

PEOPLE & OD COMMITTEE - MINUTES

Venue: Meeting via WebEx

Date: 30th October 2020, 09:30-10:45

Members

R Samuda (RS) Chair & Trust Chairman
 Prof K Thomas (KT) Non-Executive Director
 Frieza Mahmood (FM) Joint Acting Director of People & OD
 Bethan Downing (BD) Joint Acting Director of People & OD
 Janice James (JJ) Deputy Director of Operations
 David Carruthers (DG) Acting Chief Executive
 Kathy French (KF) Interim Chief Nurse

In Attendance:

Susan Rudd (SR) Associate Director of Corporate Governance

Apologies:

Liam Kennedy (LK) Chief Operating Officer
 Toby Lewis (TL) Non-Executive Director
 Mick Laverty (ML) Non-Executive Director
 Helen Bromage (HB) Associate Chief Nurse

Minutes	Reference
1. Introductions (for the purpose of the audio recorder)	Verbal
The Chair, RS, welcomed Committee members to the meeting.	
2. Apologies for absence	Verbal
Apologies were received from Liam Kennedy, Toby Lewis, Mick Laverty and Helen Bromage.	
3. Minutes from the meeting held on 26th June 2020	POD (10/20) 001
The Committee reviewed the minutes of the meeting held on 26 th June 2020. The minutes were ACCEPTED as a true and accurate record of the meeting.	
4. Acton log and matters arising from previous meeting	POD (10/20) 002
The Committee reviewed the action log. It was noted that some actions would be discussed on the agenda and the following updates were made:	
<ul style="list-style-type: none"> POD (03/20) 004 - Explore ways to make mandatory training leaner and shorter for 2021. Suggestions to be discussed at a future Committee meeting. Completed and closed. POD (04/20) 004 - All colleagues to be encouraged to complete mandatory training as soon as they are able. RG to write to colleagues who have been non-compliant for two years in a row. Completed and closed. POD (06/20) 003 - Provide an update on nursing model parameters regarding nursing 	

staff to patient ratios at the August meeting.

Completed and closed.

- *POD (06/20) 006 - Provide a report listing a series of options detailing training requirements which have been costed & POD (06/20) 007 - Report back to the Committee on whether there is any consequence for not having a peer review for 24 months.*

Further enquiries to be made in relation to these actions. A note to be circulated to the Committee,

Action: Note to be circulated to the POD Committee with an update on the progress of the action.

DISCUSSION ITEMS

5. Recruitment scorecard

POD (10/20) 003

FM referred Committee members to the paper and a detailed breakdown for the month of October 2020 (accurate to 23rd October 2020).

It was reported that nursing recruitment had been a concern, particularly in relation to the Winter planning phase. FM advised that, going forward, POD Committee meetings could expect to be presented with further reports on other staff groups, broken down into service and group level, following the introduction of a new reporting tool. This was currently at the testing stage but was due to be completed in the coming week.

DC queried whether the data presented in the paper illustrated a positive and/or stable trend in recruitment to full-time vacancies (particularly in nursing). FM confirmed that it was both positive and stable.

Recruitment activity had increased by just under 20% compared to the previous month, but FM reported that the Trust was just about keeping its head above water in relation to the current recruitment plan. However, FM cautioned that this position would not support the extent of the need generated by having to respond to a second surge of COVID-19 and Winter pressures.

FM stated that work was actively being done with the groups, but that recruitment was not being prioritised given the other pressures and, therefore, recruitment might need to be centralised with allocations made for them.

KF expressed concern that no Band 5 staff appeared to be joining the Trust in December. KF stated that her understanding was that there were significant vacancies (79 approx.) in Medicine and Emergency Care. She proposed that the Trust should look at how to recruit differently if decision makers were too stretched to prioritise recruitment. KF also commented that the Trust might have reached a critical point.

FM advised that the report did not include figures from Health Sector Talent, which amounted to 100 nurses joining the Trust by the end of January. In addition, 30 whole-time equivalent nurses were expected to be recruited through three special recruitment events being held over the next four weeks. Offers from Health Education England had also been omitted because numbers were currently uncertain. However, FM stated that she shared KF's concern that the Trust was going into a second wave of COVID-19 with gaps.

FM stated that vacancies needed to be presented to offer clarity from a safety perspective. She stated

that the Trust was approaching a level of risk where it would need to take back some control from the groups. RS commented that this would be crucial.

KF commented that recruitment needed to be proactively expedited and she expressed the view that it required an organisation-wide approach. She commented that the Trust should be urgently considering more creative pathways to offer better career development for potential recruits. FM stated that this happened in some groups, but more work was required to widen out the practice.

DC queried what additional support might be needed. FM reported that resilience in the senior team would be required to support the groups, which would lead to some cost pressure.

