




Sandwell and West Birmingham NHS Trust

Board Committee Chair's Report

Meeting:	People and OD Committee
Chair:	Jo Wass
Date:	30 th November 2022
Present:	<p><u>Members:</u> Jo Wass, Assoc- Non-Executive Director (Chair) Frieza Mahmood, Chief People Officer Jo Newens, Acting Chief Operating Officer Mark Anderson, Chief Medical Officer Mel Roberts, Chief Nursing Officer Dave Baker, Chief Strategy Officer Daren Fradgley, Chief Integration Officer Ruth Wilkin, Executive Director of Communications Simon Sheppard, Director of Operational Finance James Severs, Chief AHP & Healthcare Scientist</p> <p><u>In Attendance:</u> Meagan Fernandes, Deputy Chief People Officer Dinah McLannahan, Chief Finance Officer Di Eltringham, Deputy Chief Nurse Tammy Davies, PCCT Group Director Chilufya Dawo, Head of Internal Communications Dan Conway, Assoc Director of Corporate Governance</p> <p><u>Apologies:</u> Lesley Writtle, Non-Executive Director (Chair) Val Taylor, Assoc- Non-Executive Director</p>

Key points of discussion			
1.	<p>EDI paper with data included</p> <table border="1"> <tr> <td> <p><u>Chair's opinion:</u> This is clearly an issue of great importance to the board, given the findings of the most recent staff survey, the WRES and WDES data, and our determination to achieve real improvements in the lived experience of everyone who works in the Trust.</p> </td> <td> <div style="border: 1px solid black; background-color: #f4a460; padding: 5px; text-align: center;"> Partial Assurance </div> </td> </tr> </table>	<p><u>Chair's opinion:</u> This is clearly an issue of great importance to the board, given the findings of the most recent staff survey, the WRES and WDES data, and our determination to achieve real improvements in the lived experience of everyone who works in the Trust.</p>	<div style="border: 1px solid black; background-color: #f4a460; padding: 5px; text-align: center;"> Partial Assurance </div>
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	<p>An EDI plan was presented to the committee, which focusses on achieving nine actions over the next two years. The engagement and behaviour of leaders is going to be key to achieving change, and the EDI team is small. The advice of the committee was to take the plan to the next level of detail so as to be clear about: how leaders will be helped to engage and own this issue; timescales for achievement and the resources that will be required to support delivery. The committee requested the revised plan be brought back to the next meeting.</p>	
<p>2.</p>	<p>Freedom to Speak Up Update</p> <p>Chair's opinion: This was also an item which allowed the committee to reflect how our employees are supported to raise issues of concern.</p> <p>The board last received a report on this in April 2022. Progress has been hampered by significant capacity issues, and the plan the board received then is off trajectory. The executive lead on FTSU has been exploring options for getting back on track. The committee requested a progress update in two months' time. An update to the full board is also overdue.</p>	<p>Partial Assurance</p>
<p>3.</p>	<p>POD Metrics</p> <p>Chair's opinion: A set of metrics have been developed for the committee to help it to track monthly progress on key indicators, which link back to the people objective in the Trust's strategy. These include sickness, turnover, vacancies, mandatory training, time to hire, and leadership representation by protected characteristic groups.</p> <p>The work here has been good, and provides the foundations for evidenced based assurance in a number of areas. There is still work to do to refine the metrics further. In a number of areas, for example, we need to agree targets to allow progress to be tracked.</p>	<p>Partial Assurance</p>
<p>4.</p>	<p>Sickness Update</p> <p>Chair's opinion: Sickness absence rates in the Trust have been increasing over a number of months, a trend which has been mirrored in the wider NHS.</p> <p>This item was a deep dive into the issue, which highlighted the major causes of sickness in our workforce and the actions that we are taking to support staff who are ill.</p> <p>The committee was reasonably assured that the actions already being taken and being planned were sensible. These involve working closely with Groups to identify and address the issues. However, until we see improvements in the sickness rate, we feel we can only provide partial</p>	<p>Partial Assurance</p>

