Paper ref:	POD (04/21) 001

Sandwell and West Birmingham Hospitals NHS
NHS Trust

PEOPLE & OD COMMITTEE - MINUTES

Venue: Meeting held via WebEx **Date:** 26th February 2021, 9:30-10:50

Members:			**In Attendance:**		
Mick Laverty	(ML)	Non-Executive Director (Chair)	Susan Rudd	(SR)	Assoc Director of Corp Gov
Richard Samuda	(RS)	Non-Executive Director Chair	Nora Parsons	(NP)	Learning & Development Manager
Richard Beeken	(RB)	Interim CEO			
Frieza Mahmood	(FM)	Chief People Officer			
Liam Kennedy	(LK)	Chief Operating Officer	**Apologies:**		
David Carruthers	(DC)	Medical Director	Toby Lewis	(TL)	Non-Executive Director
Mel Roberts	(MR)	Acting Chief Nurse	Kate Thomas	(KT)	Non-Executive Director
Nick Bellis	(NB)	HR Business Partner			

Minutes	**Reference**
1. Introductions (for the purposes of the audio-recording)	**Verbal**
The Chair, ML, welcomed and congratulated FM on being appointed Chief People Officer..	
2. Apologies for absence	**Verbal**
Apologies were received from Toby Lewis, Kate Thomas and Sandra McShane.	
3. Minutes from the previous meeting, held on 30 October 2020	**POD (02/21) 001**
The Chair thanked RS for chairing the last meeting. The Committee reviewed the minutes of the meeting held on 30th October 2020. The minutes were **ACCEPTED** as a true and accurate record of the meeting.	
4. Action log and matters arising from previous meeting	**POD (02/21) 002**
The action log was reviewed. It was observed that there had been some outstanding matters arising. The following updates were made: • *POD (10/20) 003 - Consider setting up a task group at the Winter Planning working group meetings to address recruitment gaps.* FM assured Committee members that Kathy French (KF) had set up the Winter Planning task group, with proactive engagement from a workforce perspective. Competed and closed. • *POD (10/20) 006 - Scope a body of work linking the development of compassionate leadership*	

to quality of care for presentation to the March 2021 POD Committee meeting.

FM reported that she had undertaken a comprehensive literature review of the King's Fund evidence and Michael West's research. The high-level themes included financial and quality improvement benefits linked to lower patient mortality levels and higher quality care. FM compared the Trust to the best performing organisations and noted that work was required to improve the Trust's goal performance alignment, to support greater engagement for staff, and future team working. FM undertook to share information from the research..

- *POD (10/20) 007 - Draft a separate nursing recruitment SBAF risk to be drafted for inclusion in the SBAF list.*

FM reported that KF had left the organisation shortly after undertaking this task. FM had looked into drafting this separate SBAF risk but found that SBAF 11 sufficiently covered workforce staffing risks, including recruitment risk. They had also recently had a Board development session where they had further reviewed and adjusted risks. FM suggested that this work may be sufficient.

MR agreed but suggested further work was required around ways of mitigating risks during recruitment problems and what was being done to recruit internationally. MR agreed to work together with FM on this. FM agreed that they would take this forward but wanted clarity around whether this work included wider staff risks involving medical risks and other key staff groups.

FM had adjusted the timescales in the long-standing action log from the previous year that COVID interrupted. ML asked FM to fully review the action log, removing anything that had been superseded.

- Workforce assurance:

ML asked if they had purchased the single rostering system, Allocate. FM confirmed that the Trust had succeeded in their subsequent bid for funding and received approximately £600,000. NHSI's concern was to get best value, not to select Allocate solely because they are the market leader. Internal stakeholder analysis suggested Allocate would be the best choice to achieve MMUH goals and, from an integrated care system perspective, for the People Board for the Black Country STP alignment for a single unified temporary workforce. Rostering is a key part. The timing also coincided well with the Allocate electronic job planning system they are now putting in for medics.

RS asked, regarding the STP alignment, if they were getting different systems. ML confirmed that they were, including smaller systems. This had prompted a systems review.

Action: FM to share information from the researchon compassionate leadership linked to quality of care.

Action: FM and MR to work together to address MR's concerns regarding mitigating risks during recruitment problems and what was being done to recruit internationally.

Action: FM to review and update the matters arising action log.

DISCUSSION ITEMS	
5. Chief People Officer - Setting the Landscape	**Verbal**

ML asked FM to provide her initial impressions upon being confirmed into her post, which FM outlined as follows:

- Our people have real appetite for improvement. We care deeply about the organisation being the best, leading innovation, and looking after staff.
- Achieving these ambitions in the context of COVID, the new hospital, and MMUH workforce planning will be financially challenging. There are market force changes, systems limitations, process inefficiencies and pockets of ingrained habits holding on to historical views instead of future goals.
- Being realistic, focused, and clear in our aims is therefore important. There are three key areas:
    1) Maximising staff capacity: deployment, training, nature of work, and its alignment with organisational objectives
    2) Strategic focus: planning widely today towards a sustainable longer-term 3-to-5-year strategy
    3) Commitment and values: engendering commitment towards the best patient and staff experience, for example, on-boarding experience, branding, being sought out and recognised for how we are different and having a culture people want to embrace.

