Paper ref: TB (05/20) 006

Sandwell and West Birmingham Hospitals NHS Trust

PEOPLE & ORGANISATION DEVELOPMENT COMMITTEE - MINUTES

Venue: Meeting Room 13, Education Centre, Sandwell Hospital - **(webEx):**

Date: 27th March 2020, 09:30-10:45

Members			**In Attendance**		
Prof K Thomas	(KT)	Non-Executive Director (Chair)	Ms R Biran	(RBi)	Assoc. Director of Corporate Governance
Mr R Samuda	(RS)	Non-Executive Director (Chairman)			
Mr T Lewis	(TL)	Chief Executive			
Ms R Goodby	(RG)	Director of People & OD	**Apologies:**		
Mr L Kennedy	(LK)	Chief Operating Officer	Mr M Laverty	(ML)	Non-Executive Director
Ms P Gardner	(PG)	Chief Nurse			
Mr D Carruthers	(DC)	Medical Director			

Minutes	**Reference**
1. Introductions (for the purpose of the audio recorder)	**Verbal**
The Chair welcomed Committee members to the meeting, which was taking place via WebEx due to COVID-19 social distancing restrictions. Committee members provided an introduction for the purpose of the meeting recording.	
2. Apologies for absence	**Verbal**
Apologies were received from Mick Laverty.	
3. Minutes from the meeting held on 24th January 2020	**POD (03/20) 001**
The Committee reviewed the minutes of the meeting held on 24th January 2020. The minutes were **ACCEPTED** as a true and accurate record of the meeting.	
4. Acton log and matters arising from previous meeting	**POD (03/20) 002**
The Committee reviewed the action log. KT reported that actions were either on the agenda for discussion or had been deferred to the April Committee meeting, however, the following update was made: • *POD (01/20) 002/2a - 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.* It was noted this action had been deferred for discussion at the April 2020 meeting, however, TL noted that the topic had been an SBAF for almost two years. He requested that a definitive conclusion, even if it is verbal, about how to obtain labour supply information be ready for the	

next meeting. He did not accept the course of action proposed in the minutes, even if they were an accurate record.

Action: RG to provide a definitive answer on how to obtain labour supply information for the April Committee meeting.

DISCUSSION ITEMS

5. Workforce Assurance Plan: Planning for March 20	**POD (03/20) 003**

RG reminded the Committee of a report presented in February 2019, which set out the Trust's response to NHS Improvement's (NHSIE) Workforce Safeguards toolkit, in providing them with workforce assurance.

RG reported that she had distilled the guidance to four main areas of focus for the Board:

- Effective workforce planning
- Effective deployment of staff
- A clearly governed approach to "hard to fill" roles and development of new roles where appropriate
- Responsiveness to unplanned workforce challenges, i.e. pandemic response etc.

RG reflected the diamond diagram in the paper which assessed quantity, quality, outcome and morale. She suggested that the focus of the committee should be on these areas of assurance.

RG noted that the Trust Board had reviewed the vacancy position and the trajectory for the year ahead which could be included in the annual governance statement. Hard to fill roles and mitigations had also been reviewed along with interventions for retaining key staff and skills. RG reported that these reviews had culminated in the combined workforce plan for the next 12 months, which had been discussed at the March board meeting.

RG further reported that the Trust had been fully compliant with the STP workforce [and finance] returns on workforce planning during the March deadline, however, RG accepted that the Trust had been less successful in linking up all the available data with assurances to provide evidence of safe staffing.

Rapid work in the next 3 months was required in this area and RG stated that, out of 4 main data areas, the area of main focus would be in the assurance that staff were competent and skilled enough to deliver quality services to patients.

In response to a query from RS, RG reported that learnings would be sought from other Trusts that were outstanding in this area.

LK queried the current effectiveness of staff deployment. RG expressed the view that the Trust did not currently have enough clarity through metrics to demonstrate that, on any one day, staff were deployed effectively, and this was heavily reliant on professional judgement.

TL expressed the view that the emphasis of the work should be on providing the Trust Board with meaningful information on a month by month basis, which could then be compared. Unity data would be helpful to facilitate this.

TL reported the Trust had data to support the following:

- Staff morale
- Harm & consequences, e.g. falls data

- Staff numbers

TL stated that a missing area was on skills and competencies of individuals and he felt there was a risk that the Trust had been managing quantity of people and not quality of output. TL suggested that the Committee discuss this issue further at the April Committee meeting.

TL expressed the view that it was important for the data repository to be in place as soon as possible in order for the Board to be able to compare new and old NICE guidance. RG agreed this was deliverable.

TL noted that KT had previously raised the importance of the topic of workforce assurance to the CQC. RG responded that the CQC view was uncertain.

Action: RG to create the promised data repository by the end of April and the workforce assurance to be added to the April agenda, with any learning from Covid 19

6. Mandatory Training Update	**POD (03/20) 004**

RG reported that the Trust's latest figure for mandatory training was 76%, which was adrift of the 95% 31st March 2020 target.

RG reported that there were around 500 people who still needed to complete their mandatory training by e-learning and the balance needed to complete face-to face learning.

There were 627 individuals who were required to complete Basic Life Support (Resuscitation) training but COVID-19 restrictions would require alternative methods to be employed to maintain physical distancing. Alternatives were also being worked on for fire and manual handling modules.

RG reported that people who had been working from home or self-isolating for example, had still been asked to complete their mandatory training in the next 2 weeks.

KT queried the 95% target figure and RG confirmed this was a percentage the Trust had committed to internally and with the CQC.

