

PEOPLE AND OD COMMITTEE - MINUTES

Venue: Room 13, Education Centre,
Sandwell General Hospital

Date: 25th October 2019, 9:30-10:45

Members:

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

Board Support:

Katherine Bayley (KB) Executive Assistant

Apologies:

Kate Thomas (KT) Non-Executive Director
Christine Rickards (CR) Staff Side

Minutes	Reference
1. Introductions	Verbal
<p>The Chair welcomed the Committee members to the meeting.</p> <p>The Committee members provided an introduction for the purpose of the meeting recording.</p>	
2. Apologies for absence	Verbal
<p>Apologies were received from Kate Thomas and Chris Rickards.</p>	
3. Minutes from the meeting held on 30 August 2019	POD (10/19) 001
<p>The Committee accepted the minutes of the meeting held on 30 August 2019 as an accurate record.</p>	
4. Action log and matters arising from previous meeting	POD (10/19) 002
<p>The Committee reviewed the action log and the following updates were provided:</p> <ul style="list-style-type: none"> • <i>POD (08/19)002 - Action a special group/club for the cohort of talented staff from 2018 ASAP.</i> RG advised that two sessions had been set for staff that had scored 4A in their PDR. The session dates were 13 December 2019 and 4 February 2020, in attendance would be an invited key speaker. • <i>POD (08/19)003 - Address the issue of release time for staff to attend development in two meetings' time.</i> TL noted that further work was required and would be presented at the January meeting. • <i>POD (08/19)003 - Reflect on an SBAF executive-led definitions distinguished assurance from</i> 	

Adequate from Limited.

TL advised that the item had been completed and Kam Dhami was preparing a supplementary document.

- *POD (08/19)003 - 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.*

The Chair recognised that the item had been completed and presented at the October Trust Board; however, he noted that he would discuss with RG offline in regard to further suggestions for improvement.

- *POD (08/19)004 - Question Oceansblue whether there was a function to 'hard stop' the submission of a non-compliant roster on over allocating AL.*

POD (08/19)004 - Discuss the red flagging of non-compliant roster submission in the Oceansblue's system and the human error associated with that at the next meeting.

The Chair requested a comprehensive update from PG to address the two action items and the issue of indicators of improvement in technical aspects.

PG provided an update:

- The details from Oceansblue had been acquired and she and RG were working through that in regard to next steps and were planning to meet in early January 2020 to follow up.
- Still working with group leaders to ensure that roster compliance was at the desired position – not on track and rostering KPI's have declined.
- Sickness had improved and ensuring that gaps were filled to reduce red-shifts.
- The main concern was the over allocation of annual leave. There would be a meeting later in the day to discuss and identify wards/persons that were over allocating and ideas of mitigation.
- Would use Sentinel reports to hone in on the underperforming wards in regard to non-compliant rosters and allocation. These are long established reports and all ward managers have been trained in the use of the reports
- Making the maximum use of all staff on shift (including trainees).
- PG noted that Unity implementation had caused some complications in staffing.

TL noted the following:

- The Board could not discuss winter planning effectively without an agreed forward look on staffing.
- In an area with 25% vacancy rate, it was common to 'do deals' with the other 75% of staff which manifests itself in trade-offs (a human trait). This may manifest in over allocation of annual leave during school holidays for example. There was a need to identify the wards that were doing this regularly and support them to improve their forward planning.
- Link the Unity task list to rostering (identify the task list fail rate shift-to-shift to identify overwhelmed areas).

The Committee agreed to discuss the matter further at the next meeting.

- *POD (08/19) 008 - 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.*

RG noted that a mandatory training paper was presented at the October Board meeting. Subsequent to that meeting, there were three new modules to go live in January 2020, which would reduce compliance, in a planned way in January. The modules were national changes to the regularity of modules, resulting in non-compliance. There had been a lot of communication to the Groups in regard to the changes – many of new modules would be quick e-learning.

TL noted that they had meetings with the CQC in how to share data every quarter. The CQC had agreed to provide their data each quarter and the Trust would work with the CQC to get an agreed position on what data to provide.

POD (08/19) AOB - 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.