ML invited comments and questions.

LK reiterated FM's view that it is challenging to do lots of things to a high standard and therefore there is a greater need to focus and prioritise. Improving staff engagement would lead to patient engagement, helping to raise customer satisfaction. Training and development improvements would help staff to actualise their potential and to feel valued.

FM suggested individualised longer-term career planning to create consistent experiences would help.

RB agreed that a strategic standpoint was helpful. He suggested learning from Trusts excelling in key areas, better nurse retention, building strategic relationships with university providers, and focusing on a few key development areas to show we value people.

ML agreed that the Trust was good at identifying areas for improvement and that channelling limited resources towards meeting prioritised goals would be their challenge. ML welcomed FM into her role.

13. Recruitment scorecard	**POD (02/21) 010**

FM referred the Committee to the report on the active recruitment underway for 427 of the 566 fte vacancies, broken down by the new reporting tool into staff group and what stage they were at by divisional area and post. The notes showed actions being taken, such as over-recruiting, including internationally, in the knowledge that this will help to alleviate the turnover problem. A new collaboration with Morgan McKinley will add 100 nurses from India to join by Q3, with many beginning in Q1. FM secured funding from NHSI to provide the Trust with £750,000 for overseas staff. FM also made a successful bid for funding of an additional £9,000 onboarding package per nurse. MR had been involved in learning about Wolverhampton's clinical fellowship scheme.

The new applicant tracking system implemented in August has shown that the Trust's time to hire has improved between October and January, from an average of 111 days down to 77 days, i.e., just over 15 weeks. FM hopes to see this figure drop to 11 weeks by the end of the first quarter, and down to 10 weeks by Q3, against a national benchmark of 9 weeks.

RB queried sources of the NHSI funding. FM hoped there may yet be unallocated funds available.

MR identified a local opportunity to convince nurses who had left, to return to practice. MR offered to

work with FM to take this forward. The newly allocated funding should be helpful.

LK expressed his thanks for achieving the reduction in time to hire. He wanted to see national benchmarks used. LM asked that the nursing and midwifery shortages also be tackled regionally to reinstate educational funding withdrawn 10 years ago. LK asked for a yearly trajectory to be built into the data, showing starters and leavers plotted on a month-by-month basis so they could gauge bank agency requirements. FM agreed to amend reports to plot and track this information.

ML congratulated the team for the improvements they had made and suggested that recruitment be the number one people issue and top of the agenda for discussion at the next meeting.

Action: FM to incorporate monthly leavers and joiners, including a yearly trajectory, into recruitment reports.

10. Retaining our Staff	**POD (02/21) 007**

FM referred the Committee to the retention report which outlined ways to address one of their biggest risks: the number of people expected to retire.

- Flexible approaches need to be developed as an alternative to full retirement.
- Exit process changes are needed to learn why people leave and where they go.
- Project management and governance methodologies are required to achieve better retention and to shape the revised people plan strategy.
- This links to aspirations to create a fully inclusive culture, flexible deployment and Covid restoration.

FM asked for the Committee to note the update, raise any further assurances required, and endorse more flexible retirement revisions and transitions.

RS cautioned against putting too much resource around exit processes in case people are not forthright in any event.

DC queried whether they had looked at the risk that retirees coming back part time could stifle change.

MR suggested that cultural changes and clarified strategy on nursing roles and value would be helpful, such as greater senior nurse visibility.

ML made two observations:

1) A more proactive range of pre-exit options would help people to decide what to do as they approach retirement age. We all need to be clear about what these options are.
2) A shorter exit interview questionnaire with paper-based and digital options would improve the chances of capturing more information.

FM raised the importance of defining what the Trust is hoping to strategically achieve by keeping people on, in order to shape the options given to people. She undertook to feed back comments.

Action: FM to define the strategic goals for retention and the options at retirement age, and to feed back the Committee's exit interview comments with the executives.

6. PDRs	**POD (02/21) 003**

ML welcomed NP, who put forward the proposals to amend the PDR process for this year due to Covid pressures, and to review the PDR process. Staff had often been redeployed and unable to complete their objectives and development plans. A wellbeing focus was proposed for the upcoming PDR cycle, with a supportive discussion around aspirations, agreeing and documenting the coming year's objectives.

ML thanked Nora and explained how the Non-Executive Directors, in particular, recognised the need to supportively ease the staff's transition from the pressures of Covid, back into recovery. ML invited questions.

RS suggested that the Committee defined at their next meeting how they would gain assurance for the Board that the wellbeing and recovery conversations were being had across all staff.

It was proposed that the completion date for PDR meetings be set between April and July.

RS queried whether managers had recorded redeployed employees' performance.

ML agreed that the lighter touch approach and revised timing was advisable. He asked that NP go back to the team to define how to gain the assurance RS asked for and to come back and tell the Committee how this would be done. He observed that for the PDR system to embed properly, it would be helpful to reduce the number of changes to avoid losing traction.