KT expressed concern about the possibility of people, working with children, who were out of date with their Child Safeguarding training. RG reported that there were 70 people who were non-compliant with the mandatory Child Safeguarding Level 3, which was face-to-face training. RG stated that Level 3 was a higher requirement that had been introduced in the last 12 months and affected Grade 8as and above only. RG stated that a report, of who in the group of 70 had previously completed Level 2, was being prepared. This would help to manage the risk.

TL expressed the view that the length of time it was taking to reach 95% was very frustrating. TL suggested that the message be restated, that if staff were not compliant by 31st March 2020, they could not score more than a 2 in their upcoming PDR unless the Face to Face training sessions had been cancelled by the Trust in the prior fortnight. TL expressed the view that non-compliant individuals should be aggregated into the serially non-compliant and new members of staff who were non-compliant, as these groups posed the greatest risk.

TL further suggested that more desktop time be spent over the next four weeks on making basic mandatory training leaner and shorter in 2021, in order to free up staff learning time for other quality improvements training. RG agreed to explore this with learning from Covid 19.

KT queried whether there were particular groups which had taken the view that they did not have to comply [with mandatory training requirements]. RG reported that there were some areas – community midwifery being one - where work on developing a culture of compliance was ongoing.

TL stated that from July 2020, staff would not be paid performance bonuses if they were not mandatory training compliant. TL suggested that the Trust could also appropriately consider pausing people going

through their spine point gateway unless they were mandatory training compliant.

LK queried the help offered to staff to complete mandatory training and RG confirmed proactive help was ongoing.

Action: RG to explore ways to make mandatory training leaner and shorter for 2021. Plan to be discussed at a future Committee meeting.

7. Rostering: Monthly KPIs and outcomes from data mapping	**POD (03/20) 005**

PG reminded the Committee that a process map for rostering had been considered in February. PG reported that it took staff around 8-10 hours to create a roster and a further 8-10 hours each week to review the roster, confirm attendance, verify shifts, swap shifts and prepare for the next. PG stated this had been eating into clinical time.

PG reported that unlocking forms was an issue, but forms were necessary to guard against fraud. Levels of approval required in the process were being reconsidered.

PG also reported that communication between ESR and eRoster had been poor and had caused discrepancies.

PG stated that the locking down of the roster within 48 hours was too inflexible and had been causing problems, and it was proposed the timeframe be extended to 5 days following the end of the roster period.

PG reported that rosters and rostering had been discussed in a recent staffing review. PG stated that wards where an admin person prepared the roster with oversight by a clinician, were the most successful in this area.

PG stated that an eRoster amnesty had been proposed to address owed hours. A month's period for the hours to be cleansed, then a 2 months period for the hours owed to the staff would be given and the hours to the Trust would be recouped. At the end of the period, all balances would be reset to zero for the new month.

LK commented that some of the issue could be addressed by administrative logistics mapping with clinical sign-off to reduce the burden on clinical staff. TL commented that the goal should be to simplify the system to reduce administration time and expressed the view that this should be achievable.

8. SBAF 11: Reaching adequate by March 2020	**POD (03/20) 006**

RG reported on the SBAF position relevant to the Committee and reminded members that the goal was for the Trust's SBAF items to reach 'adequate' assurance by the end of March 2020. The following observations were made:

SBAF 1 - Management bandwidth

- RG reported that this SBAF had reached the 'adequate' assurance level.

SBAF 11 - Labour supply

- RG reported that this SBAF remained 'limited' in its assurance level and concerned workforce analysis and labour supply. RG commented that until a clear plan was in place, an improvement to 'adequate' could not be recommended. RG expressed the view that this would be met by the end of April.

SBAF 12 – Staff development time

- RG reported that progress had been made on mandatory training, skill mixes on wards and reducing rostering bureaucracy to enable clinical staff to focus on patient care. 'Adequate'

assurance was unlikely to be reached by the end of March.

- TL expressed the view that progress towards 'adequate' involved the development of a conceptual model to identify purpose, and this could be achieved by the end of April. RG stated that her aim would be to deliver the conceptual model by the April Committee meeting.

Action: RG to deliver the conceptual model in relation to the purpose of SBAF 12 for discussion at the April Committee meeting.

MATTERS FOR INFORMATION/NOTING

9. Matters to raise to the Trust Board	**Verbal**

The following topics were agreed by Committee members:

- Workforce assurance (data available about quantity but not quality, preventing full assurance).
- The establishment of a new repository for workforce guidance from professional bodies.
- 95% compliance for mandatory training would not be reached by the end of March 2020 (raising the efforts and mechanisms in place to encourage compliance).
- Rostering issues, their impacts on staff and potential resolutions.

10. Agenda items for the next meeting	**Verbal**

Not discussed (see action log).

11. Any other business	**Verbal**

TL suggested that the next People & OD Committee (April) should focus on the degree of workforce assurance regarding safety of staffing in the COVID-19 environment. TL stated relevant data would likely be available by that date.

TL further suggested that he would deliver an update on the current position at the next Board meeting.

RS raised the issue of staff wellbeing and psychological health. TL commented that the Trust was preparing to support people who might not ask for help but needed it, particularly in areas which were experiencing the most strain from the impacts of COVID-19.

RG commented that there was an evidence paper from China, which would be helpful, and reported that work on a stream of support for staff and people in isolation was already in play.

12. Details of Next Meeting

The next meeting will be held on 24th April 2020, 09:30 - 10:45 in Room 13, Education Centre, Sandwell General Hospital.

Signed …….

Print …….

Date …….