

**PEOPLE AND OD COMMITTEE MEETING MINUTES**

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

**Date:** 28<sup>th</sup> June 2019, 09:30-10:45

**Members Present:**

Mick Laverty, Non-Executive Director (Chair) (ML)  
 Paula Gardner, Chief Nurse (PH)  
 Raffaella Goodby, Director of People & OD (RG)  
 Richard Samuda, Non-Executive Director (RS)  
 Toby Lewis, Chief Executive (TL)  
 Rachel Barlow, Chief Operating Officer (RB)  
 David Carruthers, Medical Director (DC)

**In attendance:**

Christine Rickards, Staff side (CR)

<p><b>1. Introductions (for the purposes of the audio-recorder)</b></p>	<p><b>Verbal</b></p>
<p>Introductions were given for the purposes of the recording.</p>	
<p><b>2. Apologies for absence:</b></p>	<p><b>Verbal</b></p>
<p>Apologies were received from Prof. Kate Thomas.</p>	
<p><b>3. Minutes of the previous meeting held on 26<sup>th</sup> April 2019</b></p>	<p><b>POD (06/19) 001</b></p>
<p>It was confirmed that the previous minutes were an accurate record of the meeting.</p>	
<p><b>4. Action log and matters and actions arising from previous meetings</b></p>	<p><b>POD (06/19) 002</b></p>
<p>The following updates on the actions arising from the meeting held on 26<sup>th</sup> April 2019 were provided:</p> <ul style="list-style-type: none"> <li>• <i>Agenda item POD (04/19)002 Look into equipping managers with the tools to be able to explain exactly what an A score would mean for that individual.</i> It was confirmed that this item would be integrated in to the post moderation communications.</li> <li>• <i>Agenda item POD (04/19)002 Arrange a network development event for the elite talent club members.</i> It was confirmed that this item was due in October 2019 following moderation.</li> <li>• <i>Agenda item POD (04/19)003 Think about including community within wording and date.</i> This item appeared on the agenda for today.</li> <li>• <i>Agenda item POD (04/19)003 Bring back a refreshed version of the workforce infographic to the next meeting.</i> This item appeared on the agenda for today.</li> <li>• <i>Agenda item POD (04/19)004 Create a standard post moderation letter to be issued in conjunction with the verbal communication.</i> This item appeared on the agenda for today.</li> <li>• <i>Agenda item POD (04/19)005 Work through the rostering concerns and report back at the next meeting.</i> This item appeared on the agenda for today.</li> <li>• <i>Agenda Item POD (04/19)007 Investigate a labour market analysis and skills component.</i> It was confirmed that this item was due in August 2019.</li> </ul>	
<p><b>MONTHLY FOCUS TOPICS</b></p>	

RG reported that the SBAF reports for each of the Committees were currently being compiled. The Group was asked to consider, challenge and confirm the updated SBAF and assign assurance strength to the controls. The risks were discussed as follows:

### **1. 2020 Vision (SBAF ref: 1)**

TL noted the risk and made the following points:

- TL explained that the controls assurances and the gaps and actions were driven by the effective management of individuals and collective groups. The individuals through the PDRs, and the collective through the Group Reviews, which would help with the identification of bandwidth, or lack thereof.
- TL explained that the gap was in certain skilled areas in the organisation, for example, high performing operational managers and leaders with high turnover and desirable skills. He confirmed that further work was required around this.
- TL welcomed discussion and requested comments regarding the Controls Assurances Plan.

Discussion took place around the above points and the following was discussed:

- The Chair explained his concern around large high-quality projects and if there was enough resource to deliver all of these projects and programmes with the same people.
- The Chair expressed concern over a possible risk if the Trust found itself short of talented individuals, would the PDR become biased towards the top end. TL agreed that this was a theoretical risk and that they would need to ensure that the moderation process considered this.
- TL confirmed that he would include the specific Clinical Leadership Development process within this risk statement.
- It was agreed that the level for this risk was scored at adequate.

### **2. People (SBAF ref: 11)**

RG noted the risk and made the following points:

- The risk was related to labour supply not matching the demand for high quality staff.
- Several controls were in place including various recruitment trajectories being monitored, working closely with medical education and an apprentice scheme. There is more work to do here.
- RG advised that The Clinical Group Reviews and the Trust Board, along with this Committee, had a lot of oversight of recruitment trajectories on a monthly basis, but with more work to do on understanding the breakdown.
- RG explained that she did not feel that the controls were adequate for this risk and that several issues outside the Trust's control added to this assessment.
- The Chair advised that the Labour Market Analysis should appear within the gaps section and this should take place in Q4.

Discussion commenced and the following points were raised:

- The need to be clear on which jobs the Trust struggled to fill as itemised below:
  - a) Jobs that the Trust struggled to fill because of failings within the Trusts own processes.
  - b) Jobs that were difficult to fill per se.
- TL advised that there was an expectation that once the Trust had completed its vacancy cycle by September / October, they would be in a clearer position regarding understanding hard to fill roles.
- The Chair commented that he had attended the University of Birmingham and viewed the applications for the September intake. He identified that nursing intake was significantly low.
- RG suggested that the interim People Plan should be added into the gaps and actions. This plan included a piece around extra student nurse placements and extra capacity. PG confirmed that there was no bursary for student nurses and that potential nurses were required to obtain a student loan; it was felt that this issue was the main cause for the dip in the intake in nursing.
- It was agreed that the impact of Brexit on the labour markets the Trust relies on would be added to the risk controls.

