

PEOPLE AND OD COMMITTEE - MINUTES

Venue: Room 13, Education Centre,
Sandwell General Hospital

Date: 19th December 2019, 12:30-13:30

Members:

| | | |
|-------------------|------|--------------------------------|
| Mr M Laverty | (ML) | Non-Executive Director (Chair) |
| Mr R Samuda | (RS) | Trust Chairman |
| 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 |
| Prof D Carruthers | (DC) | Medical Director |
| Prof. Kate Thomas | (KT) | Non-Executive Director |

Board Support:

| | | |
|------------|-------|---------------------|
| Ms R Bates | (RB2) | Executive Assistant |
|------------|-------|---------------------|

Apologies:

| | | |
|----------------|------|------------|
| Mrs C Rickards | (CR) | Staff Side |
|----------------|------|------------|

| Minutes | Reference |
|---|------------------------|
| 1. Introductions | Verbal |
| <p>The Chair welcomed the Committee members to the meeting.</p> <p>The Committee members introduced for the purpose of the meeting's recording.</p> | |
| 2. Apologies for absence | Verbal |
| <p>Apologies were received from Mrs C Rickards.</p> | |
| 3. Minutes from the meeting held on 25 October 2019 | POD (12/19) 001 |
| <p>The following amendment was noted:</p> <ul style="list-style-type: none"> Page 6, <i>Pay spend 19/20 (including all pay; substantive, bank and agency) £331,591m.</i> amend to ... £331.591m. <p>The Committee accepted the minutes of the meeting held on 25 October 2019 as an accurate record.</p> | |
| 4. Action log and matters arising from previous meeting | POD (12/19) 002 |
| <p>The Committee reviewed the action log and it was noted that all items were either on the agenda or not yet due except for the following item:</p> <ul style="list-style-type: none"> <i>POD (10/19) 005 – Determine how the workplan would provide the Board with assurance on workforce safeguards.</i> <p>RG noted that the item was in regard to how the Committee could assure the Trust Board that the Committee map their work to the NHSI workforce safeguard document. Committee updates to the Trust Board need to address the workforce safeguards in terms of; were they meeting the main metrics and were they meeting the professional standards in terms of safety. The language used in the workforce safeguard document also needed to be adopted.</p> <p>TL noted that there were two committee meetings left before the end of the year and questioned what they should expect to see and rely upon in regard to workforce assurance. RG stated that she, DC and PG could revisit the comprehensive Workforce Safety Assurance Board Report</p> | |

(February 2019) and review what had been accomplished subsequent to the Report. TL noted that he felt they were non-compliant, but if they were still non-compliant after revisiting that report, they need to ask themselves why.

RG advised that she would re-present the review of the NHSI Workforce Safety Assurance Report at the end of March.

Action: RG to present the review of the Workforce Safety Assurance Report at the end of March.

MONTHLY FOCUS TOPICS

5. SBAF - Route to Adequate Assurance

POD (12/19) 003
POD (12/19) 003a
POD (12/19) 003b

RG noted that the Committee had had a lot of positive discussions regarding the SBAF items and provided an update.

SBAF 1

RG advised that SBAF 1 was rated as *Adequate*.

SBAF 11

RG stated that she felt they would be unable to achieve an adequate score on SBAF 11, Labour Supply, by the end of January as previously committed. In order to put in place assurances for the Committee, they would need to implement sufficient controls whilst recognising that they would never achieve the desired output as it was a national issue. An extension to the end of March would assist with the additional activities that need to be completed to provide additional assurance to the Committee; including, undertaking a labour market analysis (in which the Committee had previously requested to be completed and RG stated she had not had the capacity to complete this). This should be revisited at the January committee meeting.

The Chair queried if the work in which they were doing locally on health care assistance, was part of the narrative to increase the Trust's attractiveness and where it all fit with being fully staffed. RG noted that it should be a big attraction and a retention tool. PG noted that people could enter at the nursing associate role at band 4 and then convert into a registered nurse role through the apprenticeship pathway.

RG stated that if a labour analysis was completed and they implement some of the labour controls in the People Workplan, that they could get to adequate assurance and adequate controls by the end of March 2020.

SBAF 12

RG advised that following discussions the committee had agreed that we would achieve an adequate score. There was some outstanding work to be done around that, including releasing people from their day job to undertake mandatory training. PG and TL are developing a Board paper in regard to people being released for training, and this would be presented at the February Trust Board. She noted that previously there was an SBAF item around the training budget monies, which was increased by 40%. In addition RG notes that there would be £1,000 for each member of the nursing staff over the next three years from the Government. The SBAF item had been changed from a budget matter to a matter of releasing staff to participate in training. There was adequate assurance on having the opportunity to develop, but not creating the time to focus on the right areas, i.e. public health at the same time as MMH. She believed that they could achieve adequate assurance because of the work being done in PDR and different metrics.

