
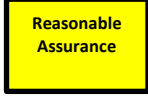





## Sandwell and West Birmingham NHS Trust

### Board Committee Chair's Assurance Report

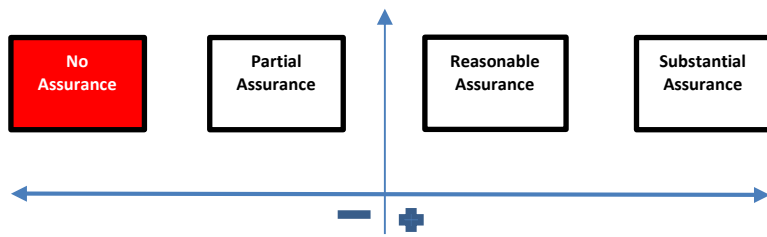
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| <b>Meeting:</b> | People and Organisation Development Committee   |
| <b>Chair:</b>   | Lesley Writtle  |
| <b>Date:</b>    | 26 <sup>th</sup> October 2022   |
| <b>Present:</b> | <p><b>Members:</b> Lesley Writtle, Joanne Wass, Val Taylor, Frieza Mahmood Mark Anderson, Mel Roberts, Johanne Newens, Dave Baker, Simon Sheppard, James Severs</p> <p><b>In attendance:</b> Meagan Fernandes, Tammy Davies, Chilufya Dawo</p> <p><b>Apologies:</b> Daren Fradgley, Ruth Wilkin, Dan Conway</p> |

| Key points of discussion |   |
|--------------------------|---|
| 1.                       | <p><b>People Plan 2022/23</b></p> <p><b>Chair's opinion:</b><br/>Updated People Plan received by the Committee, work to create simplified Plan that can be received by the organisation will now be done to include more focussed actions and measurable outcomes. Supported by more detailed work sat behind it. Expect final plan at Trust Board January 2023.</p> <p>Partial Assurance</p>   |
| 2.                       | <p><b>Staff Survey update</b></p> <p><b>Chair's opinion:</b><br/>Informed POD that currently there is an 18% response rate to the survey. Clear priority for leaders and managers to support and encourage completion of survey alongside clear communication plan outlining reasons staff survey is important to organisation. Significant work to achieve for 25/11/22 deadline. Recommend key item on all agendas and meetings.</p> <p>Partial Assurance</p> |

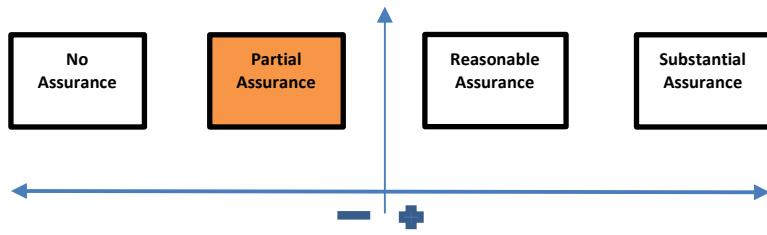
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| 3. | <p><b>EDI plan</b></p> <p><b>Chair's opinion:</b><br/>         Technical problems meant plan could not be seen by participants which prevented full sign off, however the additional month will mean a focus on simplifying a plan that will be shared with staff and a clear message alongside for staff to see what will be different in the organisation.</p>   |    |
| 4. | <p><b>E rostering implementation programme</b></p> <p><b>Chair's opinion:</b><br/>         Progress shared with POD, Key workstreams are on target. Key challenge is the cultural shift for working in the organisation. Work also taking place to identify benefits realisation for the organisation.</p>   |    |
| 5. | <p><b>POD Target operating model</b></p> <p><b>Chair's opinion:</b><br/>         POD received an initial report outlining a new vision and operating model for the People and OD directorate. This has been triggered by a commissioned external review and a need to ensure that future challenges can be met.</p> <p>Discussions centred around capacity and capability to deliver all aspects of the people plan</p> <p>Final version will be received in December 2022; a clear, simple prioritised plan that will enable delivery of the People Plan.</p>                       |    |
| 6. | <p><b>POD metrics</b></p> <p><b>Chair's opinion:</b><br/>         Paper brought together culmination of work from the last 4 months, will focus on 16 key areas that POD will scrutinise monthly. Relates clearly to Board level metrics and People Plan priorities. Further work on benchmarking and triggering of exception reports will occur over the next month.</p>  |  |
| 7. | <p><b>MMUH workstream update</b></p> <p><b>Chair's opinion:</b><br/>         Feedback on work linked to the MMUH workstream received, currently RAG rated red based on establishment of the programme and alignment to clinical workstreams. Expected that within month this will improve, and focus will then be on key practical workforce deliverables. Assurance now being received on recruitment partnership with Remedium, development of OD resource and early monitoring of resources and recruitment including the future monitoring of bank and agency staff changes.</p> |  |