RS expressed the view that people would need to be reassured that there would not be a staff shortage in the middle of Winter. KF agreed to consider setting up of a task group at the Winter Planning working group meetings to address the issue.

RS reported that the Trust had been reviewing payment rates against those offered by neighbouring Trusts. FM commented that Dudley Acute Trust was now paying rates extensively above the collaborative bank arrangement/agreed cap rate.

FM reported that a request had been made to the finance department to remove the Trust's own restriction on shifts and to increase the rate paid to make it more comparable. The Trust had already committed to paying staff more quickly.

Action: KF to consider setting up a task group at the Winter Planning working group meetings to address recruitment gaps.

6. Health and wellbeing

a) Psychological scorecard

b) Feedback from Mental Health Awareness Day

c) Long-term funding update

POD (10/20) 004

BD referred Committee members to the paper. The following points were highlighted:

a) Psychological scorecard

BD reported that around 80 staff members had been trained to be REACT Level 2 practitioners. These were individuals who had undertaken half a day's training to assist colleagues with mental wellbeing, however, they were not mental health experts. The aim was to have a practitioner in all areas and more volunteers were still required.

Sessions had been set up for the practitioners to meet and review the framework of operation. A CPD programme would be put in place for them over the next 12 months to include training in domestic violence identification. Sessions would be recorded for flexible access.

BD reported that 76% of visitors to the Sanctuary facility had showed improvements in their psychological scores, however, some clinical groups had been accessing the service more than others. Work was being carried out with Medicine and Emergency Care to discover why its staff use of the Sanctuary was lower. Location might be an issue.

Sanctuary mobile kits had been produced for use by staff members in their own areas and messaging would be reviewed.

BD reported that another idea was to offer a Sanctuary experience on both hospital sites.

In relation to the Stress Risk Assessments, it was reported that 24 respondents out of 454 had required additional support and that this had been provided. There had been 281 employee participants to the new Mental Wellbeing Assessment, of which 13.5% were in the 'Abnormal High' category for depression and around 30% rated 'Abnormal High for anxiety. All individuals identified had been contacted by the Wellbeing Hub.

b) Feedback from the Mental Health Awareness Day

BD reported that the Trust's Mental Health Wellbeing Assessment programme had been launched on Mental Health Awareness Day on 10th October 2020. Lesley Writtle [Trust Board Non-Executive Director] had also written a supportive article for communications. There had been some positive feedback observed through social media channels.

KT queried the presence of REACT practitioners in Imaging. BD commented that every area would have a REACT practitioner to help communicate information about the support available. There would be a focus on completing assessments in the coming week and Imaging's new Director of Operations would be targeted to increase engagement.

KF queried whether staff access to the Sanctuary was expected to happen inside or outside of working hours. BD reported that the approach was mixed but that some managers were being proactive in encouraging staff to use the Sanctuary during working hours. KF commented that this issue triangulated with the recruitment story in reflecting the pressured environment and suggested this might be a barrier to engagement with Medicine and Emergency Care. She supported the idea of having a facility on both hospital sites.

DC agreed that ease of access might be a factor in the lower engagement scores for Medicine and Emergency Care.

BD expressed the view that one of the points in the daily COVID-19 bulletin ought to focus on wellbeing to raise awareness among groups which were harder to reach and as a result were more vulnerable because they were so busy.

JJ reported that there was strong support for a Sanctuary facility at Sandwell. She also commented that little things could make a big difference to staff engagement.

c) Long-term funding update

BD reported that a meeting would take place with the Mental Health Trust in relation to sustainable funding to continue to provide intervention and expand the wellbeing support offering.

7. Workforce assurance

POD (10/20) 005

FM reported that, since the previous meeting's update, an extensive consultation exercise with key stakeholders in the professional groups had been carried out. It was done to better understand the potential requirement for the creation of a workforce repository to store information for the purposes of workforce assurance.

Feedback from the exercise had questioned the need for the creation of a dedicated and bespoke

repository because it had not added the value originally intended. Of more value would be a review of the existing assurance processes with some discreet adjustments being made.

FM advised that it had been agreed that when workforce issues and risks were raised by either NHSI/E, the CQC, professional bodies such as the NMC, GMC and Royal Colleges, they would be reviewed by the relevant Executive lead (Medical Director and Chief Nurse) for action, which would include dissemination, consultation and escalation as required. Issues would be discussed by Sub-Committees and escalated to the Board where appropriate.

As part of the ongoing wider discussions about the mitigation of workforce risks, the Trust has identified some risks with the Health Professionals Alert Notice letter process which would be rectified immediately because there was some time loss in the notices being received. FM reported that it was hoped the process could be brought back in-house within the People & OD department.

