

## PEOPLE AND OD COMMITTEE - MINUTES

**Venue:** Room 13, Education Centre,  
Sandwell General Hospital

**Date:** 24<sup>th</sup> January 2020, 9:30-10:45am

**Members:**

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

**In Attendance:**

Mrs R Biran B	(RBi)	Associate Director of Corporate Governance
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**Board Support:**

Ms R Bates	(RB2)	Ms R Bates (RB2)	Executive (RB2) Assistant
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**Apologies:**

Mrs C Rickards	(CR)	Staff Side Convener
Mr T Lewis	(TL)	Chief Executive

Minutes	Reference
<b>1. Introductions</b>	<b>Verbal</b>
The Chair welcomed the Committee members to the meeting. The Committee members provided an introduction for the purpose of the meeting recording.	
<b>2. Apologies for absence</b>	<b>Verbal</b>
Apologies were received from Mrs C Rickards and Mr T Lewis.	
<b>3. Minutes from the meeting held on 19 December 2019</b>	<b>POD (01/20) 001</b>
The Committee accepted the minutes of the meeting held on 19 <sup>th</sup> December 2019 as an accurate record.	
<b>4. Action log and matters arising from previous meeting</b>	<b>POD (01/20) 001</b>
The Committee reviewed the action log and it was noted that items: POD (12/19) 002, POD (12/19) 004 and POD (12/19) 008a/b would be addressed as part of the agenda. RG provided an update on the following items:	
<ul style="list-style-type: none"> <li>POD (12/19) 005 – Amend Management Action 4 (audit report) to reflect the previously agreed method in which to hold the data pertaining to the talent pool of unsuccessful applicants. RG reported that these were completed, for committee review in six months' time. There was a discussion about the recent nursing recruitment event and it was reported that offers were made to 30 registered nurses. There was a lot of interest from unregistered nurses, their details were captured.</li> <li>POD (12/19) 006a/b – Look into adding the objectives for CQC as a PDR objective.</li> </ul>	

The PDR objective was for consideration in 2020 and had been added to the People and OD Committee's agenda on an ongoing basis (for the well-led objectives).

## MONTHLY FOCUS TOPICS

### 5. SBAF 11 – with spec

POD (01/20) 002  
POD (01/20) 002a

#### **SBAF 11** – Labour Supply, *Limited*

RG noted that the outstanding element of SBAF 11 was to detail what a spec for a market analysis would look like. She reminded the Committee that they had discussed SBAF 11 regularly at the committee, and the discussion centered on whether the advertised posts would ever be filled and what else could be done to fill them. She advised that the Trust Board would receive a list of *hard to fill* posts with proposed mitigations at the February Trust Board meeting.

Annex 1 of the Paper was in regard to the next five and ten years. Three suppliers would be asked to quote on the following questions:

1. What will the local NHS healthcare workforce look like in **five** years' time inclusive of primary care integration?
2. What will the local NHS healthcare workforce look like in **ten** years' time inclusive of primary care integration?

RG noted the considerations included in Annex 2. The Nuffield Trust had conducted some good research in 2016 in regard to: market supply, the NHS as a whole, making future predictions, the changing profile of nursing, and band 4 nurses and how they support the nursing workforce. She noted that the Trust would like to produce a mini-version of the Nuffield Trust survey with a focus on the local area. That would allow to target the Trust's money, resource and time. She advised that once the spec was completed, it would move SBAF 11's assurance to Adequate.

It was noted that there was already a lot of data available. RG agreed that there was; however, the aim was not to duplicate that data and to draw it all together in a useful way.

RB stated that the following areas would need to be considered as part of the Workforce Plan:

- What did 7-day working look like?
- Explore the front-end of admittance.
- 7-day standards consultants.
- A piece of work around advanced nurse or practitioners, ANCPs and a strategy for that.
- Paediatrics, critical care and an AMAR refresh.
- Volunteers.

There was discussion about how the Trust contracts and hires people over the next 5-10 years needing careful consideration. The labour supply will demand change from the Trust and they need to be proactive in creating opportunities for responding to that demand.

