

## PEOPLE & OD COMMITTEE - MINUTES

**Venue:** Meeting via WebEx

**Date:** 30<sup>th</sup> April 2021, 09:30-11:00

### Members

Mick Laverty (ML) Non-Executive Director (Chair)

Richard Samuda (RS) Trust Chairman

Kate Thomas (KT) Non-Executive Director

Richard Beeken (RB) Interim Chief Executive

Frieza Mahmood (FM) Chief People Officer

Liam Kennedy (LK) Chief Operating Officer

David Carruthers (DG) Medical Director

Mel Roberts (MR) Acting Chief Nurse

### In Attendance:

Susan Rudd (SR) Assoc. Director of Corporate Governance

Ruth Wilkin (RW) Director of Communications

Masood Aga (MA) Consultant and Specialty Lead in Occupational Health and Wellbeing

### Apologies:

Toby Lewis (TL) Chief Executive

Minutes	Reference
<b>1. Introductions</b> (for the purpose of the audio recorder)	<b>Verbal</b>
The Chair, ML welcomed Committee members to the meeting.	
<b>2. Apologies for absence</b>	<b>Verbal</b>
Apologies were received from Toby Lewis.	
<b>3. Minutes from the meeting held on 26<sup>th</sup> February 2021</b>	<b>POD (04/21) 001</b>
<p>The Committee reviewed the minutes of the meeting held on 26<sup>th</sup> February 2021.</p> <p>ML queried how the rostering system Allocate had progressed. FM reported that £750k had been secured from NHSI for the project and had been received into the budget. Internally, the Trust had been asked to produce additional business cases to justify the use of the money. This was currently being finessed and consideration was being given to the establishment of a project management infrastructure. Discussions were ongoing.</p> <p>ML queried timescales. FM reported that it was hoped the infrastructure would be in place shortly. She suggested that reports be presented to the Committee going forward which was welcomed by ML.</p> <p>The minutes were <b>ACCEPTED</b> as a true and accurate record of the meeting.</p>	
<b>4. Acton log and matters arising from previous meeting</b>	<b>POD (04/21) 002</b>
<p>The Committee reviewed the action log. It was noted that three actions were not yet due and would be added into the June monthly report.</p> <p>The following update was made:</p>	

- *POD (02/21) 005 - Provide a trajectory illustrating the Trust's gender pay gap over time for discussion at the next meeting.*

FM reported this had not been completed this month as expected, owing to workforce capacity issues and pressures including supporting the vaccination programme. She requested that the topic be discussed at the June meeting.

FM advised that the gender pay gap was closing but not as quickly as desired and several additional actions would be required.

## DISCUSSION ITEMS

### 5. Recruitment scorecard: Vacancy management

POD (04/21) 003

FM referred Committee members to the paper and reported that the scorecard showed a 7% Trust vacancy factor. There were 582 posts currently active and at various recruitment stages.

A new vacancy approval process had been introduced in April 2021 to support the delivery of CIP schemes. Work was ongoing to target 'hotspot' areas.

The Trust's overseas recruitment campaign had been very successful although there had been some slight delays caused by travel restrictions.

Bank activity had reduced as a result of support from the central recruitment team who had made progress in support existing staff and the vaccination hubs.

The time to hire had been further improved to 74 days compared to the KPI target of 96 days, which was pleasing.

MR added that the Trust had been working closely with HR on HACW recruitment working with NHSE/I and a company called Indeed – 37 healthcare support workers had recently been recruited which would mean zero vacancies by the end of May 2021. A new tool had been successfully piloted for NHSI on recruitment and checklists. FM commented this would have a positive impact on bank spend.

LK queried why 582 posts were in active recruitment against a vacancy rate of 503. FM explained that the over establishment was deliberate because of the level of turnover in the key staffing groups.

KT queried the conversion rate between offering a post and the onboarding process. FM commented that a significant number of staff dropped out because of the length of the process and a lot of streamlining work was being done to improve the situation. Differentiating factors related to training and development. Pay was broadly comparable to similar organisations. Advised that a huge number of people left in the first year of employment which meant that the Trust would require a focus on its retention ambitions.