TL advised that he had no concerns in regard to the item and was closed. He noted that the new LNC chair had taken over and would have more collaborative conversation moving forward. TL noted that the Speak Up Guardians had expressed concern over the way in which their views had been represented in the letter as it was not a fair representation of their position. DC noted that it would be appropriate for all further communication from the LNC to be via the LNC Chair, Dr Martin Sintler, and not individual members of the LNC committee.

Action: Add the rostering discussion to the December committee agenda.

4.1. PDR 4 Club

Verbal

TL noted that the PDR rewards for 2020 would be discussed before the 13 December event.

4.2. Nurse Escalator update

POD (10/19) 003

PG discussed that the Nurse Career Escalator was a Trust initiative from April 2018 to identify talented nursing colleagues (4A, 4B) and to offer the opportunity of bespoke development training that aligned to the route the individual was taking. This route (clinical specialist or management) was identified through a 360 Degree (tailored to the individual on PDR goals etc). The individual would get a financial incentive for joining and a further financial incentive on completion. She noted that they had promoted the programme, held awareness sessions and sent personal invitations to staff who had achieved a 4A and 4B in their PDR. Only one individual (from outpatients) had remained on the programme from cohort 1. It was reported that this staff member was enjoying the programme. It was suggested to use that staff member as an ambassador for the programme.

PG offered rationale behind the lack of enrolments in the programme:

- Many of the identified staff were approaching retirement (two had commenced and dropped out).
- Job promotions (getting acquainted to their new role).

Cohort 2 would commence in November and was pending the next round of PDR moderation to identify those scoring 4A and 4B. The desire was to include ODPs and Band 5s that were also scoring 4A and 4B, and to consider the inclusion of therapies.

TL noted that the programme was intended to develop a band 5 to band 6 in half the time (career escalation) and questioned if clarity that a promotion was the outcome had been lost over time. PG agreed that it had and the programme needed to be re-energised, re-promoted, a launch event held and extend into therapies.

RG noted that when the programme was established, they had discussed band 2s Health Care Assistants transitioning in to a band 3, which TL had made a commitment to launch on 1 October. However, due

to Unity and personnel change that timeline was not maintained. She suggested that they commit to back date the uplift to 1 October. The Committee agreed. TL noted that he and Chris Rickards would send a letter to all staff to implement the change.

RG noted that the difference between the top of a band 2 and top of band 3 was approximately £1,000, however it was the commitment in the retention of those staff that was important. She advised that the nurse escalator was part of the Retention Plan and by the December meeting they would have the information on:

- Process for identifying who should be uplifted
- Number of people uplifted and backdated
- New job description for band 3 staff
- An appeal process and ongoing process for recruitment in the future

Action: RG to send TL the specific details on what the competencies to achieve a band 3, and a draft letter to all those affected.

MONTHLY FOCUS TOPICS

5. Strategic Board Assurance Framework: labour market analysis

POD (10/19) 004

RG noted that the question to be addressed was how to achieve *Adequate* assurance by January 2020. The confirm and challenge sessions had been conducted to review all the SBAFs and identify the gaps and mitigations.

SBAF 1

The Chair acknowledged that the risk was at an *Adequate* score but thought there was lack of recognition that at peak times, external resources may be needed for support. He questioned if there was the funds and ability to do that. TL advised that there was adequacy on the controls. However, on the subject matter, a mental model was required of how to escalate and go beyond their management scope (as the Chair described). The primary issue was bandwidth at a director and senior group level and it would be helpful to inform the Committee and the Board on how to resolve that going forward.

SBAF 11

RG noted that in order to achieve *Adequate* assurance by the end of January they would need to obtain the evidence of internal/external offers in the Trust. She had written an brief outline of an external labour market analysis to put out to procurement hopefully with a short timeline. There were three organisations with whom she had informally spoken to produce a forward look of the workforce in 5-10 years' time. She noted that she had not progressed as yet due to conversations around the link to primary care and ICS informing the labour analysis.

TL agreed that they could do it on a larger scale to be more affective, but noted it would be helpful to:

- draft a scope (scalable to ICS, STP or West Midlands level) of what the labour market could offer the Trust – an outside-to-inside view.
- Use national funds to fund it (i.e. universities) – concern that it would be too 'NHS'. RG agreed that it needed to be more 'commercial'.

The Chair queried if they were over ambitious in the timeline to achieve *Adequate* as it was a matter of a national shortage of labour. TL suggested that consideration was needed as to whether the risks required a double score; controls and content/delivery. The double score consideration had been discussed at other committees. TL stated that he would reflect with Marie Perry and Kam Dhami if it would be useful to double score risks; controls and the content/delivery, which would allow both conversations.

