

ABM University LHB
Unconfirmed
Minutes of a Meeting
of the Workforce and Organisational Development Committee
held on 17th January 2019, Health Board HQ, Baglan

Present

Ceri Phillips Independent Member (in the chair)
 Jackie Davies Independent Member
 Emma Woollett Vice-Chair

In Attendance:

Hazel Robinson Director of Workforce and Organisational Development (OD)
 Richard Evans Medical Director (from minute staff survey)
 Gareth Howells Director of Nursing and Patient Experience
 Alison Clarke Assistant Director of Therapies and Health Science (until med agency)
 Sharon Vickery Assistant Director of Workforce and OD (delivery units and medical staffing)
 Louise Joseph Assistant Director of Workforce and OD
 Mitchell Jones OD and Equality Training Facilitator
 Liz Stauber Committee Services Manager

Minute	Item	Action
01/19	WELCOME Ceri Phillips welcomed everyone to the meeting.	
02/19	APOLOGIES Apologies for absence were received from Julian Quirk, Assistant Director of Workforce and OD (delivery units and systems) and Kathryn Jones, Assistant Director of Workforce and OD.	
03/19	MINUTES OF THE PREVIOUS MEETINGS The minutes of the meetings held on 13 th November 2018 were received and confirmed as a true and accurate record.	
04/19	MATTERS ARISING (i) <u>101/18 Corporate Risk Register</u> Jackie Davies sought an update as to the investment and management of the electronic staff record (ESR). Hazel Robinson responded that this was	

the only organisation in Wales in which ESR was managed by the finance team rather than workforce but the intention was for it to move under her portfolio, however this would need investment. She added that she was in the process of determining the resources needed to manage the system effectively and to provide a greater emphasis on statutory and mandatory training. Ceri Phillips suggested that the issue be added to the action log in order for the committee to receive updates on progress.

HR

Jackie Davies stated that she strongly felt more resources were required to manage e-rostering as there were potentially significant savings to be made. Gareth Howells responded that work was ongoing in this regard as the degree of detail that the system was able to provide was critical. Emma Woollett queried as to how widely the system had been implemented. Hazel Robinson advised that it was in place at Singleton Hospital and work had now commenced at Morriston Hospital. Ceri Phillips suggested that the committee receive an update at the next meeting. This was agreed.

HR/GH

05/19

ACTION LOG

The action log was **received** and **noted** with the following updates:

(i) Action Point One

Hazel Robinson advised that the issues relating to the minor injuries unit had been addressed since the last meeting.

(ii) Action Point Two

Hazel Robinson stated that she had undertaken an initial discussion with the Directors of Workforce and OD in relation to statutory and mandatory training requirements with a view to raising the issue with Welsh Government. Emma Woollett suggested that the issue remain on the action log so as the committee remained informed. This was agreed.

HR

(iii) Action Point Three

Hazel Robinson advised that a responsible officer advisory group was to be established to provide governance around high-risk workforce cases, which was to report to the committee.

06/19

COMMITTEE WORK PROGRAMME

A report setting out the proposed work programme for the committee was **received** and **approved**.

07/19

STAFF SURVEY

A report and presentation outlining the action being undertaken in response

to the findings of the national staff survey were **received**.

In introducing the report, Louise Joseph and Mitchell Jones highlighted the following points:

- A presentation had previously been provided to the board as to the findings of the staff survey, and while the response rate had been low, it was the highest the health board had achieved for some time;
- The health board's engagement score was high compared with others across NHS Wales;
- Positive feedback had been evident in terms of leadership, as well as an improvement in communications;
- Areas of concern identified included staff wellbeing and bullying and harassment;
- Five phases were established to interact with staff:
 - Understanding ABMU's culture;
 - Shaping ABMU's future;
 - Creating ABMU's future;
 - Contributing to ABMU's future;
 - Together, achieving our goals.
- Workshops were organised to discuss the way forward with staff and to seek their views as to the actions required;
- Three clear themes were identified; healthy workplaces, great leaders/managers and innovation/learning and development;
- Five workshops took place with more than 140 participants, generating 303 ideas, which were classified as 'now', 'how' or 'wow';
- The ideas were streamlined to 94, which were displayed in seven walk-in galleries across the sites for staff to prioritise, leading to a top 10, seven of which related to staff wellbeing;
- The values framework was used to encourage staff to challenge and 'call out' behaviours;
- Protected time for statutory and mandatory training was under consideration as this was already available to some professions;
- The ideas generated were in the process of being tested for feasibility, with some already at the implementation stage;
- A significant percentage of staff had felt nothing would be done in response to the findings of the survey however feedback from the workshops had been positive, with an overwhelming number stating that they had felt 'listened to'.