	<p>assurance to the board in this area. The next few months will be critical and the committee will remain focussed on this issue.</p> <p>The committee made three key suggestions to improve the plan: to identify organisational hot spots and focus attention on providing support into these areas; to provide managers with the skills to sensitively support staff; to explore ways to increase the uptake of influenza/Covid vaccinations.</p>	
7.	<p>Recruitment Stabilisation Update</p> <p><u>Chair's opinion:</u></p> <p>The committee received data on recruitment activity and discussed plans to improve time to hire, a metric which has been worsening over recent months. The board is aware that an external supplier is supporting the Trust's own recruitment team with this improvement plan.</p> <p>Clearly, the recruitment pathway is made up of a considerable number of tasks which need to be completed. Some require line managers to be responsive and some require the speedy action of recruitment specialists. The improvement plans being put in place address both issues, and the committee was reasonably assured by them. However, until we see improvements in the time to hire metric, we feel we can only provide partial assurance to the board in this area. The next few months will be critical and the committee is focussed on this issue.</p>	
8.	<p>People Plan</p> <p><u>Chair's opinion:</u></p> <p>This was the second time the committee had discussed the People Plan.</p> <p>Good progress had been made since the last iteration. The committee's advice was to make more explicit links back to the Trust's strategy, and (similar to that given regarding the EDI Plan) to take the plan to the next level of granularity.</p>	
9.	<p>MMUH Update - Workforce scope and mobilisation plan for the 4 quadrants</p> <p><u>Chair's opinion:</u></p> <p>The committee received a report on the four areas of work within the MMUH workforce workstream. These are: resource and recruitment; management of change; OD; and workforce information and ESR development.</p> <p>A lead for MMUH workforce issues has now been appointed.</p>	

	<p>A recruitment dashboard has been developed, aiding the tracking of both core organisation and MMUH recruitment. 79 of the 99 priority posts approved by the board are out to recruitment.</p> <p>Other areas of work are progressing to varying degrees. The same paper was to be discussed by MMUH opening committee later in the week.</p>	
Positive highlights of note		
<ul style="list-style-type: none"> • The approach to POD metrics is developing well • Plans for improving sickness absence and time to hire rates look reasonable on paper. Delivery will need to be closely tracked. • The People Plan is nearing final draft stage 		
Have any of the reports/discussions today mitigated the POD risk included in the BAF?		
<ul style="list-style-type: none"> • No. Although a number of plans are shaping up, they have yet to make impact 		
Matters of concern or key risks to escalate to the Board		
<ul style="list-style-type: none"> • FTSU should be scheduled for a future board meeting, as an update is overdue and the plan presented to the board in April 2022 is not on track. 		
Matters presented for information or noting:		
<ul style="list-style-type: none"> • None 		
Actions agreed:		
<ul style="list-style-type: none"> • EDI plan to come back with more granular detail next month • FTSU recovery plan to come back in two months' time and to be raised with the board as a concern • Targets to be set for all relevant POD metrics -- in a phased way over the next few months to ensure we have a thorough debate about those targets and get them right • Impact of sickness and time to hire improvement plans to be closely monitored • People plan to be taken to next level of granular detail before presentation to the full board 		

Assurance classification

	<p>Management cannot clearly articulate the matter or issue; something has arisen at Committee for which there is little or no awareness and no action being taken to address the matter; there are a significant number of risks associated where it is not clear what is being done to control, manage or mitigate them; and the level of risk is increasing.</p>
	<p>There is partial clarity on the matter to be addressed; some progress has been made but there remain a number of outstanding actions or progress against any plans so will not be delivered within agreed timescales; independent or external assurance shows areas of concern; there are increasing risks that are only partially controlled, mitigated or managed.</p>
	<p>There is evidence of a good understanding of the matter or issue to be addressed; there are plans in place and these are being delivered against agreed timescales; those that are not yet delivered are well understood and it is clear what actions are being taken to control, manage or mitigate any risks; where required there is evidence of independent or external assurance.</p>
	<p>There is evidence of a clear understanding of the matter or issue to be addressed; there is evidence of independent or external assurance; there are plans in place and these are being actively delivered and there is triangulation from other sources (e.g. patient or staff feedback)</p>