RG noted that the mitigations, gaps and controls was to offer the Committee *Adequate* assurance that they were doing everything possible to be in the best position, taking into account that the outside market was always going to be challenging and remain so.

TL noted that at the Board meeting they identified a volume of roles in which they would never be able to recruit to in the market. The team was working to an approach and the Committee would see that at the February 2020 meeting following the clinical group reviews in January 2020.

The Chair noted that the Committee should begin to consider using Midland Met as a recruitment tool (attractive to new staff).

SBAF 12

RG noted that SBAF 12 linked to the action log in assuring that people had the time to participate in developmental activities. TL noted that they did not have a data set, and without a data set they could not determine a score. There was plenty of data that they could obtain with a focus on a subset of time data. It was proposed that staff development time could be worked up over the coming months with a resolution in 2020.

The Chair queried if it was known what training was considered most important to the CQC and to prioritise that training. TL advised that the CQC was very focused was on mandatory training, and on our own internal targets and meeting those. The Trust's implied intention was to spend more development time on the source of issues that underlies their safety and quality issues – to put that to the January or February Trust Board as to the best way forward.

RG noted that focusing on human factors and ensuring that it was developmental time (not just completing mandatory training), focusing on coaching, simulation and other leadership or behavioural training. As an additional assurance quality, we should consider using the feedback from all the external assurance visits.

Action: TL to inform the Committee and the Board on how to service management bandwidth going forward at a director and group level in January / Feb 2020

Action: TL to reflect with Marie Perry and Kam Dhami whether it would be useful to double score risks; i) controls and ii) content/delivery.

6. Committee Annual Workplan

POD (10/19) 005

RG advised that her approach was to take the themes from the People Plan, the strategic BAF items, and to focus the plan and the assurance the Committee was seeking, and linked that to the NHSI toolkit on workforce safeguards. The paper started by working backwards from each theme by linking a timeline against the next 12 months of committee meetings.

She welcomed comments and suggestions:

- TL stated that he was unsure if table 3.3 of the paper gave thought to the bigger picture. He noted that the linkage to the workforce safeguard indicators was good, and requested detail in how assurance would be achieved on those items. He suggested that RG and the Chair spend time on how the workplan would provide the Board with assurance on workforce safeguards.
- The Chair noted his appreciation of RG's detailed work on the plan. He noted that there was a range of things to do within each theme and suggested that the committee prioritise those.
- RB noted that in preparation for the delivery into the MMH workforce, the 7-day service standards should be a focus. Primary care, integrated primary care and community services also need to be considered as part of sustainability.
- TL noted that the People Plan review be considered in summer 2020.

The Committee reviewed each of the themes and agreed the priority for each to be addressed over the next five committee meetings in a sensible order:

- Theme 1
 - (a) Pay bill
- Theme 2
 - (b) Retention
- Theme 3
 - (c) Engagement
- Theme 4
 - (b) Coaching and Mentoring
- Theme 5
 - (b) CQC Improvement Plan standards

Action: RG and the Chair to determine how the workplan would provide the Board with assurance on workforce safeguards January 2020

Action: The People Plan be reviewed for update in the summer of 2020.

Action: To address the determined theme priorities in a sensible order over the next five committee meetings.

7. Month 12 pay bill [agency, recruitment, other]

POD (10/19) 006

RG noted that at the October Trust Board, a forward trajectory of vacancies was presented with a predicted number of people due to commence (346 external new starters by Christmas). Based on that data, predictions were made around bank and agency staff:

- Agency spend would reduce due to the increase in substantive workforce topping out the year at £17.1m.
- The month 12 pay bill was predicted to be £28.107m.
- Pay spend 19/20 (including all pay; substantive, bank and agency) £331.5m
- Month 12 agency exit position of £1.2m in month.
- Ability to pull back the extra £30k of against the target, if the grip and control on rosters was increased.

The Board had requested a pay budget for 2021 on the known recruitment trajectory:

- 20% reduction in medical agency spend from July 2020.
- 20% reduction in nursing agency from July 2020
- 10% reduction in science and technical from July 2020 onwards.

