Sandwell and West Birmingham Hospitals **NHS**

NHS Trust

PEOPLE AND OD COMMITTEE - MINUTES

Venue: Room 12, Education Centre, Sandwell General Hospital

Date: 30th August 2019, 9:30-10:45

Members:

Mr M Laverty	(ML)	Non-Executive Director (Chair)
Prof. Kate Thomas	(KT)	Non-Executive Director
Mr T Lewis	(TL)	Chief Executive
Mrs R Goodby	(RG)	Director of People & OD
Ms R Barlow	(RB)	Chief Operating Officer
Mrs P Gardner	(PG)	Chief Nurse
Dr D Carruthers	(DC)	Medical Director

In Attendance:

Mrs C Rickards	(CR)	Staff Side

Board Support:

Ms J Turley	(JT)	Executive Assistant

Apologies:

Mr R Samuda	(RS)	Trust Chairman

Minutes	Reference
1. Introductions	**Verbal**

The Chair welcomed the members and those in attendance to the meeting.

The Committee members provided an introduction for the purpose of the meeting recording.

2. Apologies for absence	**Verbal**

Apologies were received from Mr R Samuda.

3. Minutes from the meeting held on 28 June 2019	**POD (08/19) 001**

The Chair noted the following:

- *Page 7 – Agenda items for next meeting*

  He stated that at the next meeting to look at an annual cycle of agenda items to track against the People Plan to ensure the Committee was addressing all matters.

  TL stated that also applied to the NHSI Workforce Assurance Safeguards, which needed to be clearly embedded into the business of the Committee.

- *Page 3 – …it was noted that nursing placement intake was low.*

  KT advised that the University of Birmingham had filled all nursing placements.

The Committee accepted the minutes of the meeting held on 28 June 2019 as an accurate record.

4. Action log and matters arising from previous meeting	**POD (08/19) 002**

The Committee reviewed the action log and the following updates were provided:

- *POD (06/19)005 - Arrange to carry out 24/7 staff visits within the SAU.*

  PG noted that it was determined from SAU visits and discussions with staff, that the issue was due to time/space of staff allocation – not the number of the staff. Over the past 8 weeks there had been no anomalies arise but she would continue to monitor. She advised that those areas were visited 24/7 and she personally follows up with a separate visit. She stated that there were good assurances around that.

- *POD (04/19) 006 - Test out metrics further and produce the metrics to be reviewed in a proposed workplan at a future meeting.*

  To be reviewed at the October meeting.

- *POD (04/19) 002 - Arrange a network development event for the elite talent club members.*

  RG noted that leadership teams were currently conducting moderations with talented members of staff to develop something to make them feel more special. She advised that the dates would be brought to the Committee in October and a format as to what that would look like.

  TL queried if work would be done around last year's talented staff cohort instead of waiting for the new cohort. RG advised that some work had been done with the last cohort – mapped out everyone who had received a 4a and where their pathway had led (promotion, left the organisation, personalised development), but had not developed them into a talent club where they meet

  TL stated that a proposal in October was not necessary and for RG to action a special group/club for that cohort ASAP.

- *POD (04/19) 003 - Think about including community within wording and data.*

  RG noted that the inclusion of the word *community* was to have a community-based approach/feel, rather than a hospital-based approach. This will need to be reflected for primary care and ICS in any revised People Plan also

- *POD (04/19) 005 - Provide the names of all ward sisters not updating rosters and all that are, to TL.*
  Completed.

- *POD (04/19) 007 - Investigate a labour market analysis and skills component.*

  RG noted that she and TL would need to discuss further and scope it out as they were considering engaging an external body.

Action: RG to action a special group/club for the cohort of talented staff from 2018/19 ASAP.

MONTHLY FOCUS TOPICS

5. Strategic Board Assurance Framework: Controls Check	POD (08/19) 003

RG noted that at the last committee meeting they had discussed each BAF item in-depth. A lot of work had been done by the Executive and the Board to ensure that the workforce risks were scaled correctly. All of the updates from the Committee had been reflected in the table.