In discussing the report, the following points were raised:

Emma Woollett stated that a good piece of work had been undertaken which would help build belief and confidence in the organisation. She queried as to whether the actions outlined had been included within the draft integrated medium term plan (IMTP). Hazel Robinson confirmed that they had.

Emma Woollett commented that it would be difficult for some staff to have the confidence to 'call out' challenging behaviours and consideration needed to be given as to how to support them.

Jackie Davies stated that she had been 'struck' by the comments relating to protected time for statutory and mandatory training, particularly for areas which were reliant on a set number of staff being present. Louise Joseph advised that this was to be piloted, with a tailored approach taken for individual areas. She added that time had already been built into the handover for such training and an evaluation was needed as to whether this was being used effectively. Jackie Davies responded that while the handover was time for statutory and mandatory training to be completed, it did not provide an opportunity for staff to complete external courses.

Ceri Phillips commented that it would be interesting to see if the work encouraged a bigger response rate in the next survey. He commended the work to date, stating that the aspirations of staff were clear, and it was essential that pilots were established quickly to show traction, as it was a high risk if the work was not taken forward.

Alison Clarke stated that it would be useful for the presentation to be received by the therapies and health science senior management team. Gareth Howells concurred, adding that he would also recommend it being presented to the nursing and midwifery board.

Gareth Howells commented that it was clear from reviewing the establishments that the time set aside for training was being used for statutory and mandatory requirements and a greater focus was needed on nurse training and education generally. Hazel Robinson concurred, adding that a learning and development organisational strategy was in development and would align with the comments from external reviews highlighting the need to learn from recommendations.

Ceri Phillips stated that there was a risk if none of the 'nows' were implemented quickly, adding that it would be useful for the committee to receive assurance that these had progressed. He suggested that an update be received in the summer. This was agreed.

LJ

- Resolved:**
- The report be **noted**.
 - Progress update be received in summer 2019.

LJ

08/19 BULLYING ACTION PLAN

A report setting out the action plan to address concerns in relation to bullying was **received**.

In introducing the report, Louise Joseph highlighted the following points:

- Discussions had been undertaken by the executive board following the bullying concerns raised by staff as part of the staff survey and comments left on the intranet;
- An external company had been commissioned to work with the health board and the trade unions to develop better relationships;
- Workshops were also being undertaken with managers to help them understand legislation and to address issues with staff. These had been well received with more than 180 attending;
- The executive board had agreed to an external provider of the freedom to speak up programme and this was currently out to tender, with the aim of commencing in April 2019. The Director of Corporate Governance was to take the lead.

In discussing the report, the following points were raised:

Emma Woollett sought further details as to the costs of using an external provider for the freedom to speak up programme. Louise Joseph responded that it was estimated between £80k and £90k and this was based on the health board structure once the Bridgend locality had transitioned to Cwm Taf University Health Board.

Ceri Phillips commented that it would be useful to capture the current situation as a baseline comparator for when the external work commenced in April 2019, as this would provide a guide as to its success.

Emma Woollett stated that consideration should be given to the development of metrics for the committee to monitor progress. Hazel Robinson advised that a dedicated workforce metrics report was to be developed for the committee and this could be included.

Jackie Davies advised that the feedback from trade unions in relation to the work by the external company had been positive and part of the issue identified had been that staff did not feel they had anyone but the trade unions to speak with, which invariably led to grievances. Louise Joseph responded that the infrastructure once the freedom to speak up contract had been established would be important and would need to link with current systems, rather than replace. Jackie Davies queried as to whether there was potential for investment into hotspot areas. Hazel Robinson advised that this was something which could be considered as there was a small amount of monies remaining.