TL queried if £336m was a safe number at a local level – they need durability, affordability and safety, what was the proposed work going forward. RG noted that the affordability question would be key for professional leads to consider, if they remove provision for vacancies - where would that leave them with key vacancies. Clinical group reviews would consider where their local vacancies would be, identify the hard to fill posts (and the likelihood of ever filling them) and alternatives to be able to deliver patient safety. This will be reviewed in the clinical group reviews in January 2020.

8. PDR including salary connection engagement**POD (10/19) 007**

RG noted that the Paper sets out the outcomes of the PDR score moderation which identifies a potential ethnicity issue in the scoring of band 5 nurses and staff higher than an 8A band – requiring further investigation. In 2020 when attaching monetary compensation to scores, the attachment of forced distribution should be considered.

There were a lot of staff that do not disclose their protected characteristics which hinders data investigation and interpretation.

The recommended salary connections:

- Score of 4, £1000, and
- Score of 3, £500.

The recommendations as set out in the Paper:

1. Confirm early engagement with JCNC.
2. Discuss whether forced distribution for bands 8 and above is acceptable and whether this should include medical workforce.

The Chair welcomed DC to provide comment on the distribution to medical staff as there was a spike in that distribution. DC noted that the EBA system rewards of performance – need to score a 3 or 4 to enter the scheme.

The Chair noted that two years ago they had decided that it would be a journey – after a couple of cycles it would become a normal distribution and within the early days forced distribution with positive reinforcement that a score of 2 was good.

TL noted that they would need to be clear with managers of the sort of distribution expected – at the moment they were not sighted on that. TL suggested to look at the moderation process in band 8 and above, it appeared to be the case that the vast majority of the moderation was currently based on lack of completed mandatory training. He expressed concern that managers were “hiding behind” mandatory training data.

The Chair confirmed that the Committee were in agreeance to recommendation 1. In regard to recommendation 2 the Committee agreed that they did not want forced distribution; rather, a message around the distribution was expected, what a score of 2 meant and how mandatory training features in the matter.

TL need to consider the protected characteristics issue. RG advised that there was still an issue at band 5. TL requested advice on the key things they could do in that regard before PDR’s were scored in April / June 2020.

Action: RG to provide advice to TL on all possible actions to mitigate the protected characteristics issue in regard to PDR salary connection engagement before scoring PDR’s in 2020.

9. 2019/20 Internal Audit reviews**POD (10/19) 008****a. Effective Recruitment****b. Performance Development Reviews**

RG noted that the internal audit was applied to review the Trust’s recruitment processes and PDR. A detailed action plan in response was being prepared.

Effective Recruitment Review

- The outcomes were disappointing.

- The first audit completed indicated they were very behind – subsequent to that, a lot of time, new approaches and additional resources were put in the recruitment team to reach an acceptable baseline, with urgent matters addressed. The action plan would be reviewed regularly by the Deputy Director of People and OD to ensure those actions were being implemented.

Performance Development Reviews (PDR)

The outcomes provided reasonable assurance. Five of the actions were not compliant with the controls.

The Chair noted that the design of the PDR was proven to work, and it was a compliance with the rules issue. Issues with compliance had two sources; HR and external areas. He requested a review of the causes of compliance issues in the two areas to be presented at the January meeting.

RS questioned if the group reviews gave relationship between departments. TL advised that it was part of the process and there was work to be done on the offer and the responsibility of tasks – need to be clearer in the expectations.

Action: RG to provide a report on the HR-related and externally-related causes of compliance issues in the PDR reporting. January 2020 Committee.

FOR INFORMATION / NOTING

10. Matters to raise to the Trust Board

Verbal

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

- SBAF 11 and SBAF – still rated as *Limited* (had not progressed).
- Report on the reasonable assurance on the internal audit reviews of Effective Recruitment and PDR.
- Way forward in the annual workplan.

11. Agenda items for the next meeting

Verbal

The following matters to be discussed at the next meeting:

- Rostering
- Reflection on the internal audit review reports
- PDR Reward Scheme
- Band 2/3 career escalator
- People and OD Dashboard
- Usual SBAF items

14. Any other business

Verbal

No other business to note.

15. Details of Next Meeting

The next meeting will be held on Thursday 19th December 2019, 12:30 – 1:30pm in Room 13, Education Centre, Sandwell General Hospital.

Signed

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Date

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