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|---|--|--|
| 8.  | <p>Recruitment Stabilisation plan</p> <p><b>Chair's opinion:</b><br/> Report received on the stabilisation plan. First full month working with external Partner no marked improvement in time to hire data. Some improvement in number of posts being recruited to.<br/> Weekly monitoring in place<br/> Monthly contract oversight meeting with Remedium.</p> | <div data-bbox="1270 181 1409 277" style="border: 1px solid black; background-color: #f4a460; padding: 5px; text-align: center;"> Partial<br/>Assurance </div> |
| <b>Positive highlights of note</b>  |  |  |
| <ul style="list-style-type: none"> <li>• ESR Rollout</li> </ul>   |  |  |
| <b>Have any of the reports/discussions today impacted the POD risk included in the BAF?</b>                 |  |  |
| <ul style="list-style-type: none"> <li>• No</li> </ul>  |  |  |
| <b>Matters of concern or key risks to escalate to the Board</b>   |  |  |
| <ul style="list-style-type: none"> <li>• Staff Survey response</li> </ul>                                   |  |  |
| <b>Matters presented for information or noting:</b>   |  |  |
| <ul style="list-style-type: none"> <li>•</li> </ul>   |  |  |
| <b>Decisions made:</b>  |  |  |
| <ul style="list-style-type: none"> <li>•</li> </ul>   |  |  |
| <b>Actions agreed:</b>  |  |  |
| <ul style="list-style-type: none"> <li>• People Plan anticipated for Board sign off January 2023</li> </ul> |  |  |

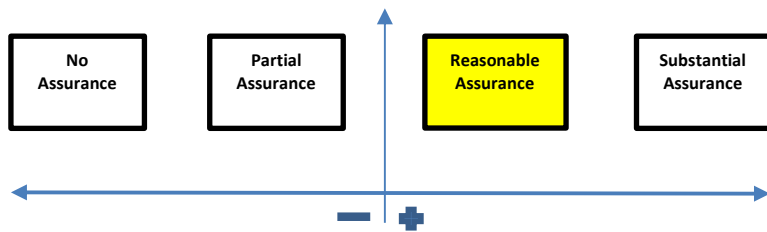
## Assurance classification



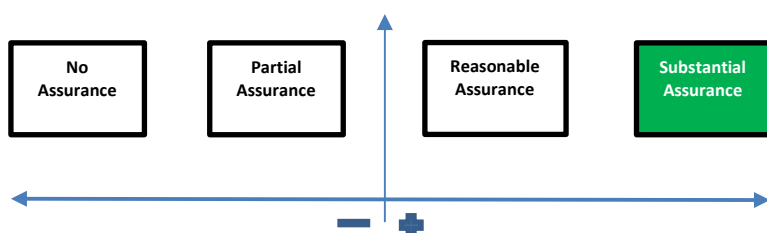
Management cannot clearly articulate the matter or issue; something has arisen at Committee for which there is little or no awareness and no action being taken to address the matter; there are a significant number of risks associated where it is not clear what is being done to control, manage or mitigate them; and the level of risk is increasing.



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.



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.



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

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being actively delivered and there is triangulation from other sources (e.g. patient or staff feedback)