1. 2020 Vision (SBAF ref: 1)

RG noted the following:

- Addition of the Chief Executive led moderation audit – following the moderation, there would be an extra layer to ensure the scale of the objectives set for comparable roles were consistent across the organisation. This is going to be important for 20/21 when financial rewards are applied to the scores.

- Added the additions around the external market analysis to identify whether local and national talent market supply was there and what they need to do in that space with an end date of end of Q3

- RG and TL were developing a piece of work around vacancies in roles 8b and above, and the sizing of those roles. Need to ensure that the Trust was receiving return on investment for those senior roles and that impact and scope is comparable

The Chair noted that the completion dates were indicated for July and now the target dates had changed to December/September. RG advised that was due to altering/updating the gaps and actions and increasing the scope of the work. TL clarified that in regard to the PDR process, that they had finished late on the original process and the main driver of that had been lead officer being displaced into Unity for approximately three months.

It was one of several items that was agreed with RG that they could allow to slip. The Chair questioned if they were comfortable that the assurances remained the same. TL stated that the assurances remained the same. The chair questioned if the Committee was happy to confirm that assurance levels in all three SBAF items were as last time (noting actions that had taken place). TL noted that:

- SBAF ref: 12 – Education, Learning and Development

  The release time for staff to attend development, would become a bigger issue in 20/21– the initial steps had suggested that they had not devoted enough paid time into staff development, for example Medicine and EC. The committee felt that the assurance was still at *Limited*.

The Committee agreed that the assurances would remain at:

- SBAF ref: 1 – *Adequate*
- SBAF ref: 11 – *Limited*
- SBAF ref: 12 – *Limited*

The Chair queried if the Committee was confident that progress would be made by the next meeting on the *Limited* rated SBAF items. RG advised that:

- Progress would possibility be made around the Learning and Development SBAF as the initial outcomes of PDRs would become apparent.
- People SBAF (labour supply) – until they had completed the market analysis, an assessment of improvement could not be given. This is expected to be completed in Q3 with the outcomes delivered by Q4, to offer Adequate assurance by the end of the financial year.

The chair questioned how the assurance ratings drive the People and OD directorates' priorities. RG clarified that the directorates bring their SBAF items to their corporate reviews with TL every two months and provide an update on work towards progress on the items and link to the local risk register and outstanding incidents. Discussions around the SBAF were featuring more often and there were conversations in theand executive team on priority mapping of the wider organisation.

TL noted that there was no executive-led definition that distinguished assurance from *Adequate* from *Limited*. He noted that he would reflect on that. There were a lot of *Limited* rated risks across all committees and it should not be viewed as a comfortable position.

Action: To address the issue of release time for staff to attend development in two meetings' time (December 19).

Action: TL to reflect on an SBAF executive-led defintions that distinguish assurance from *Adequate* from *Limited*.

6. **Fully staffed**	POD (08/19) 004

RG noted that there had been improvements in the offers made and accepted in the hard to fill roles. She advised that in the past 4-5 weeks, it had arisen that a lot of the offers made (54%) were to our internal staff, through promotion or transfer to a different department.. The previous narrative had been that recruitment was going well and in October there would be an understanding of the position of the hard to fill roles – when the actual number of roles to fill was a lot more as consideration was not made to the internal staff that were filling the vacancies.

Whilst this was recognised as a disappointing position that it had not been picked up sooner, RG noted that developing our own staff in to promotions was positive and that additional focus should now be given to attracting external candidates.

The Paper detailed:

- The numbers within the dashboard.
- Estimation of staff commencing in Aug/Sept/Oct (based on known start dates and acceptances), 50-60 per people/month.
- Managers improvement in advertising their positions.

RG advised that her team had had an emergency meeting with TL and PG earlier in the week and were working on revising the Internal Recruitment Strategy and a strategy for recruiting externally. A scaled approach to external recruitment would be developed as it had proven successful in the past and the Chief Exec has agreed to chair a fortnightly rapid improvement meeting to monitor progress

RG stated that it was a disappointing position and that she had reassured the Board that they were doing well in recruitment, when that was not entirely the case.

The Committee discussed the matter with the following points made:

- CR stated that the Trust needs to ensure that positions were not given on the premise of personal connections and it was important that the correct recruitment process was followed. She drew the Committee's attention to an email she had received from the LNC in regard to staffing levels and their general concerns. She noted that she also had concerns about safe staffing levels. TL suggested that they return to the LNC's comments later in the agenda.