Some best practice learning could also apply to the nursing professional group, specifically in relation to conduct management and capability issues. The creation of a 'responsibility officer' role was being considered for relevant nursing cases and a review group so that the process could be challenged. This would be part of the Trust's continuous learning culture.

It had been agreed that a single rostering system for all staff would be of paramount importance to the Trust's operational effectiveness and management of quality and safety risks. FM reported that the Trust had bid for NHSI funding to introduce the Allocate system, which was already widely used across the NHS. The deadline was 8th November 2020, and the bid was already well-developed.

NHSI funding would need to be matched by the Trust. FM reported that the finance department had indicated that the money was available and requested approval from the POD Committee.

KF advocated strongly for the system, expressing the view that the old system was no longer fit for purpose.

FM advised that the licensing cost for the rostering system would be more than £100k. FM advised that the server had already been purchased in 2019 in anticipation of implementation, which would reduce costs but the Trust remained at least £150k short of the total.

KF further commented that a more robust system would lead to more cost savings by making greater efficiencies. The Committee **APPROVED** the funding matching in principle but acknowledged that it would need to follow proper process.

8. Workforce priorities

POD (10/20) 006

FM referred Committee members to the paper and its annexe, which provided a detailed draft action plan for each of the key strategic high priority domain areas that were within the National Plan. These included named responsibilities and proposed dates for implementation.

The Trust's local priorities had also been added including MMUH and workforce planning. COVID-19 recovery management strategies had also been included.

FM invited the Committee to provide the strategic monitoring and oversight at future POD Committee meetings.

BD raised the importance of compassionate and inclusive leadership and culture which should be at the heart of the organisation.

FM commented that an overarching strategy for the Trust could be about becoming the most inclusive

employer possible. She proposed more consideration could be given in 2021 to how this could be achieved because the current strategy was out of date and needed refreshing. DC agreed that overarching statements would be helpful.

RS queried the links with the Trust's PDR process. KF commented that the PDR programme needed to be considered in the context of the new people plan.

RS summarised that a 'high-level' linking document would be required.

KT commented that there was a body of research evidence from the 'Civility Saves Lives' organisation, linking workforce behaviours and 'compassionate leadership' to quality of care. FM offered to scope what the work would entail for the next POD Committee meeting. KF was supportive of the idea.

Action: FM to scope a body of work linking the development of compassionate leadership to quality of care for presentation to the November 2020 POD Committee meeting.

9. SBAF update

POD (10/20) 007

FM commented that the SBAF had not been presented to the POD Committee since March 2020.

The confidence level for SBAF 11 and SBAF 12 had been rated as 'limited'. SBAF 1 had been rated 'adequate'. The following updates were made:

SBAF 12 – Staff development time

- FM reported that there appeared to be no progress made in relation to this SBAF, but further investigations would be made.

SBAF 1 – Management bandwidth

- FM reported that additional work had been carried out in relation to SBAF 1 contributing to the 'adequate' rating.

SBAF 11 – Labour supply

- FM reported that there had been work carried out in relation to this SBAF which was extensive enough to consider raising its level from 'limited' to 'adequate'.

RS commented that, with regard to SBAF 1, staff pressures might mean the level should be elevated. FM acknowledged that this would be kept under review.

RS queried whether the nursing recruitment (discussed earlier) could be reflected in the SBAF risk system. KF accepted there could be a specific risk.

Action: FM and KF to draft a separate nursing recruitment SBAF risk to be drafted for inclusion in the SBAF list.

MATTERS FOR INFORMATION/NOTING

10. HR/OD scorecard

POD (10/20) 008

FM introduced the scorecard for noting, but highlighted that sickness rates had been slowly increasing in the people indicators. More detailed information would be shared at the next POD Committee meeting.

11. Update on Trade Unions dispute

Verbal

FM confirmed that the Trust had agreed with Trade Unions to come out of dispute by Wednesday of the following week (w/c 2nd November 2020). Some agreements in principle had been made in relation to working patterns.

FM explained that Trade Unions had been unhappy about the way the Trust had managed the organisational change process.

12. HPMA Award entries

Verbal

FM reported that the Trust had won three HPMA Awards for:

- Innovations around wellbeing for junior doctors
- Best recruitment initiative
- Best HR Director

RS extended congratulations from the Committee.

13. Matters to raise to the Trust Board

Verbal

RS suggested the following topics be raised to the Trust Board:

- Nurse recruitment
- Update on health and wellbeing
- Workforce assurance and future works
- The National People Plan
- Rostering
- SBAF – Management bandwidth and labour supply issues

14. Agenda items for the next meeting

Verbal

Not discussed.

15. Any other business

Verbal

None discussed.

15. Details of Next Meeting

The next meeting will be held on 8th January 2020, 09:30 - 10:45 in Room 13, Education Centre, Sandwell General Hospital or WebEx.

Signed

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Date