The Chair stated that they were in danger of spending a lot of money on duplicating data that was already available. A clear scope was required at:

- Macro level – a national position.
- Local labour level – which would dictate the Trust's success in filling vacancies, mirroring the Trust's regional position.

He suggested a desktop review of what data was already available. Local data was very important – to drill down on skill and employment levels within the local community. The Trust needs to understand

how attractive the Trust may become after the move into Midland Met and if they achieve a *Good* CQC rating – that would be helpful.

PG noted that the Trust tends to poach staff from other Trusts, and vice versa, which creates a never-ending cycle. The Trust had recruited additional nurses from Australia and were looking at people in Dubai that want to repatriate and Phillipines and Ireland. Something may need to be done as a regional effort to promote the area. KT noted that some types of employees need to be local, others regional and others national. They need an idea of what type of people they were attracting. There was an untapped pool of people and they need to know how to attract them. This would be reflected in the February hard to fill board paper.

DC noted that the impression of Birmingham City as a whole was a factor in the decision for students to stay in the area after their university studies had finished. He suggested working with the universities to create a broader approach to careers in the area after study.

RB noted that it was more around long-term planning, working with students looking at their further study options and providing them with an aspirational future in Sandwell and West Birmingham as an employer. She suggested a programme to coach, mentor or work with young people to guide them to work in healthcare. DC advised that the Trust already had a number of programmes in place.

RG advised that a market analysis would cost between £15-20k. She suggested that they:

1. Start with a desktop review (data quality aspect) based on the regional data returns
2. Have richer conversations with local stakeholders (local people and universities).
3. Next financial year to complete a firm piece of work that would:
  - a. potentially get SBAF 11 to Adequate, and beyond
  - b. feed into Midland Met, what their talent resource is and local university relationships.

DC noted the Trust’s external facing website and suggested that better promotion was needed for the R&D component. RG noted there was a lot of content on staff stories on the SWB social media channels. What was lacking at the recruitment events (and the like) was salesperson skill – a coaching session on sales and how to attract people was needed. From that coaching session, quality content could be created for the website. She suggested using the VR headsets to recruitment events to promote Midland Met and for potential staff to see the opportunities available at the Trust.

The Chair surmised that a desktop review would be completed, identification of data gaps, comparison of the Trust’s approach to their peers, to be then reported back to the Committee. He queried if the Committee was in agreeance. The Committee agreed.

#### **SBAF 12** – Employee Development, *Limited*

RG noted that PG and TL presented a report on staff development time to the CLE. PG noted that it was around how much time they had to deliver training. RG noted to add staff development time to April’s agenda.

**Action:** RG to conduct a desktop review of the available market analysis data, to identify any data gaps, compare the Trust’s approach to their peers, and report back to the Committee in April.

**Action:** Add staff development time to the POD Committee’s April agenda.

<b>6. Workforce Numbers/dashboard on screen</b>	<b>POD (01/20) 003</b> <b>POD (01/20) 003a</b>
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RG noted that the dashboard had been reviewed and approved by all clinical groups, key stakeholders within the organisation and internal committees with positive feedback returned. The following points were noted:

- Mandatory training data had now been included in the dashboard – updates available overnight, instead of on request.
- Data can be drilled down from Trust level to cost code level.
- Ability to compare figures from historic data.
- There would be consistency in the data – sent out on the same day each month along with the Finance Report on Day 7.

The Committee reviewed the dashboard.

RB suggested to consider the different aspects of team data and how they view that alongside key metrics.

RG noted that data would go out in February, clinical group reviews in March (testing), and go totally live on 1 April 2020.

PG noted that the dashboard would give local managers ownership to be proud of their achievements and/or improvements. RG noted that the dashboard can provide comparisons for hot spots and other groups/departments to enable shared learning.

RG advised that by March, testing would have been done and she would provide a verbal update of its progression.