- KT noted that her interpretation of internal recruitment was that once people were recruited to the organisation, that they had a desire to progress their career internally and that this was a positive position. She queried if there was mileage in understanding what made people want to stay, as that may be the same thing that would attract people in the first instance.

  RG advised that they had completed an independent piece of analysis with TMP Worldwide in late 2017, and it was determined that the Trust did not have a profile – i.,e. people did not know what it meant to work at the Trust. That was the rationale behind *Bringing your Ambition to life* rebrand and the www.swbhjobs.co.uk microsite.. The piece of work currently in development was *Why would you work here?* that would include case studies, promotion including proven people development approaches. A social media campaign has also been conducted, including Google AdWords. This will need to be re-run in the coming months. There were some things in which could be done to go big on external improvement; however, that would need to be done quickly and in a scaled up way.

- CR stated that they need to identify why people were leaving to try and retain them. RG advised that a leaver's interview was offered to all exiting staff; however, that offer was not always accepted and take up was very low. PG noted that it may be due to concerns of the interview being conducted by the line manager, in which there could be pre-existing issues. She suggested that another manager from a different area could conduct the interview to ensure the messages were passed on appropriately. This was accepted as a good idea by the committee.

- TL noted that 373 staff would join in Sept/Oct; however, the number of conditional and unconditional offers were not going down. He questioned if they had made 1100 offers, was the conversion speed quick enough – 3 months was ample time for conversion. He questioned if there was data in the fall-off/drop-off rate. RG advised that the unconditional offers included:

  o Final year students that had accepted but would not commence until they qualify in February 2020.

  o Australian nurses who would commence in January 2020 and during 2020.

  TL requested an indication of the numbers by Thursday 5 September 2019. They were treating the issue as not enough offers made and not enough applicants.

If that can be confirmed, then they were focused correctly. If that was not the case and there were problems after the offer was made, a separate set of actions to address that issue was required. RG stated that their plan needed to be both, for example if a person was offered positions at different organisations, they would choose the organisation that was friendlier. Therefore, a plan of keeping in touch with the applicant during the offer stage was important. This will be monitored through the CEX led improvement group.

- TL noted that the short-term plan was to make offers to all bank/agency staff (700 people that work more than 30 hours a week on a regular basis) in the next week.

- RB noted that the conversion rate was about keeping in touch as an applicant. She noted the recent scenario where approximately 40 HCA's were invited for interview, and two turned up. She suggested that keeping in touch with the applicant once they had been shortlisted should be considered as an important step.

- The Chair noted that internal promotion was a good thing for staff development and that Midland Met Hospital would be attractive to applicants. He questioned the totaliser/net staff and the tracker towards that. RG noted that they had 1000 vacancies, 800 offers (half of which were internal creating another 400 vacancies). 1900 offers would need to be made to be fully staffed. Whereas they had been tracking to the vacancies and not to the additional vacancy that internal promotion creates. The Chair queried the gap between where the current position and the FTE that they were aiming for, and where was the trajectory in closing the gap – were they closing the gap and how quickly could they do that. The outcome was important to know. RG undertook to consider that information and how to present the data.

- TL stated that decisions would need to be made prior to Christmas as they could not continue to proceed on the basis that they would fill 150 Band 5 vacancies if they routinely get 55 applications.

- RG noted that some areas would be challenging as bank/agency workers refuse to work shifts in certain areas and they could not recruit to those areas. They need to tackle any poor leadership behaviours or difficult patient cohorts to improve that.

- The Chair noted the point about perceptions of nepotism from CR, it that it may be useful to collate people's PDR scores with promotions in the future.

Action: RG to provide TL with data in the fall-off/drop-off rate of offers by Thursday 5 September 2019.

Action: RG to consider how to present the data for the gap between the current position and the FTE that they were aiming for (totaliser of staff) and the trajectory for closing the gap.

7. Red shift forward look	POD (08/19) 005

PG noted that the Paper set out:

- The analysis of the red register.

- Test case of D47 (Sheldon Block at City Hospital).

- Roster management.