RB queried the role of the Vacancy Control Panel and what it had initiated. He further queried how the organisation's turnover rate compared to neighbouring Trusts. FM advised that the intention was to have a virtual Vacancy Control Panel comprising of senior members of the HR and finance teams. The Panel would meet on a weekly basis to review posts and consider potential opportunities for them to be serviced through apprenticeship schemes, redeployment etc.

FM commented that there were a number of Directorates who could not meet the two-day turnaround KPI.

LK commented that there were posts which went directly to advertisement to prevent delay (i.e. hard

to recruit areas or areas with multiple vacancies). The posts that went to the Vacancy Panel for scrutiny and discussion included new consultant and development posts which might involve consideration of multiple factors. The purpose of the Panel would be to challenge and question.

ML queried where there were any group or team 'hotspots' that required extra focus. FM reported that these were in Medicine - Acute and Emergency Medicine specifically. FM suggested adding a traffic light system to indicate problem areas.

FM reported that some areas with historically low levels of turnover i.e. Primary Care, were starting to see turnover rates increase. FM expressed the view this might be due to redeployment to the COVID-19 effort. FM agreed to include turnover information in future reports.

RB commented that visibility of longer-term trends would also be helpful. FM reported this was currently being discussed and would be included in the next report.

FM reported that Coventry and Warwickshire Acute NHS Trust had been used for comparison (because of its similarity to SWBH) as well as other Trusts in the Black Country. FM advised that pre-pandemic, the Trust had managed to reduce its 11% turnover rate by 0.8%, but this had increased during the COVID-19 period. The Trust would be aiming to get down to a 9.5% turnover rate which was the industry average for the sector. The Coventry Trust had achieved this.

**Action:** FM to include levels of turnover in future vacancy reports utilising a traffic light system to identify problem areas.

## 6. 2020 Staff Survey: Response to findings

POD (04/21) 004

RW referred Committee members to the paper and highlighted the following points:

The results [from the Staff Survey] had not particularly changed over the last five years in terms of staff feedback on the organisation and their jobs.

In general, the results from responses from almost 3000 employees (38%), had been disappointing.

Four areas had been prioritised for improvement:

- Health and wellbeing
- Equality, diversity and inclusion (EDI)
- Line member development
- Team communication

RW reported that a new programme of listening and engagement with staff had commenced to develop local action plans. Some group engagement sessions would take place throughout May and June 2021. The focus so far had been on health and wellbeing and EDI.

LK queried the areas of trend degradation. RW commented that EDI had deteriorated over the last two years and staff engagement had also declined.

DC commented that there were two or three Directorates which had scored uniformly low and suggested the adoption of a two-pronged approach with these being a focus alongside more generalised work in this area.

RW reported that Maternity was one of the areas with lower scores, however, an intensive piece of

work was already taking place in this area.

FM commented that other Trusts had been doing better in relation to bullying and harassment and the EDI agenda generally. However, there was a much better perception amongst staff about the extent to which the Trust supported them if they experienced violence or aggression at work.

RS queried the approach of the top quartile Trusts. RW commented that the Wigan programme had identified nine enablers of engagement with the purpose that organisations could consider in-depth responses. It had revealed that it took ten years to achieve sustainable change.

RB commented that corporate effort and changes to corporately sponsored staff engagement were helpful, but quality line management made efforts sustainable.

RB further advised that the CCG had given the Trust some funds to develop both the executive team and the senior clinical and management leaders in the organisation to help align them to the new organisational strategy.

KT queried how the response rate could be raised, acknowledging that this was a difficult task. RW responded that the response rate had risen from 28%-38% in recent years. One of the key reasons was the move from surveying a sample of staff to including all staff in the exercise. The COVID-19 response had impacted responses.