LK commented that the sooner they were able to set their changing strategic objectives, the better it would be to feed these through the PDR process.

Action: NP to go back to the team to define how to gain full assurance that managers were having the recommended wellbeing and supportive recovery conversations with all staff, and report back to tell the Committee how this would be done.

7. Fulfilling our Equality, Diversity and Inclusion commitments – update	**POD (02/21) 004**

NB announced that the Trust had appointed a Head of EDI and EDI Manager in addition to the Band 5 EDI Advisor in place, to help them achieve the Trust's ambitions. ML welcomed the two new members of staff's appointments, and the additional focus this would provide. ML asked for questions.

RB queried how to triangulate evidence they receive through Freedom to Speak Up, Executive and Non-Executive walkabouts and visits, incidents, and HR-registered grievances into gender identification, disability, race-related or poor management themes. He requested a system and a process for capturing this to identify themes that need to be addressed with targeted intervention.

ML queried LGBT issues not being mentioned. He cautioned against making large financial contributions into poorly scoped projects, however well meaning. He thanked NB.

8. Gender pay gap – closing the gap update	**POD (02/21) 005**

NB updated the Committee on the gender pay gap paper having gone to the PHCDE Committee at the end of January. They requested further analysis relating to Agenda for Change pay. The differential in pay between genders is often based on where people are placed on the starting salary. NB summarised the focus as needing to be on these two aspects:

1) What pay point are people placed on when they join the Trust? For example, males tend to negotiate higher pay bands when they are recruited from outside the NHS.

2) The length of service accounts for a differential, with women leaving on average at the age of 58, compared to men retiring at 63.

ML asked for questions.

LK expressed the view that the issue arises where we offer different bandings of pay to people who are promoted or externally recruited. NB suggested centralising that apportionment to restrict how many people can decide on starting pay levels.

ML queried whether the pay gap had been narrowing and if we were on a trajectory to close the gap over a reasonable amount of time. NB explained that the gap was closing slowly. The largest gap was in medical staff. Several initiatives were looking at ways to help this area, e.g., applications for Clinical Excellence awards. ML asked for a year-on-year trajectory to look at for the next meeting.

Action: NB to provide a trajectory illustrating the Trust's gender pay gap over time for discussion at the next meeting.

9. Psychological scorecard - Health and wellbeing report	**POD (02/21) 006**

FM reported that 20% of all staff had now had a wellbeing assessment completed. Of these 20%, analysis showed:

- 25% reported abnormally high levels of anxiety.
- 11% reported abnormally high levels of depression.

This meant that a significant amount of wellbeing work will need to be done to mitigate against the impact of Covid, the subject of a strategy report to be presented to the next Committee on using health surveillance to make evidence-based decisions around investment in this area.

LK queried the corporate group appearing to be one of the most highly anxious, leading to the question of whether working from home could be a cause for concern going forward. The assumption was that the front-line staff would suffer more anxiety, so LK suggested more work be done to investigate this.

ML asked FM two questions from a Non-Executive Director perspective:

1) Are we doing enough with enough resources being put into wellbeing?
2) Is it working?

ML expressed the wish to support staff that have gone through a traumatic time for a prolonged period.

11. Supporting our Armed Forces and Veteran Community	**POD (02/21) 008**

ML asked if there were any objections to signing up to the proposed covenant. None were forthcoming. ML suggested there may be opportunities here for staff recruitment. FM agreed about employer branding. She pointed out that the best practices organisations were doing this.

12. Sharing good practice to improve our people practices	**POD (02/21) 009**

FM described the background to all NHS Trusts being asked to review their disciplinary practices and to compare them to best practice. She referred the Committee to the report on the Trust's review, work, and plans in this area. ML reiterated the importance of taking this seriously, and invited questions.

RB queried if this Committee would play a key assurance role in recommending to the Board if the Trust

were taking this seriously. FM confirmed that this was the case. ML thanked FM.

MATTERS FOR INFORMATION/NOTING

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

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

1) Recruitment: the time for recruitment has reduced significantly, to be revisited as the number one issue again next time.
2) Our strategy for retaining key staff: what are we trying to achieve? Is it specific hotspots or a broader piece?
3) We support revising the PDR process to give it a lighter touch this year.
4) We recommend signing the Armed Forces Covenant.

ML invited any other suggestions. None were forthcoming. He thanked everyone.

Agenda items for the next meeting

ML suggested that agenda items for the next meeting would include the following:

- Start with the focus on recruitment and vacancy management.
- Include other items flagged during this meeting.
- ML suggested that if there was time for FM to do some work on retention before the next meeting, that would be another item for discussion.
- FM asked ML about discussing a brief version of the People Metrics.
- RS suggested the more there are STP deliberations on people, the better to discuss what key strategic things might add value to this Committee.
- MR offered to present from a quality point of view on how they managed staffing ratios through Covid.

15. Any other business	**Verbal**

There was no other business discussed.

Details of Next Meeting

The next meeting will be held on 30th April 2021 from 9:30 to 10:45 in Room 13, Education Centre at Sandwell General Hospital or WebEx.

Signed …….

Print …….