- Implementation of a shift staffing proforma.

She noted the following key points:

- Reviewing the data over a week red shifts had increased to 40%, after mitigation that had reduced to approximately 34%, with staff reporting to come into effect.

- During the six weeks of writing the paper, the annual leave allocation was exceeded by 74% - ward sisters informed that was due to new starters and honouring their leave requests. TL stated that the data proved that was incorrect and needed a further look.

- Managing sickness with dedicated programmes around that.

- Vacancies – Australian nurses commencing .

- PG and RG to work on recruitment and retention work and include "hard lines" in moving forward.

- PG stated that red shifts were not necessarily unsafe. During August a shift staffing proforma was implemented which is completed by the shift leader on duty. The results were mostly positive; enough staff, replaced staff where necessary.

- Over-allocated annual leave.

- The shift staffing proforma indicated where there were concerns in staffing levels and the Trust had responded quickly to mitigate those concerns.

- They would do a deep dive into D47 from the 5-11 September.

- In conclusion:
    - There was still a number of red shifts, decreased slightly with agency and bank staff.
    - Shift staffing proformas indicated that the shift leaders felt that they were safe and providing care (and where they could not, the Trust was providing support and resource).
    - Rosters were not where they were expected to be – PG advised that she had made it clear that she wanted the recovery plans from groups returned by September. If by October there was no improvement in roster management (despite roster clinics), the result would be performance management.

PG welcomed questions and discussion from the Committee:

- KT suggested moving annual leave allocation to elsewhere to remove the personal influences in approving leave. PG advised that all areas were allocated an amount of annual leave to be distributed over 52-weeks. To state that extra annual leave was provided because of new starters was unsound. The senior sisters had not managed their rosters or wards and placed their patients at risk. If they could not manage their roster, they could not do the job they were employed to do. RB noted the scale of the problem and that it was not just one or two individuals. PG advised the following statistics:
    - Medicine, 6 out of 16 areas achieved roster compliance.
    - PCCT, 2 out of 6 areas achieved roster compliance.
    - Woman and Child Health, all over-allocated annual leave and did not achieve roster compliance.
    - Surgery, all over-allocated annual leave and did not achieve roster compliance.

- TL questioned if there was a monitoring system that detects and alerts to the submission of a non-compliant roster. PG stated that the Confirm and Challenge used by the Matrons and Group Directors of Nurses during their reviews of the rosters was not effective in alerting to rosters as they were still allowing the over allocation of leave even through the roster would be non compliant in this area.

    She advised that she would question Oceansblue (roster system provider) if they make a system change that would 'hard stop' them from submitting over allocation of leave. (NB over allocating annual leave is a key KPI on the e-roster report)

- RG noted that it was human error and that the system was flagging the submission as red and the staff member was not addressing the red flag. The Chair stated that the Committee would address that at the next meeting as they need to react to those red flags.

Action: PG to question Oceansblue whether there was a function to put a 'hard stop' on the submission of a non-compliant roster.

Action: To discuss the red flagging of non-compliant roster submission in the Ocean's Blue system and the human error associated with that at the next meeting.

8. Medical revalidation	POD (08/19) 006

DC noted that the Paper focused on two areas:

1. Data on annual appraisals
2. The five-year revalidation process

The paper detailed the overall process, with the following key points:

- This year there were 90 revalidations completed compared to 22 last year, which reflects the introduction of the five-year cycle.

- Fewer doctors not engaged in the appraisal process this year, reduction from 31 to 20.

- More referrals made to the GMC this year than last year.

- Engagement from the system to identify those not engaging and putting actions in place. The revalidation process had been working well with no refusals for revalidation made from medical staff.

- Progressive improvement plan had the following components:

  o Maintain the monitoring system set up to improve the information and induction of appraisals for the non-consultant staff, junior specialist doctors and SAS doctors.

  o The Responsible Officer had recorded a video of his role and the role of appraisals. The video would be released soon.

  o Identified the clinical areas where there were challenges in getting individuals to complete their appraisal (issues with appraisers work load).

