

PEOPLE AND OD COMMITTEE MEETING MINUTES

Venue: Meeting room 13, Education Centre, Sandwell Hospital.

Date: 26th April 2019, 09:30-10:45

Members Present:

Mick Laverty, Non-Executive Director (Chair) (ML)
 Raffaella Goodby, Director of People & OD (RG)
 Frieza Mahmood, Deputy Director of People & OD (FM)
 Paul Hooton, Deputy Chief Nurse (PH)
 Prof. Kate Thomas, Non-Executive Director (KT)
 Toby Lewis, Chief Executive (TL)
 Rachel Barlow, Chief Operating Officer (RB)
 David Carruthers, Medical Director (DC)

In attendance:

Christine Rickards, Staff side (CR)

Meeting Support:

Julie Turley, Executive Assistant

1. Introductions (for the purposes of the audio-recorder)	Verbal
Introductions were given.	
2. Apologies for absence:	Verbal
Apologies were received from Richard Samuda, Harjinder Kang and Paula Gardner.	
3. Minutes of the previous meeting held on 25th March 2019	QS (04/19) 001
It was confirmed that the previous meeting did not go ahead but that the papers had been circulated for comments and matters arising.	
4. Action log and matters and actions arising from previous meetings	QS (04/19) 002
<p>The following updates on the actions arising from the meeting held on 22nd February 2019 were provided:</p> <ul style="list-style-type: none"> • <i>Agenda item POD (06/18)7 Develop an approach to workforce planning agreed between Chief Executive and rest of the executive.</i> To be reviewed under item 9 of this Committee. • <i>Agenda item POD (10/18)3 Continue working on BAF 8, breaking it down into acute risks.</i> To be reviewed under item 9 of this Committee. • <i>Agenda item POD (10/18)5 Update on rostering compliance/practice to December 2018 Committee.</i> Whilst the specific action was closed, this item was recurring and would continue to appear at this Committee. • <i>Agenda item POD (10/18)6 Aspiring to Excellence: Map talent management grid for level A.</i> This item was discussed at the March meeting of this Committee. The talent management grid for those who scored an A was discussed at the December Committee, and the December Committee requested how to track high potential individuals in 19/20, which appeared on the March agenda and questions can be taken today. 	

TL requested a breakdown of quarterly reporting of high potential individuals and RG explained that everybody's scores would be made available at the end of Q1 following the deadline of 30th June for completion of Performance and Development Reviews

RG advised the Committee that in Q2, that an additional £30k has been ringfenced in the training budget to be applied to high potential individuals scoring a 4A. In addition, these colleagues would be able to access the training needs analysis monies which was discussed at the CLE Education Committee. RG added that, by the end of Q2, the amount of learning or finances attached to those individuals and their progression through their personal development plan would be published. At the end of Q3 this would be monitored and at the end of Q4 this would be evaluated.

A detailed discussion around the PDR process commenced and the following points were made:

- RG confirmed that the moderation dashboard published in August would reveal the scores of all individuals.
- Extra money would be set aside for 4A scorers.
- TL emphasised the need to ensure that 4A scorers were aware of their talented status within the Trust, and the idea of setting up a talent club was discussed.
- TL emphasised that the Trust should be unashamed of promoting the “elite” aspect of the 4A scorers.
- It was agreed that the 18/19 4A scorers were still part of the current elite talent club.
- The elite club members could be circulated with the data in June.
- The PDR score would be part of the interview criteria for internal posts and could be the differentiator between individuals.
- The score would travel around the organisation with the individual (in year).
- It was agreed to equip managers with the tools to be able to explain exactly what an A score would mean for that individual.
- The drafting of the letter should be changed slightly as the sentences pushed that a 4A scorer would be ready for their next job and a reviewer might be put off awarding that score if they did not want to lose the individual to another area.
- ML suggested that the elite talent club should be brought together collectively, and RG agreed that a network development event would be beneficial.

Action: RG to look in to briefing managers with the tools to be able to explain exactly what an A score would mean for that individual.

Action: RG to arrange a network development event for the elite talent club members.

MONTHLY FOCUS TOPICS

5. Workforce Infographic and the journey to 2020

QS (04/19) 003

RG noted the paper and explained that they were first drafts of the Workforce Infographic and there were two versions to compare. The following points were made:

- There were two different versions of the Infographics to be reviewed.
- 20/20 vision comprised five different workforce areas as follows:
 - Becoming a great place to work.

- The next generation of employees.
- Preparing our teams for change.
- Our multi-year educational, learning and development plan.
- Improvement and leadership skills.

Targets were discussed and the following points were made:

- The fact that 18% of staff were going to retire in the next five years was highlighted and it was not clear that enough was being done currently to mitigate this staff risk.
- Targets which were very clear were:
 - Sickness.
 - Vacancies.
 - Apprenticeship levy.
 - Nursing staff.
 - Doctors.

