

ABM University LHB
Unconfirmed
Minutes of a Meeting
of the Workforce and Organisational Development Committee
held on 23rd November at 2.30pm, 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
 Christine Morrell Deputy Director of Therapies and Health Science
 Julian Quirk Head of Workforce (localities and systems)
 Sharon Vickery Head of Workforce (delivery units and medical staffing) (via telephone for minute 103/18 only)
 Helen Griffiths Head of Corporate Nursing
 Kathryn Jones Assistant Director of Workforce and OD
 Louise Joseph Assistant Director of Workforce and OD (from minute 101/18)
 Carol Moseley Wales Audit Office
 Liz Stauber Committee Services Manager
 Claire Mulcahy Committee Services Officer

Minute	Item	Action
96/18	<p>WELCOME</p> <p>Ceri Phillips welcomed everyone to the meeting, particularly Richard Evans who had recently joined ABMU Health Board as Medical Director.</p> <p>In his opening remarks, Ceri Phillips stated that that if workforce systems were right, these would support other areas of the organisation to improve and it was essential that the health board had the right workforce to drive its agendas.</p>	
97/18	<p>APOLOGIES</p> <p>Apologies for absence were received from Gareth Howells, Director of Nursing and Patient Experience and Chris White, Interim Chief Operating Officer.</p>	
98/18	<p>MINUTES OF THE PREVIOUS MEETINGS</p>	

The minutes of the meetings held on 16th August 2018 were **received** and **confirmed** as a true and accurate record, except to note the following typographical error:

81/18 Workforce Risks

Hazel Robinson advised that she had started to work *with* Pam Wenger to develop a risk profile and she and her team were to review how to prioritise some of the issues which had been raised.

99/18 MATTERS ARISING

(i) Nurse Staffing Levels

Ceri Phillips queried whether there was a requirement for the committee to receive an update on compliance against the Nurse Staffing Levels (Wales) Act 2016 as a standing item. Helen Griffiths responded that this should be the way forward. Christine Morrell added that it should also receive regular updates from therapies and health science, as well as on volunteering.

100/18 ACTION LOG

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

(i) Action Point Two

Hazel Robinson advised that discussions were continuing with the Director of Corporate Governance to determine which committee members should be present for the in-committee session which would receive the high-risk cases updates.

101/18 CORPORATE RISK REGISTER (WORKFORCE RISKS)

A report providing an update on workforce risks was **received**.

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

- The risks outlined within the report had been entered onto a workforce risk register, which would now be transposed into the new corporate format;
- 25 risks had been identified within the first iterations of the report, 14 of which now had progress against and a summary of this was included in the report;
- Investment had been made into key areas, both people and systems, albeit temporary monies;
- A national workforce benchmarking exercise was taking place and had already identified that the health board's resources were 'light'

compared with others;

- Consideration needed to be given as to the workforce structure after the Bridgend boundary change, reflecting the fact that a number of resources would be transferring;
- Progress had improved relations with staff and trade unions, particularly the investment in the three investigating officers for employee relation cases;
- A leadership development programme ('Bridges') had been developed for senior managers and had been well received by the first cohort.

In discussing the report, the following points were raised:

Emma Woollett stated that it was pleasing to see the progress to date, adding that the development of the risk register would enable priority areas to be identified.

Emma Woollett raised the issue of compliance with statutory and mandatory training, stating that concerns had been raised during the recent Mental health Legislation Committee that insufficient knowledge was available as to how many staff were trained in the legislation. She queried as to whether this should form part of the mandatory training requirements and if there could be a needs assessment to determine which elements of the mandatory training requirements each staff group should complete. Hazel Robinson responded that in terms of the assessment of needs, Welsh Government had mandated 10 of 13 modules required by health board staff to complete, while the board had added three (dementia, domestic violence and Wellbeing of Future Generations Act). She added that there was often feedback from staff who felt certain modules were not relevant but it was not in the health board's gift to change it. Emma Woollett stated that as a consequence, there was a limit to how much mandatory and statutory training could be expected of staff and as such, mental health legislation could not be incorporated. Ceri Phillips commented that Emma Woollett's point was a valid one and that if the health board continued not to meet the national compliance target, it could use this as the justification of the reasons why. Hazel Robinson responded that other organisations would have similar issues. Richard Evans concurred, adding that similar challenges had been identified during his tenure at another health board and it was the intention of the Director of Workforce and OD for that organisation to raise it nationally. Hazel Robinson advised that it would be useful to do this as a collective peer group. She undertook to raise this with her colleagues within other health boards and also to discuss with nursing and allied health professional executive leads within ABMU the specific additional training needs these staffing groups may have.

Emma Woollett noticed the reference to the ceasing of enhanced pay for unsocial hours while on sick leave and sought further clarity. Hazel Robinson responded that as part of the previous pay deal, enhanced pay

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for unsocial hours while on sick leave had been abolished, but as the previous deal had only been for three years, trade unions had agreed for it to be reinstated in the time between that and the current deal being implemented. She added that this had only been agreed for the period of year and the intention was to cease it again from April 2019, providing that sickness absence rates improved. Julian Quirk commented that it currently only applied to lower banded staff.