TL queried how many people did they have to go for revalidation in 2019/20. DC advised that the revalidation work was linked into annual appraisals. The additional work that needed to be completed for revalidation was mainly done around the fact that:

- an individual had had an appraisal within the last five years, and

- generally, within that period they would've had a patient and a colleague through the 360.

The amount of work between appraisal and revalidation for the appraiser to complete was a little bit more as they had to go through the 360.

TL noted that the volume should not be an issue and would be able to do as many as required, providing that their engagement was strong. He stated that if that was the case, he was satisfied with that. DC noted that the consultants, specialist doctor, short-term junior specialist doctor roles would remain constant.

Permanent staff had to have their annual appraisal regardless, so they may as well do the additional work so the appraiser can make their recommendation. There would be no reason not to deliver this year.

9. Casework Investigations Unit: timeline	POD (08/19) 007

RG noted that the Casework Investigations Unit (CIU) was launched 3 years ago with the intention of reducing the line managers' time taken to do lengthy investigations. Over the past few years the timing of investigations had expanded with a number of lengthy investigations resulting in increased sickness and stress caused for the people involved. The CIU has had fresh leadership and approach which has resulted in improvements.

The report sets out the timelines and improvements since April 2019:

- CIU have been working closely with Staff Side, who had formally raised concerns as to the length of time taken for investigations.

- Reduced the number of unresolved cases.

- A relaunch of the investigations process.

- Implementation of a new process that if a decision had not been made within 72 hours, the Director of People and OD would make the decision as to what should happen with particular cases.

- A desire to train more people across the organisation in the process, as it tended to fall to the same people every time to chair panels and hear cases.

10. People Plan: KPIs update and year end predications	POD (08/19) 008

RG noted that the People Plan had a number of KPIs and the paper recognises a number of metrics from the IQPR, in particular; sickness, long-term sickness, turnover and vacancies (as reviewed by the Board monthly). The paper sets out the progress made to date and targets for March 2020.

The Chair noted that tere was no metric for *fully staffed*. RG advised that when the People Plan was written it was about the Safe and Sound Staff post reduction programme and about funding the Staffing Model – the *fully staffed* metrics would need to be reframed in a refresh of the People Plan.

The Chair noted that there were a lot of metrics with some weighted more heavily than others. He questioned if there was a way to tier those metrics with heavier weightings into a priority order. RG advised that a version of that had been developed and the Board monitored those priority metrics; sickness, mandatory training, PDR, sickness, long-term sickness and turnover.

TL requested clarification on two sets of data:

1. The suggestion that PDR completion was only at 78% in August. RG stated that she thought that the number was higher than 78%.

2. Mandatory Training number, as provided for his CEO Report, best group at 72% with subsequent groups falling into the 40%'s – which would make it unlikely that the aggregate position was 91.3%. RG noted that the figure in the paper was the old way of reportingand did not include the people at 100% or not. She advised that she would need to confirm that data.

Action: RG to confirm the accuracy of the data presented in the Paper POD (08/19) 008 in regard to PDR Completion percentage and the Mandatory Training figures.

FOR INFORMATION / NOTING

11. Pensions Contribution Alternative Award Policy: Implementation	POD (08/19) 009

Noted.

12. Matters to raise to the Trust Board	Verbal

The Chair noted the following matters to raise to the Board:

- Still had two *Limited* assurances in the SBAF.
- Net recruitment slow and inaccurate reporting of internal offers.
- Not made much progress in rostering improvements.

13. Agenda items for the next meeting	Verbal

The following matters to be discussed at the next meeting:

- People Plan – annual cycle of agenda items to track against the People Plan to ensure they the Committee was addressing all matters.
- Workforce Standards to be addressed as part of this

14. Any other business	Verbal

TL noted that a letter had been received from the LNC (sub-committee of the JMC Committee). He undertook to investigate the claims made in that letter and would report back to the Committee on the outcome at the next meeting.

Action: TL to investigate the claims made in the letter from the LNC in regard to staffing and to report back to the Committee at the October meeting.

15. Details of Next Meeting

The next meeting will be held on Friday 25 October 2019, 9:30 - 10:45am in Room 13, Education Centre, Sandwell General Hospital.

Signed   ………………………………………………………………………………….

Print   ………………………………………………………………………………….

Date   ………………………………………………………………………………….