RG welcomed questions and suggestions and the following was noted:

- The work-force issues data only showed leavers. New joiners should be added to balance the perspective.
- Stringent version control over release dates of the Infographics were important.
- The fact that 52% of staff had worked at the Trust for over 10 years should be represented.
- Most of the workforce did not change but there were many indicators focussing on around 1,000 people.
- The apprentices figure was incorrect and would be amended to the correct figure of 160.
- The wording on the draft Infographics which read keeping the workforce would be better served by using the word 'developing', rather than keeping.
- The only picture of a doctor within the article was that of a male, this should be updated.

RB mentioned that data sets and discussions were very hospital-based, and thought should be given to include community. RB and RG agreed to give both points some thought and consider appropriate wording of these items.

TL advised that over the next few years, as an organisation, how the Trust supported staff to better use their time would become very important. In the event of migrating to a people function, focus on time and value was important.

ML felt that a worthwhile exercise would be to look at the purpose of the Infographics, perhaps it was best kept as a detailed information summary that everybody wanted to use consistently. Whilst there could be information around tracking the key targets and the people plan, too much information could be difficult to keep up to date and potency would be lost.

RG confirmed that she would consider the suggestions and comments made around the Infographic draft and bring back a refreshed version to the next meeting for further discussion.

Action: RB & RG to think about including community within wording and data.

Action: RG to bring back a refreshed version of the Workforce Infographic to the next meeting.

RG noted the paper and explained that at the March Committee, tracking the high potential individuals was discussed and that colleagues asked for a very clear timeline for 19/20. They also requested clarity around what had been learned from last year, the moderation process, communications, setting SMART objectives and audits.

RG advised that one of the key learnings for the year ahead was about preparing the line manager effectively for the conversation, not just in terms of the technicalities, but that having a positive conversation with individuals was a key element in the process. RG advised that about 600 managers completed the Steve Head 'having a positive performance conversation' course and they had received positive feedback from that.

RG advised that all PDR's must be booked between 1st April and 30th June 2019. She added that 73% were already booked at the time the paper was put together. RG also advised that the PDR score was now much easier to submit, through a short form on Connect. A macro had been installed into the intranet so that the ESR would be automatically updated.

The following items were being closely monitored:

- PDR dates entered but don't have a score.
- PDR scores entered but don't have a date.
- Individuals who do not have a PDR or PDR scheduled. A list of those could be provided to corporate directors alongside the status of whether they had been chased.

These were being monitored on a weekly basis to ensure the target was where it should be.

It was confirmed that an individual would be made aware of their score during the PDR meeting and that background evidence would be gone through with the individual. It was confirmed that those who had not completed 100% of their mandatory training would score no higher than a level 2.

If the score decreased subsequently then another conversation between the individual and the line manager would be undertaken to explain the reasons behind the change. The line manager would be able to offer guidance and encouragement to the individual on how to achieve a higher score the following year. RG advised that she felt this part of the process was particularly important.

The issue of managers awarding 'across the board' scores to all of their teams was discussed and it was confirmed that managers who had taken this approach had been given individualised support to move away from this practice. TL requested that a standard post moderation letter to be issued in addition to the verbal communication be implemented.

The following items were discussed:

- The monitoring of the number of 1 scores.
- Managers had undertaken the conducting of quality checks this year by moderating the

SMART objective to ensure that they were consistent.

- Managers scoring their staff highly within departments that were not meeting their KPI's.
- The management of individuals who had been absent for long periods within the PDR process.
- The number of excluded individuals was visible.
- TL confirmed that the PDR would not be linked to pay in 19/20.
- Latecomers last year were not scored, but whether they completed mandatory training or not, could be viewed.
- Consider adopting an informal process where managers would give their superiors sight of what they were intending to award and the distribution of marks.
- Transparency of scores linked to team performance.

ML thanked those involved for the quality of the report and expressed his support of the 4-point scale.

Action: RG to create a standard post moderation letter to be issues in conjunction with the verbal communication.

Action: TL/DC to discuss the issue of ward-based consultants excellence awards against the PDR.

7. Rostering Improvements, look ahead for May & June

QS (04/19) 005

PH noted the paper and the following points were made:

- PH explained that the paper was about the 8 KPI's that were set by the Chief Nurse and the current rostering performance by ward managers and matrons.
- The 8KPI's look at:
 - Making sure that they are booking against their establishment and they are not going over their establishment.
 - Make sure that they are making good use of their annual leave and booking that in time on a monthly basis to ensure that the bulk of the workforce annual leave is booked evenly over the year and there isn't any peaks and troughs.
 - looks at booking banking agency to cover any vacancies and sickness in the ward areas as bank staff are usually the most cost effective.
 - Ensuring there was no overspend.

