

ABM University LHB
Unconfirmed
Minutes of a Meeting
of the Workforce and Organisational Development Committee
held on 27th March 2019, Health Board HQ, Baglan

Present

Tom Crick Independent Member (in the chair)
 Reena Owen Independent Member
 Emma Woollett Vice-Chair
 Jackie Davies Independent Member

In Attendance:

Hazel Robinson Director of Workforce and Organisational Development (OD)
 Richard Evans Medical Director
 Cathy Dowling Assistant Director of Nursing and Patient Experience
 Chris White Chief Operating Officer/Director of Therapies and Health Science
 Sharon Vickery Assistant Director of Workforce and OD (delivery units and medical staffing)
 Kathryn Jones Assistant Director of Workforce and OD
 Julian Quirk Assistant Director of Workforce and OD (localities and systems)
 Sam Lewis Assistant Director of Finance
 Liz Stauber Committee Services Manager

Minute	Item	Action
49/19	<p>WELCOME</p> <p>Tom Crick welcomed everyone to the meeting.</p>	
50/19	<p>APOLOGIES</p> <p>Apologies for absence were received from Louise Joseph, Assistant Director of Workforce and OD and Gareth Howells, Director of Nursing and Patient Experience.</p>	
51/19	<p>DECLARATIONS OF INTEREST</p> <p>There were no declarations of interest.</p>	
52/19	<p>MINUTES OF THE PREVIOUS MEETINGS</p> <p>The minutes of the meetings held on 27th February 2019 were received and confirmed as a true and accurate record.</p>	

53/19 MATTERS ARISING

There were no matters arising.

54/19 ACTION LOG

The action log was **received** and **noted**.

55/19 COMMITTEE WORK PROGRAMME

The work programme for the committee was **received** and **noted**.

56/19 WORKFORCE METRICS

A report setting out workforce metrics was **received**.

In discussing the report, the following points were raised:

Hazel Robinson advised that the first metrics report after the boundary change would be condensed as baselines would need to be reset to reflect the fact that Bridgend information would no longer be included.

Jackie Davies noted that the performance for staff turnover was 8% and queried if some areas were higher. Julian Quirk advised that as it was an average figure, some areas would be higher, but others would be lower.

Reena Owen commented that it was concerning that only two thirds of staff had received a personal appraisal and development review (PADR), stating that ensuring all staff have individual objectives had to be a priority. Hazel Robinson concurred but added that there were some ongoing challenges within the units as not all PADR dates had been entered on to the electronic staff record (ESR), which affected the numbers reported. Reena Owen queried whether a solution was to have managers upload the information themselves. Hazel Robinson responded that this was the ambition, but in order for this to work, every team structure needed to be constructed within the system first. Sam Lewis added that self-service had been piloted at Singleton Hospital but had not improved the reporting rates.

Emma Woollett sought clarity as to whether were medical staff required to have PADRs. Richard Evans advised that clinicians completed the job planning process which included objective setting.

Tom Crick queried the timescales to implement the self-service function. Hazel Robinson responded that it was resource-intensive and it would depend on the provision of staff to build the structures. She suggested that the committee receive a 'deep-dive' on PADR compliance. This was agreed.

HR

- Resolved:**
- The report be **noted**.
 - 'Deep dive' on PADR compliance be received at the next meeting.

HR

57/19 MEDICAL AGENCY CAP

A report setting out compliance against the medical agency cap was **received**.

In introducing the report, Sharon Vickery highlighted the following points:

- For the second consecutive month, compliance had improved;
- The number of hours booked for external locums was 10% fewer in February 2019 than January, improving the position to 47%;
- Usage by grade varied from month to month, with February 2019 seeing a 'spike' in consultant shifts;
- Internal locum performance had a compliance of 41.7% for February 2019;
- Three delivery units were overspent but mental health and learning disabilities and Neath Port Talbot Hospital remained compliant;
- Recruitment plans were being discussed for vacant posts covered by long-term locums;
- The findings of the Kendall Bluck report were to be presented to the senior leadership team the following week;

In discussing the report, the following points were raised:

Tom Crick queried as to how well received the findings of the Kendall Bluck report would be received by staff. Sharon Vickery responded that staff had been engaged by Kendall Bluck throughout the process which would help with the receipt of the findings. She added that consideration was also being given to commissioning Kendall Bluck to support the organisation to implement the recommendations.

Reena Owen sought clarity as to whether the risks associated with junior doctor rotas had been included within the annual plan and if there was potential to look at varied contracts. Richard Evans advised that that varied contracts would not be suitable as junior doctor hours were set by the Deanery and it would be too difficult to annualise their hours, however Kendall Bluck had offered to support the health board to develop rotas for consultants.

Emma Woollett noted the consideration being given nationally to moving to a neutral spend vendor rather than the company currently providing medical agency staff and queried if this was right decision. Hazel Robinson responded that the move to a neutral spend contractor was an all-Wales project and the health board's contract with the current provider, Medacs,

was due to expire in August 2019, but an application was going to be made to extend this. She added there were benefits to staying with such a company as a 'partner' type relationship had been developed and they understood the needs of the organisation. Sam Lewis stated that conversations were taking place between workforce and finance colleagues to ensure the right decision was made for the health board, and this may mean testing the market to determine if the all-Wales solution was the right decision for ABMU.

Richard Evans commented that there would need to be an element of spend to save in order to improve compliance within the emergency departments and to depend less on locums. Chris White concurred, adding that having the right staff in the department would make it more efficient and put patients on the right pathway in a more timely way. He added that if the health board was to advertise for three or four emergency medicine consultants at one time, it would show intent.