Further discussion commenced around the change in the way the workforce market behaved and the fact there was no longer the security of a contract for life in the NHS, as individual's career tended to be more diversified. The issue of flexible working options was discussed. TL confirmed that the Trust launched its flexible working pledge in February and would track against that. TL questioned the Trust's overall approach to an ageing workforce, and whether there was one in place. RG confirmed there was not, and this would need to be addressed.

It was agreed that overall there was a limited score for assurances on this item.

### **3. Education, Learning and Development (SBAF ref: 12)**

RG noted the risk and the following points were made:

- The risk had developed from the previous SBAF item which was about ensuring that the training budgets had been protected.
- RG confirmed that the training budget had been protected over the last few years and was increased by 40% for this year, which had been a unique selling point when attracting people to the Trust.
- The risk was around the fact that there was not enough time created for training for front-line clinical staff and other staff to ensure development, which would create the risk that the Trust was less able to develop its community base and public health scale of care.
- It was advised that the focus should be in ensuring that time was made for individuals to be able to develop further than the standard mandatory training, utilising any identified training within the PDR process.
- RG confirmed that the £1.4m training spend would need to be allocated in an appropriate fair manner, ensuring that funds were allocated against talented people.
- One of the controls was running effective rostering of training and development. Individuals needed time to be able to attend training and develop for the Trust to ensure a sustainable workforce for the future.
- RG explained that the assurance was the time factor that was inherent within the roster, and there was a percentage marked out for training and development, together with sickness

and annual leave.

Discussion commenced around the matter and the following points were discussed:

- TL advised that the issue of managing time for training and development would remain at a relatively low assurance going through the year, as work was still required as to how to monitor this issue.
- RG confirmed that mandatory training was reviewed 12 months ago, and a substantial proportion of this was made available online to allow more flexibility for individuals.
- RG advised that tight controls were held over what was considered mandatory training, there are now 11 modules which reflect the national mandatory training requirements.
- It was confirmed that the Midland Met project around mandatory training/developmental training had been considered but not yet started.
- It was agreed that the QIHD and monitoring of attendance was in place as a control, and that consequences for those who did not attend would be tightened up.
- It was also agreed that WeLearn would be referenced as an action.

The Committee agreed that the assurance remained limited, albeit an emerging item.

**Action: TL to include the specific Clinical Leadership Development process into the risk statement.**

**Action: RG to reference WeLearn into the risk statement as an action.**

**6. Aspiring to Excellence: Q1 delivery, Q2 moderation and supporting 18-19 '4s'.**

**POD (06/19) 004**

RG noted the paper and the following comments were made:

- Last year was the first year that a moderation process had been conducted. It was a new concept for the organisation and its managers and leaders.
- The proposed moderation process for 19/20 reflected all the learning from 18/19, and it also compressed the timelines.
- The scoring for moderation was 1 to 4 in terms of performance, and A to D in terms of aspiration and potential
- RG stated that they had made the scoring definition clearer this year between 2 and 3, as last year 40% of people came out as a 3, which was higher than would have been expected in a normal distribution.
- It was confirmed that individuals could not score higher than a 2 if they had not completed their mandatory training
- The dashboards which had been designed and used were reported as being very good quality and easy to use.
- RG confirmed that the moderation timetable would be scheduled throughout August for several reasons, including the training of UNITY superusers and to allow more time for individuals to complete their PDRs.
- RG confirmed that an audit of consistency of smart objectives and fairness would be implemented. TL advised that he wished to be involved in the scoping of the audit.
- RG advised that she had reframed the 2 and 3 descriptions as follows:
  1. An individual was classed as a known and consistent underperformer and should be in some form of process.
  2. An individual was performing their job satisfactorily and achieving most of their objectives.
  3. An individual was achieving all their objectives and might be exceeding in some.
  4. An individual was performing well and exceeding in nearly all their objectives.

- It was agreed to investigate re-wording item 2, which appeared harder than the Trust meant. The word satisfactorily could be changed to fully well, or similar.

**7. Safer Staffing Micro Study**

**POD (06/19) 005**

PG noted the paper and the following points were made:

- A micro study of an e-roster over a period of one week had been carried out and the following was reported:
  - Very little change occurred in the rosters.
  - There had been an increase in white, being a normal shift.
  - There had been an increase in the blue shifts, which was open to extra capacity and focussed care.
  - There had been a decrease in red shifts, albeit not by enough.
- The verification of the rosters had improved to 94% and work continued to improve this figure.
- PG advised that those who had been found to be using unblocking forms, would be dealt with appropriately,
- PG advised that at page 3 of the report, item 2.6 should read 275.
- PG advised that the two reasons for red shifts were:
  - 1) Roster anomalies; *(which were being corrected as of next week. PG advised that she had called for an amnesty).*
  - 2) Vacancies and sickness issues; *(PG advised that efforts were being made to ensure that vacancies had been filled).*
- PG reported that out of the 1,171 bank and agency requests, 970 were filled and 201 remained unfilled.
- PG advised that once the roster anomalies had been resolved, the issue would be about unlocking forms, which showed that they were verifying their shifts in a timely manner, which would help identify areas to be focussed on.