PH explained the colour coding of the rosters, shift patterns and processes. The following items were raised:

- Some ward sisters were not consistent and timely when updating the rosters.
- Matrons had agreed to meet with their ward sisters on a weekly basis to look at their safety staffing and acuity reports and go through their 8 KPIs.
- A report would be excerpted against these findings to be presented at the Monthly Oversight Group chaired by Deputy Chief Nurse PH
- The 8 KPIs will be closely performance managed for the next six weeks.

PH requested comments from the Committee to ascertain whether they felt that the paper assured a robust enough oversight and governance process, and if the paper and its format met the needs of the group.

The large number of red blocks for March were highlighted and PH explained the that reasons

were largely that the ward sisters hadn't updated their rosters in a timely way. PH explained the process and what should happen, i.e. that changes such as focussed care bookings should be updated daily, and they often are not..

There was an in-depth discussion regarding the unacceptable practice of not updating rosters consistently and it was agreed that this poor performance had to stop immediately. TL requested the names of all ward sisters who consistently updated the rosters and those that didn't to be provided to him over the course of the next two weeks. TL confirmed it was time to become very direct with offending staff over this matter and that the resolution lay within the responsibilities of Operations and HR as well as Nursing. TL gave a two-week time-frame for the teams to find a way to implement the resolution of this poor performance. RG confirmed that the Trust Bank maintain an 'unlocking dashboard' which highlights the number of changes that are requested each month to change the roster after it has closed.

CR queried the potential situation of retirees returning to the bank and taking the on the lucrative shifts. PH explained the process for filling shifts from the bank and advised that had not been aware of this happening within the Trust. TL suggested that this could be monitored through a KPI.

PH to compose additional KPIs that will offer the committee additional assurance on the unlocking aspect of roster management. TL stated that because the Trustrosters six weeks in advance, gaps should be identified at that point. This should be straightforward to monitor against.

The issue of people dropping out at less than 24-hours' notice. RG would check that these were being referred on to the agency or employer.

RB confirmed that the daytime must plan for the night time start of night shifts re-allocate staff.

Action: PG to provide the names of all ward sisters not updating rosters and all that are, to TL.

Action: Nursing, Operations and HR to work through the rostering concerns and report back at the next meeting.

8. Workforce standards improvement plans

QS (04/19) 006

RG noted the paper and the following points were made:

- The toolkit demonstrated that in some areas there was assurance, but a lot of areas couldn't confirm they were confident that those areas had sufficient workforce plans in place.
- Need to refresh and look at the longer-term workforce plan, linked to BAF item 9:
- There were new roles being developed all the time, either in response to workforce gaps, places not being commissioned at universities or changes in the National UK workforce.
- We need to make best use of the financial support available to the Trust.
- The issue of was the Trust making the best use of the new roles becoming available and were they making the best use of the data that the Trust already had.
- Need to work closely with nursing and medical teams to draw up a plan.

RG clarified that a new role had been created to assist with making the best use of new roles and making the best use of the data the Trust had. If a suitable candidate can be appointed, this new member of staff would act as a central co-ordinator drawing knowledge from clinical expertise and working closely with nursing education to put forward a nursing model.

The Improvement Plan actions were approved.	
9. Long term workforce model update (SBAF 8)	QS (04/19) 007
<p>RG summarised the paper and the following points were noted:</p> <ul style="list-style-type: none"> • The pay spend model for the next 12 months had been agreed and communicated • BAF refresh was underway. • 12-month plan achievement relies on: <ul style="list-style-type: none"> - The avoidance of a £11.5m spend. - Recruiting substantive staff for key position. - Good use of agency spend. - Keep grip and control on rostering. - Achieve a 2% or less vacancy factor. • All data to be published on day 5 of each month, focussing initially on medicine and surgical services. • Ensure that in the first quarter delivering on financial obligations so that the rest of the year has the best possible chance of being successful. • Although the financial aspect was important it was not the only focus, sickness management, recruitment and retention are also critical to success. 	
Action: RG to investigate a labour market analysis and skills component later this year.	
OTHER MATTERS	
10. Matters to raise to the Trust Board	QS (04/19) 008
<ul style="list-style-type: none"> • Rostering issues. • Good progress being made on PDRs. 	
11. Agenda items for the next meeting	Verbal
<ul style="list-style-type: none"> • Progress against the people plan. • Annual cycle for PDRs. • Rostering compliance • Infographic targets and updates • Delivery of refreshed BAF items • 	
12. Any other business	Verbal
No other matters were raised.	
The next meeting will be held on Friday 28 th June 2019 from 09:30 to 10:45 in Room 13, Education Centre, Sandwell General Hospital.	

Signed

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Date

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