Resolved: The report be **noted**.

09/19

WORKFORCE AND OD STRATEGY

A report setting out a draft strategy for workforce and OD was **received**.

In introducing the report, Hazel Robinson advised that the strategy was at the committee in draft to provide assurance that work was in progress and to highlight the direction of travel. She added that it needed to align with the clinical services plan and organisational strategy, underpinning service development and operational performance.

In discussing the report, the following points were raised:

Ceri Phillips stated that the work was essential and also needed to be aligned with population health in order to encourage staff to think healthier. Alison Clarke concurred, adding that this also needed to extend to local and regional populations as these would be future workforces.

Gareth Howells stated that the strategy needed to frame how future services were managed and taken forward.

Emma Woollett complimented the format of the work to date but stated that in order for it to be developed further, timescales should be included for priorities to be developed and for people to know by when action would be taken. She added that the first milestone needed to be the workforce team.

Gareth Howells commented that aspiration was evident in the work and the development of the new health board post-April 2019 was an opportune time for investment. Emma Woollett concurred, adding that a key component of the IMTP needed to be for all executives to have the resources needed to manage their functions.

Hazel Robinson advised that a more refined version would be brought to the March 2019 meeting.

Resolved: The report be **noted**.

10/19

MEDICAL RECRUITMENT STRATEGY

A report providing an update on the medical recruitment strategy was **received**.

In introducing the report, Richard Evans highlighted the following points:

- There was a need for a central understanding of the current clinical staff establishment in order to understand the full scale of challenges and opportunities, as this was currently held by each individual unit;
- A model which enabled clinicians and workforce to work together for medical staff to 'design their own' role was to be considered;
- While the Deanery informed the organisation of the number of

training posts it was allocating, there was often a delay in the health board being advised as to the number which had been filled. As such consideration needed to be given to over-recruiting for some specialties in order to ensure the right number of staff were available;

- An external review was being undertaken of junior doctors in order to identify ways in which to best use the allocation as well as recruitment and retention schemes.

In discussing the report, the following points were raised:

Emma Woollett commented that the health board was currently an outlier in terms of its compliance with the national medical agency cap, therefore there needed to be a sense of urgency in relation to the work. Ceri Phillips concurred, adding that this was a significant area which the health board needed to address.

Sharon Vickery advised that a task and finish group was to be established to work with the finance and business partners for each of the units to determine their establishments. She added that a 'deep dive' of each of the vacancies needed to be undertaken.

Hazel Robinson stated that medical staff was one of the two most significant workforce risks.

Emma Woollett commented that the health board would benefit from a centralised approach to consultant recruitment, for example, holding several panels on one day when the number of applicants for each post was small.

Ceri Phillips stated the committee needed to do more than note the report as action was required. He asked that it be a standing agenda item in order for the committee to receive regular updates. This was agreed.

RE

Resolved:

- The report be **noted**.
- The medical workforce strategy be a standing agenda item.

RE

11/19 WORKFORCE RISKS

The workforce risk register was **received**.

In introducing the report, Hazel Robinson advised that capacity of the workforce function remained the highest risk due to the number of temporary staff in post as well as the departure of five members of one Bridgend-based team due the uncertainty of the Bridgend transition.

In discussing the report, Ceri Phillips commented that the Bridgend boundary change was a challenging area for the health board anyway so

some urgency was needed to address the issue of the Bridgend-based team before it escalated further. Hazel Robinson responded that consideration was being given as to how the work could be divided across other teams in the interim and recruitment would take place based on the structure of the new health board.

Resolved: The report be **noted**.

12/19 NURSE STAFFING LEVELS (WALES) ACT 2016

A report providing an update in relation to compliance with the Nurse Staffing Levels (Wales) Act 2016.