Jackie Davies stated that there had been some concerns raised in terms of inconsistency in implementing the flexible working policy alongside the standardisation of shift patterns. Emma Woollett commented that the standardisation of shifts should not prevent managers from enabling staff to work flexibly when appropriate. Hazel Robinson concurred, adding that it was important that the right balance was found.

Resolved: The report be **noted**.

58/19 MEDICAL RECRUITMENT STRATEGY

A report providing a further update in relation to the medical recruitment strategy was **received**.

In discussing the report, Richard Evans advised that the strategy was now in place and consideration was needed as to how often updates were required, as changes would not be significant between each meeting. Emma Woollett suggested that a report be received on a quarterly basis. This was agreed.

RE

Resolved:

- The report be **noted**.
- Report be received on a quarterly basis.

RE

59/19 WORKFORCE AND OD FRAMEWORK

A report providing an update as to the development of the workforce and OD framework was **received**.

In introducing the report, Hazel Robinson highlighted the following points:

- The draft framework had been shared with the workforce and OD forum, resulting in positive feedback;
- The partnership forum had also been pleased with the progress;
- The framework was to be shared with the senior leadership team the following week, after which the comments would be collated and incorporated;
- Next steps would be to develop a project delivery plan and a mechanism by which to measure success;
- The final version, plus action plan, would be received at the next meeting, followed by the board in May 2019.

In discussing the report, the following points were raised:

Reena Owen complimented the framework but sought clarity as to whether the committee would be monitoring progress against its implementation. Hazel Robinson advised that it would define the committee's work programme.

Tom Crick stated that it was pleasing to see the health board's values at the heart of the document. Emma Woollett concurred, adding that the first domain, currently titled leadership, culture and values, should start with values. She stated that it was a really good document.

Tom Crick queried the comments received from other groups. Hazel Robinson advised that they were generally supportive, but primary care and population health were areas which needed strengthening.

Tom Crick commented that the framework clearly recognised the importance of staff to the health board and it did not come across as a corporate document.

Jackie Davies stated that while she thought the framework was excellent, it would need a team to implement it.

Tom Crick suggested that any further comments on the content be sent to Hazel Robinson by the end of the week. This was agreed.

ALL

Resolved:

- The report be **noted**.
- Any further comments on the content be sent to Hazel Robinson by the end of the week.

ALL

60/19

DIRECTORS OF NURSING FORUM: NATIONAL EFFICIENCY FRAMEWORK

A report outlining the data provided from the all-Wales Directors of Nursing forum in relation to the national efficiency framework was **received** and **noted**.

WORKFORCE RISKS

The workforce risk register was **received**.

In introducing the report, Hazel Robinson highlighted the following points:

- While the capacity of the workforce function remained the highest risk, short-term investment had been made to assist during the last reporting period;
- The substantive structure of the service needed to be agreed in light of the boundary change and portfolios had been discussed with the senior team;
- Work continued with ACAS (Advisory, Conciliation and Arbitration Service) with regard to employee relations and a further workshop was to take place in April 2019;
- Work was on track to establish the Freedom to Speak Up programme from April 2019;
- The Footprints programme had been nominated for a national award.

In discussing the report, the following points were raised:

Chris White advised that the workforce risks had been discussed by the executive team and colleagues were supportive of the challenges. He added that it was critical that focus was not lost for organisational development as well, as this would be a key factor for cultural change.

Tom Crick commented that the success of the apprentice scheme was encouraging as it was a good way of growing the organisation's own resources. Hazel Robinson concurred, adding that the health board was fortunate that some of the apprentice places were funded by local colleges.

Reena Owen queried as to whether the risks associated with not having people in post were to be addressed via the financial plan. Sam Lewis responded that it was not in the plan for 2019-20 but discussions had been undertaken with Welsh Government as to how to increase capacity to take forward the transformation work. Emma Woollett commented that in the longer term, savings could be used for recruitment but the risks would not be addressed without investment in the workforce function.

Jackie Davies highlighted the plan to have a national nurse bank and queried as to whether joining this would mean that ABMU staff could not undertake agency shifts within other health boards. Hazel Robinson advised that she had raised this issue nationally.

Resolved: The report be **noted**.

62/19 WORKFORCE AND OD COMMITTEE TERMS OF REFERENCE

A report setting out proposed changes to the committee's terms of reference was **received** and **approved**.

63/19 VACANCY CONTROL PANEL DECISIONS

A report setting out the decisions made by the vacancy control panel was **received** and **noted**.

64/19 NURSING AND MIDWIFERY BOARD

A report setting out the discussions of the nursing and midwifery board was **received**.

In introducing the report, Cathy Dowling advised that there had been a number of instances of inadvertent lapsed registrations due to moving to direct debit payments and every effort was being made to raise awareness of this as part of the revalidation process, as it took three months to resolve.

In discussing the report, the following points were raised:

Reena Owen noted the work to implement electronic nursing documents, stating that she thought this would have already been in place. Cathy Dowling responded that there were six core areas for patient assessments and currently these were recorded on paper.

Tom Crick queried as to why it took so long to reinstate nurse registrations. Cathy Dowling advised that a full review of the applicant was undertaken to ensure they met requirements.

Tom Crick sought clarity as to whether there were any risks associated with international recruitment. Cathy Dowling responded that the organisation had a significant amount of experience in this area now and had had good success with the recent cohort. Kathryn Jones added that Filipino recruits tended to recommend the health board to other nurses and once appointed, stayed with the organisation for their full career.

Resolved: The report be **noted**.

65/19 MEDICAL WORKFORCE BOARD

A report setting out the discussions of the medical workforce board was **received** and **noted**.

66/18 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

67/19 DATE OF NEXT MEETING

The date of the next meeting was noted to be 23rd April 2019.