ACTION: PG Comms update to December meeting	
8. weConnect – Steps to Organise a Programme of Work	POD (10/18) 007
Not discussed as this is an item on the next Trust Board agenda.	
9. People Plan KPI Review	POD (10/18) 008
Revised people plan KPI's and IQPR Workforce metrics were presented and agreed. They will now be passed to the performance team to integrate in to the Trust IQPR	
ACTION: Performance team to integrate new metrics in to the Trust IQPR	
10. Matters to raise to the Trust Board	Verbal
<ul style="list-style-type: none"> • Rostering Update • PDR Update • Nursing Escalator • 	
11. Agenda items for next meeting	Verbal
<ul style="list-style-type: none"> • BAF • Rostering Update • Nurse Career Escalator • PDR Moderation – Talent Management Grid 	

12. Any other business	Verbal
No other items of business were received.	
Details of Next Meeting	Verbal
Monday 17 th December 2018, 11:00-12:30, Room 15, Education Centre	

Signed
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 Date