**Action:** RG to provide a verbal update of the dashboard’s progression at the March POD Committee meeting.

## 7. Rostering - process mapping

### Presentation

PG provided the Committee with a presentation in regard to the rostering. The following points were noted:

- There would be a process map event which would feed back to the March POD Committee.
- There had been specific in-depth discussion with sisters, matrons etc around rosters and there was collaborative work with Oceansblue to get the product to do what the Trust requires it to do.
- Henderson Ward – sisters were spending 2-3 hours a day maintaining their rosters (dealing with short-term and long-term sickness, maternity leave, study leave and vacancies). Ensuring that the skill-set required is maintained. A roster set-up took additional time.
- Input into the electronic roster – not everyone had access to the e-roster. The roster is printed for the sister to update on the e-roster. The allocation books were kept as a record of who was working where.
- An anomaly where the HCA were not displayed correctly in the e-roster – had been rectified.
- From February, process mapping would commence – what they do to fill shifts. The outputs to be presented at the March Trust Board.
- In December/January they had developed a HIT team (10 HCAs for each site, each shift to deploy into shift gaps).
- To appoint an administration person to manage the roster to free-up the sister for better use of their time.

The Chair recalled his visit to the Henderson Ward and roster discussions with ward staff. He stated that the system was clunky, non-intuitive and that better use could be made of senior staff time. PG noted that the Groups would need to find the budget for the roster administrative post. PG advised that

every clinical area (ward or department) were on an electronic system.

RG noted that they may go to a new system – had been awarded some funding for it. DC noted that there had been £56k allocated for the year for an electronic job plan process (for medical) with a requirement for electronic rostering in 2-3 years’ time. For the moment they were going through the stages of getting through the old system for planning, which was a requirement from NHS and NHSI. He noted that it may link into the same system for nursing staff. RG advised that moving to a new roster system would be a huge programme to plan; however, the entire trust would use the same system.

<b>8. Workforce Assurance plan - planning for March 20</b>	<b>POD (01/20) 004</b>
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RG advised that TL needed to assure the Trust Board through his end of year statement that he was assured, with professional advice, that there were safeguards in place in regard to safe staffing in all of their areas. The NHSI had launched a toolkit that included a lot of indicators. TL had requested that she identify:

- What the indicator *Good* looked like.
- How they know they are meeting that (in NHSI’s eyes).
- Identify what their caps are and the actions to address those.

The Paper provided an update on the progress made in the last 12 months on the Board indicators and identifies the gaps and their associated actions for mitigation.

KT questioned if the CQC would be interested in the Plan and would see as it was an NHSI-based programme. RG noted that she was unsure how much the CQC was concerned about the Plan and undertook to find out.

**Action:** RG to investigate how concerned/interested the CQC would be in the Workforce Assurance Plan.

<b>9. Our People and OD CQC items</b>	<b>POD (01/20) 005</b> <b>POD (01/20) 005a</b>
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RG noted that she had colour coded the CQC items that are overseen by the Committee and provided a brief update:

- Recruitment and Retention – *Green*  
Halved the vacancies in the last 12 months.
- Mandatory Training – *Amber*  
Launched the models in January, there was a delivery plan to get to 95% before the end of March.
- Employee engagement – WEConnect – *Green*  
Already reached 35% response rate and meeting the trajectory to improve that.
- Organisational QI – WeLearn – *Purple*

An update would be provided on mandatory training at the February Trust Board and March People and OD Board Committee.

<b>FOR INFORMATION / NOTING</b>	
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<b>10. Matters to raise to the Trust Board</b>	<b>Verbal</b>
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The Chair noted the following matters to raise to the Trust Board:

- Rostering Process Mapping
- HR Dashboard – continued to be improved and was a useful tool
- SBAF – two limited: one may be adequate by end of January; work was underway to improve the other SBAF.

<b>11. Agenda items for the next meeting</b>	<b>Verbal</b>
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The following matters to be discussed at the next meeting:

- Staff Development Time
- Workforce Dashboard
- Rostering Process Map
- Annual People Plan

<b>14. Any other business</b>	<b>Verbal</b>
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None.

<b>15. Details of Next Meeting</b>
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The next meeting will be held on Friday 27<sup>th</sup> March 2020, 09:30 – 10:45am in Room 13, Education Centre, Sandwell General Hospital.

Signed .....

Print .....

Date .....