In introducing the report, Gareth Howells highlighted the following points:

- He and Hazel Robinson regularly met with the unit nurse directors to discuss progress;
- 90 healthcare support workers had been recruited as part of the first phase;
- The second uplift of the establishment was due in April 2019 which would be a mixture of registered and unregistered nurses;
- The third phase would occur in September 2020;
- Discussions were being undertaken as to how to incorporate the safer staffing guidance due out later in the year;
- A number of initiatives were in place to encourage recruitment and retention such as part-time degrees, overseas recruitment and return to practice;
- Currently regular updates were provided to the Quality and Safety Committee but it felt more appropriate to include them on this committee's work programme going forward.

Resolved: The report be **noted**.

13/19 INTEGRATED PERFORMANCE REPORT

The integrated performance report was **received**.

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

- At future meetings, a dedicated workforce metrics report would be received, supported by a deep dive into problematic areas;
- Sickness absence continued to be a concern and it needed to be

broken down by short and long-term;

- Compliance with statutory and mandatory training continued to improve but there appeared to be a delay in classroom-based learning being recorded on ESR which needed to be addressed;
- An increase in the completion of personal appraisal and development reviews (PADRs) had been evident but not to the point to which they needed to be;
- Vacancies remained a challenge.

Resolved: The report be **noted**.

14/19 VACANCY CONTROL PANEL DECISIONS

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

15/19 MEDICAL AGENCY CAP

A report providing an update in relation to compliance with the medical agency cap was **received**.

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

- The report previously had been part of the Performance and Finance Committee work programme but now sat with the Workforce and OD Committee under its revised remit;
- The number of medical vacancies remained high;
- In December 2018, only 7.9% of bookings were below the cap;
- For November 2018, 48% of the locums paid above the cap were so by between £5 and £20;
- All delivery units were overspent with the exception of Neath Port Talbot Hospital;
- Letters had been sent to the unit medical directors from the Chief Operating Officer and Medical Director seeking assurance that they were following the correct process of booking locums, should the recruitment process via Trac be unsuccessful. A response was expected by the end of January 2019;
- The locum off-duty system due to be implemented would provide more timely data;
- The contract with the current provider of medical agency and locums was to expire in August 2019 and a presentation had been received

from another which would have a neutral spend arrangement.

In discussing the report, the following points were raised:

Richard Evans stated that the number of jobs booked which were so marginally over the cap was disappointing and discussions were being undertaken with the unit medical directors to seek assurance that they were negotiating local rates with junior doctors in-line with the requirements.

Emma Woollett stated that this forum was the right setting for the report to be received, adding that there had been a level of frustration at the Performance and Finance Committee at the low compliance. She commented that the health board was a significant outlier compared with its peers, and it was not just the expenditure, but also the number of hours booked.

Sharon Vickery advised that the requirement to report to Welsh Government was changing from monthly to quarterly and queried as to whether the same should apply to the committee. Emma Woollett stated that it needed to remain a monthly agenda item but consideration could be given as to whether the committee needed all of the data provided to Welsh Government.

Resolved: The report be **noted**.

16/19 WORKFORCE AND OD FORUM

A verbal update as to the progress to establish a workforce and OD forum was **received**.

In introducing the report, Hazel Robinson advised that the inaugural meeting of the forum had been arranged for 9th February 2019.

Resolved: The report be **noted**.

17/19 NURSING AND MIDWIFERY BOARD

A report outlining the discussion at the recent nursing and midwifery board was **received** and **noted**.

18/19 MEDICAL WORKFORCE BOARD

A report outlining the discussion at the recent medical workforce board was **received** and **noted**.

19/19 RESPONSIBLE OFFICER ADVISORY GROUP TERMS OF REFERENCE

The terms of reference for the responsible officer advisory group were **received** and **approved**.

20/18 ANY OTHER BUSINESS

(i) Chair of the Workforce and OD Committee

Emma Woollett noted that it was Ceri Phillips's final meeting as chair of the committee due to his term of office coming to an end with the health board. She thanked him, on behalf of the board, for his hard work and contribution to re-establish the committee, adding that it now functioned in a way which could support the governance and development of workforce and OD.

There was no further business and the meeting was closed.

21/19 DATE OF NEXT MEETING

The date of the next meeting was subsequently agreed as 27th February 2019.