ML queried the areas that had the most disgruntled staff. RW advised that the dashboard revealed the lower scoring areas. These included Maternity, Emergency Care and Admitted Care. RW expressed the view that unless improvements could be made in areas dealing with huge numbers of people, there would not be an overall improvement.

It was reported that work with an external consultant had started in Maternity along with other initiatives.

LK commented that external support was being considered for ED to help tackle cultural differences, standardise pathways and leadership.

## 7. Health and wellbeing report

POD (04/21) 005

MA reported there were two elements to the scorecard's stress risk assessment:

- The job evaluation
- Mental health impact

MA explained that the aim for employees was to identify which parts of their jobs were stressful. The mental health assessment however, identified where on the spectrum of anxiety and depression they were positioned. A constant monitoring scale (dashboard) would reveal which teams and managers might require support and development. This would be linked to the interventions made as a result of the assessment to better understand their impact.

Organisationally, it was expected that six to twelve-month snapshots of organisational mental health and wellbeing would be provided.

In terms of sanctuary attendance, it was reported that the numbers of users had declined because of infection control concerns and the second COVID-19 surge, which had necessitated some services being withdrawn. MA expressed concern at the makeshift nature of the current arrangement which could not deliver services as desired.

MA further commented that, In three to four years, the Trust would likely have AI algorithms which could predict who was likely to leave the organisation or join it.

ML queried what the data in the scorecard actually meant. MA explained that the scale gave an indication of people in the normal, borderline and abnormal range and people at the extremes of the scale.

**8. Sickness improvement plan**

**POD (04/21) 006**

FM reported that there had been a positive reduction in sickness absence levels from a peak of just over 7% in January 2021, reducing to 5.7% in February and further reducing to 4.74% in March. This represented substantial progress but was still higher than the national target of 3%.

The top reasons for absence continued to be anxiety, muscular skeletal issues and some short-term sickness relating to viruses.

FM reported that the Trust had been proactively working together at group and Directorate level to develop robust action plans to help staff return to work safely. The Trust would request whether there could be a sickness absence target of 4% for this financial year, on the basis that this was more realistic from an achievement perspective and where the Trust had been tracking prior to COVID-19 and the significant work involved in the restoration and recovery programme.

RB queried how the Trust compared to local peers. He also queried the assurance that all five Black Country Trusts were measuring absence in the same way. FM responded that the Trust had reported on all sickness absence whereas others had focused only on COVID-19-related absence.

**9. People and OD scorecard**

**POD (04/21) 007**

FM referred Committee members to the dashboard and highlighted the following points:

There had been a reduction of staff in post of 1.3% in March 2021. However, time to hire had reduced to 74 days (see above discussion).

Sickness absence had improved by more than 1% in March 2021 and therefore there had also been a reduction in the cost of sickness absence. Bank and agency spend remained consistently high ( the second highest spend for the Trust in the last 12 months).

Some improvement had been observed in mandatory training compliance levels in March 2021, but work was ongoing in this area to make the process easier for staff under pressure.

FM confirmed that this information was broken down to Directorate level.

KT raised the idea of rewarding good PDRs. FM reminded the Committee that £75k had been set aside to reward people who had a high PDR.

**MATTERS FOR INFORMATION/NOTING**

**10. Matters to raise to the Trust Board**

**Verbal**

- Triangulation
- Improvements in recruitment
- Formal advocacy for a 4% sickness absence target
- Leadership funding and how it can be targeted to drive improvement

11. Any other business	Verbal
<p>FM requested that the Committee consider including Dave Baker as Director of Partnerships and Innovation because of his role which cut across many areas in terms of information and business strategy. Committee members <b>APPROVED</b> the idea.</p> <p>ML thanked RS for his contribution at his last meeting. FM also thanked RS for his help personal and for his support for the Committee and its business.</p>	
<b>Details of Next Meeting:</b>	
The next meeting will be held on 25 <sup>th</sup> June 2020, 09:30 - 11:00 via WebEx.	

Signed .....

Print .....

Date .....