PG noted that Helen Cope had completed the piece around time (timing and head room to allow people to train). The Group Directors of Nursing had looked at the development of staff going forward with

consideration to the vacancy/staffing gaps.

The Chair questioned if priority was given to mandatory training to ensure its where it needs to be in regard to the CQC. PG noted that some of the mandatory training required substantial face-to-face training. Although mandatory training was important, the staff link that to further development. TL noted that there was some mandatory training where staff were required to participate in face-to-face training – the conflict of time doesn't apply to most of the mandatory training, but it did apply to some and to some staff. Identification of those areas of mandatory training was needed, which tended to be the training that the CQC were most fussy about. TL stated to be very clear in the mandatory training discussions that the face-to face-training is boxed off in Q4.

RG noted that mandatory training would become less of an issue in 2020 due to the application of financial reward to the PDR score, compliance will become easier (unable to score above a 2 unless the mandatory training was completed).

RG recommended that SBAF 12 would move to adequate by the end of January if this additional piece of work is completed.

6. Rostering Improvements and 2020 forward look

POD (12/19) 004

PG noted that the Paper explained the monitoring arrangements and current situation to give a flavour of the entire rostering process and included a case study of Priory 2. PG provided an overview of the Paper, including:

- Monitoring arrangements.
- Safe staffing, two questions to ask:
 - Were there enough staff on the shift?
 - Were there any untoward occurrences on the shift? – if there were, how was that escalated and addressed?
- Vacancy numbers for Training Nurse Associates– 75 posts (150 applications, 69 attended interviews, 58 appointed). They would need to do another recruitment drive. There would be another cohort to recruit to in June/July 2022.

TL noted that there was a nuanced message; on one hand they were at risk that the data wasn't what it seemed, and on the other hand they have an assurance, governance and monitoring process that they should be assured by which relied on the data. He questioned if they were saying that the Barnacles new roster etc, did not provide cohered data. PG stated that in her view Barnacles and eRoster were working from different elements and Barnacles did not use the same currency of shift patterns. Whilst they see a Barnacles report showing red, blue and white, the staff look at their rosters in real time. The Barnacles report may be seeing more red shifts (Barnacles only do red shifts as a manual count).

TL queried if the local teams were using the eRoster data looking forward 6 weeks to assure the Board and it was poor eRoster data that would give rise to the extra support. PG advised that head nurses were rostering effectively with head count, not full-funded established. They had rostered evenly across the week, however there were still gaps due to vacancies. That was their angst – that they were seeing that the rosters were being managed and a flattening of those shifts with skill mix, vacancy, long-term sickness, short-term sickness etc.

TL questioned if the management of rosters during the weekend was as robust as during the week. PG advised that it was with what they had, but they hadn't accounted for the short-term sickness that happens over the weekend. RB questioned if short-term sickness was more dominate over the weekend. PG noted that when they talk about rosters on the Friday that they talk about the hot spot areas and try to fill those areas as much as possible, on top of that, there was short-term sickness, which was not too much more dominate. RG noted that staff get paid more on the weekend and

attend those shifts but don't for a weekday shift. RB suggested that they triangulate that data.

The Chair noted that each time the matter is discussed, the more they learn, the whole process seemed to become more complicated and supported by systems that did not communicate with each other; therefore, manual overlays were implemented. He could not see any clear route that totally understood the whole process. What's required is someone to oversee the whole piece from a process mapping design angle – how it should work and the required support.

TL noted that they need to understand it and get some clarity of the process, then create a simpler process, especially the way in which cost centres play into it. He noted that that piece of work can be done in January and February.

It was noted that other trusts used Barnacles and eRoster. RG noted that a lot of information sat behind the roster and there were numerous Sentinel reports available on KPIs and rostering performance. TL stated that it was not as simple as buying a new system – they need to understand the process they have and go from there. PG noted the Ward Managers were reporting that it was clunky system.

The Chair noted that the recommendations in PG's report can progress.

Action: To complete the rapid piece of work around understanding the holistic roster process in January and February

| | |
|--|------------------------|
| 7. Reflections on the internal audit review reports (Recruitment and PDR) | POD (12/19) 005 |
|--|------------------------|

RG noted that they had had the two internal audit reports; PDR and Recruitment. The Committee was comfortable with the PDR action plan and mitigations were in place. She was unhappy with the plan that they had put forward for recruitment because there was a compliance issue identified. She had requested that the team put forward a detailed action plan, as detailed in the attached paper.

The paper requested that the People and OD Committee delegate the implementation and oversight to the Director of People and OD (RG) to ensure that when the internal report is completed again in six months' time, that they had improved and she was held accountable for that. She requested approval of the Recruitment Internal Audit Action Plan from the Committee.

TL noted the following:

- Management Action 4 was incorrect and invited RG to review it. He believed that they had agreed that in regard to the talent pool of unsuccessful applicants, that holding that data locally, and not centrally, was the wrong way to go.
- If RG was going to have oversight of it, it would be useful for her to reflect on what data set she would use. RG responded that she would use the agreed data set in the dashboards being developed with the clinical groups.