Discussion ensued and PG advised that a deep dive was forthcoming next week, and CR expressed her concern with regards to incident forms and the issue of potential staffing issues. Particularly within SAU.

**Action: PG to arrange to carry out 24/7 staff visits within the SAU.**

**8. Workforce Infographic: Our People in 2023**

**POD (06/19) 006**

RG presented the metrics and the following points were made:

- The current total funded WTE was 7003.
- The funded established WTE for 2023 was 6794, which demonstrated the increase in medical staff and the decrease incoming clerical staff.
- Currently the Trust is reflective of the local population in terms of ethnic minority staff and an ambitious target has been agreed BME staff who were above 8A and above and if you put Doctors into our workforce profile, we would be entirely representative.
- BME staff had already increased from 19.7% in the past two years, to 23% and another 2% would be sought by 2023, totally 25% as a target.
- 75% of the local population was currently under the age of 45, yet 40% of the Trust's workforce is set to retire within the next five years so that is a key red flag for the Trust. With this in mind, the Trust wishes to increase in number of staffs under the age of 30 and increase access to Care Leavers, access to work schemes, in particular young people, with learning disabilities and in employing overseas qualified professionals who are younger.

- The workforce profile is predominantly female, and RG does not anticipate a change in this by 2023.
- A small increase in the gender pay gap for women to be made of 2p to 86p for every £1 earned by men.
- A move upwards in the percentage of women in higher and lower paid jobs to 75% respectively.
- Flexible working arrangements by 2023 100% of posts would be advertised with flexible working options, with an increase of 15% in job share arrangements/part-time working arrangements.
- An increase of 10% in roles available for retire and return colleagues.
- The current workforce has 150 apprentices which would be increased to 200.
- The Trust expressed a wish to decrease its turnover to 10% (NHS Average).
- The Trust wished to decrease its sickness levels to 3.0% in wards and 4.0% in other areas.
- The Trust expressed a wish to achieve less red shifts in the roster periods.
- To keep the bank and agency spend within the required guidelines by NHSI.
- Increase training and development spend by £600k.
- Focus on increasing the level of education amongst the Trust's population.
- Have a focus on higher education for staff.
- Managers to be working towards a formal qualification.
- Continue to employ people on the national living wage.
- RG explained that a metric she needs to work out is how many of the Trust's staff live locally, she thinks around 50% live within a 3- or 4-mile radius of the site. Once this is confirmed she will set a target around that.

Discussion took place around the metrics and RS queried the low percentage forecasted to decrease in turnover in 2023. TL advised that this was a modest forecast, and that it may well be possible to stratify the position using the current turnover figures. The Chair advised that a useful exercise would be to group the metrics by dimensions. He added that the staff spend on training could be published using amount per head, which would mean more to a member of staff. The Chair added that there should be a push on training around digital skills.

TL requested that the general disability metric should be added. He also advised that the age profile should be finalised.

**Action: RG to consult more widely on metrics and finalise for October meeting**

<b>9. Achieving 2% vacancy position: Vacancy dashboard – forward look for Q2.</b>	<b>POD (06/19) 007</b>
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RG noted the paper and the following points were made:

- RG reported the vacancy position as of yesterday was 888 vacancies in progress, with 982.31 vacancies as a whole.
- The number not in advert was 5.92.
- The number at conditional offer stage was 496.
- The number at unconditional offer stage was 385.
- There were 24 withdrawn.
- There were 94 wholetime equivalents not in progress. RG explained that this was not 94 jobs and RG and TL were working through to reconcile this item.
- RG reported a much-improved position since reporting at the Board commenced.
- RG wished to formally recognise her team's efforts in getting to this improved result.

The Chair requested that these figures be produced in a line graph for ease of reference. TL what he would now like to see a 3-month forward look.

Action: RG to produce the vacancy dashboard statistics within a line graph and bring a detailed position to the next meeting.

**OTHER MATTERS**

**10. Matters to raise to the Trust Board**

**Verbal**

- Report the status of the Strategic Board assurance outcomes.
- The more reliable rostering report.
- The focus on agency at the next Committee meeting.

**11. Agenda items for the next meeting**

**Verbal**

- The annual forward look in the People Plan.
- Carry out an analysis of what the Committee should be covering over the next 12 months.
- Vacancy dashboard
- A cross reference to the workforce standards assurances.
- Rostering.

**12. Any other business**

**Verbal**

No other matters were raised.

The next meeting will be held on Friday 30<sup>th</sup> August from 09:30 to 10:45 in Room 13, Education Centre, Sandwell General Hospital.

Signed .....

Print .....

Date .....