The Committee agreed to both requests.

Action: RG to amend Management Action 4 to reflect the previously agreed method in which to hold the data pertaining to the talent pool of unsuccessful applicants.

| | |
|-----------------------------|--|
| 8. PDR Reward scheme | POD (12/19) 006a POD (12/19) 006b |
|-----------------------------|--|

RG noted that the Paper details the application of a financial award scheme to PDR scores of 4A/4B (£1,000) and 3A/3B (£500). The paper discussed the need to strengthen and be stricter on the PDR criteria between April and June 2020 to ensure that scores were not given to take advantage of the financial reward. She noted that the following would occur:

- A series of training for line managers.

- An audit of the objectives to ensure consistency.
- Bring forward the moderation (earlier in the year).

The risks associated with doing the PDR in this way and the proposed solutions:

- Retraining line managers.
- Ensuring that the moderation process includes moderating the smart objectives.
- Reinforcement of the criteria for the expectations of performance behaviours and achieving in order to score a 3 or 4.
- The program of training was critical in Q4.
- Ensuring moderation was via protecting characteristics to ensure no bias.

RG noted that the criteria had been applied to this year's PDR scores and the financial implication would cost approximately £1.3m if applied next year. She reminded the Committee that they had previously stated they did not want a forced distribution. Clear communication to the Trust in regard to the rarity of the ability to score a 4 was required.

TL stated that he needs to be direct that the expectation was for only around 40% of staff to achieve a score of 3 or 4. He noted that a reasonable analysis of the moderation process of 2019, that almost everybody that was moderated down was based on mandatory training, not by moderation panels – that suggested that something about the moderation process wasn't challenging objectives – they would need to work on that.

The Chair noted that he thought that they were using the wrong language around the score of 2 (standard and competent) – needs to be adjusted to make people happy that they got a 2. There was a vibe around the organisation that a score of 2 was not very good.

The Chair questioned if they would consider having a PDR objective around the CQC *Good* and if there was merit in cascading that around the organisation. KD and TL to consider in the CQC planning

RG noted that they need to train line managers that there would be financial reward associated with PDR and how to set an objective (April – June) – she suggested that they add in *how do we get to good in your area* and potentially draft objectives as to what that looks like for different roles.

The Committee was satisfied with the recommendations in the Paper and to look at the objectives for CQC.

Action: RG to look into adding the objectives for CQC as a PDR objective with Director of Governance and Chief Executive

9. Band 2/3 Career Escalator implementation

POD (12/19) 007a
POD (12/19) 007b

PG noted the following:

- The Trust did not have any band 1s.
- Some Band 2s were conducting the work of a band 3 – Trade Unions had encouraged the Trust to escalate those band 2s and pay them appropriately at a band 3. The escalation was completed and 324 staff would be receiving their notification letters and additional monies in the December pay run backdated to the 1st October 2019. There had been some gripes in regard to who had received the escalation.
- An appeals process was in progress with those that felt that they should have received the uplift and the appeal goes to the group director of nursing in the first instance
- It was noted that no other trusts had undertaken a career escalator to PG's knowledge.

| | |
|---|--|
| 10. People and OD Data Dashboard | POD (12/19) 008a POD (12/19) 008b |
| <p>The dashboard was introduced by RG and she explained that the data would come out on day 7 of every month (with the finance report) and be ‘the one source of the truth’ for all reporting including for clinical group reviews, board meetings, committees and local confirm and challenge meetings. The chair noted that the data was presented better as a dashboard</p> <p>Detailed consultation with all the groups had been undertaken, the data would be sent each month to feed into the clinical group reviews, group management team meetings and the Board so that everyone was working with the same data and could track their direction in terms of themes and trends.</p> <p>The Chair welcomed the piece of work and noted that it was a work in progress. He suggested presenting the dashboard on the screen at the next meeting to enable an in-depth review.</p> | |
| <p>Action: RG to present the People and OD Dashboard on the screen at the next committee meeting.</p> | |
| <p>FOR INFORMATION / NOTING</p> | |
| 11. Matters to raise to the Trust Board | Verbal |
| <p>The Chair noted the following matters to raise to the Trust Board:</p> <ul style="list-style-type: none"> • SBAF Assurance Items • Rostering review • PDR Band 2 to 3 escalation • People data – making progress with further review in January. | |
| 12. Agenda items for the next meeting | Verbal |
| <p>The following matters to be discussed at the next meeting:</p> <ul style="list-style-type: none"> • Annual plan that was developed last time of what should be on the next agenda. • Plan to restructure committee agendas in line with workplan. | |
| 14. Any other business | Verbal |
| <p>RG noted that Rebecca Bates was her new Executive Assistant.</p> | |
| 15. Details of Next Meeting | |
| <p>The next meeting will be held on Friday 24th January 2020, 09:30 – 10:45am in Room 13, Education Centre, Sandwell General Hospital.</p> | |

Signed

Print

Date