Emma Woollett sought a timescale for the development of the recruitment strategy, as well as any potential outcomes of the support work by Kendall Bluck Consulting to develop the clinical workforce. Hazel Robinson advised that time had been set aside for her and Richard Evans to go through what was required in terms of medical recruitment and she had already discussed the needs for nursing with Gareth Howells. She added that a draft strategy would be presented to the January 2019 committee, followed in February 2019 by a draft recruitment and retention strategy.

Jackie Davies stated that progress to date against the risks was commendable, as some of the challenges identified had developed over a number of years and could have been avoided. She thanked Hazel Robinson for her work in taking the issues forward.

Jackie Davies queried as to whether investment was planned for the electronic staff record (ESR) given this was the main access point for statutory and mandatory training. Hazel Robinson responded that she had agreed in principle with the Director of Finance for ESR to move into the workforce portfolio however it could not be transferred in its current form of the team comprising three members, and it would need more resource and investment in order to function in the way that it should. Emma Woollett queried as to whether this would be included in the integrated medium term plan (IMTP) for the following year. Hazel Robinson advised that it would and that she was also developing an IMTP for the workforce function.

Jackie Davies noted the new leadership scheme for senior managers, adding that it was essential that they develop decision making skills so as to not rely on workforce managers unnecessarily. Hazel Robinson commented that the course was more behavioural learning and there would still be challenges around technical people management as well as the skills to have 'difficult' conversations. She added that the NHS Wales Shared Services Partnership (NWSSP) was to provide some support in this regard.

Louise Joseph commented that she had attended the recent training for the new all-Wales sickness absence policy and it would not just focus on process, but also cultural change. She added that a key factor was opportunities for managers to use their own judgements which would be a significant undertaking.

Ceri Phillips commented that progress against 14 out of 25 risks was positive but it was critical that some of the fixed-term funding was made

sustainable to mitigate the risks recurring. He added that awareness was needed going forward of what constituted a risk as the committee would want to maintain the pressure to progress.

Emma Woollett stated that as well as considering all the work which was required, there would also be programmes and actions which were no longer required, and consideration should be given to ceasing them.

Resolved:

- The report be **noted**.
- Further updates to be provided via the development and population of the workforce risk register.
- Hazel Robinson to raise the issues of relevance of mandatory and statutory training for some roles with colleagues within other health boards and to discuss with nursing and allied health professional executive leads within ABMU the specific additional training needs these staffing groups may have.

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WORKFORCE AND OD FORUM

A report outlining the proposed terms of reference for the Workforce and OD Forum was **received**.

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

- The terms of reference had been approved by the executive board at the end of October 2018;
- A significant amount of workforce reports were received at other board committees and consideration needed to be given to reintegrating them into the Workforce and OD Committee.

In discussing the report, the following points were raised:

Jackie Davies stated that she fully supported the transfer of workforce related reports from other committee work programmes.

Emma Woollett commented that a wider discussion would be required in terms of removing workforce elements from other committees but it was important to avoid duplication. She complimented the terms of reference, adding that the establishment of the forum would help a view to be formed as to whether a Workforce and OD Committee was required, and if it was, what its remit should be.

Kathryn Jones stated that at the moment, it felt as though workforce issues were considered in isolation and bringing them into the committee's work plan would provide a more rounded view.

Christine Morrell advised that therapies and health science as well as trade unions needed to be included within the membership.

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Ceri Phillips commented that the forum's terms of reference were useful but they would need to be co-ordinated with others to avoid duplication.

- Resolved:**
- The report be **noted**.
 - The terms of reference for the Workforce and OD Forum be **approved**, subject to the agreed additions to the membership.
 - The next meeting of the committee be scheduled for the new year.

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103/18 REGISTERED NURSE RECRUITMENT AND RETENTION UPDATE

A report providing an update in relation to registered nurse recruitment and retention was **received**.

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

- At the request of the Quality and Safety Committee, an analysis of recruitment and retention had been undertaken;
- The organisation's whole time equivalent establishment had increased by 28%;
- There were some hotspots in terms of vacancies;
- Turnover of staff was decreasing and around half of staff leaving was on a discretionary basis rather than retirement or contracts finishing;
- A method for exit interviews needed to be agreed;
- A critical solution to the issue was for the health board to 'grow its own nurses' by supporting apprentices and healthcare support workers (HCSWs) to progress through training;
- A 'think tank' to develop nurse recruitment ideas had been established and a 'suite' of initiatives for medical recruitment developed.

In discussing the report, the following points were raised:

Julian Quirk advised that the national benchmarking programme had identified the health board as having 7% of nursing vacancies, which was positive in comparison to others. He added that this mostly comprised band five vacancies and medical vacancies stood at 14.8%.

Helen Griffiths stated that the Nurse Staffing Levels (Wales) Act 2018 would drive some of the nurse recruitment and the health board was developing a return to practice programme with Swansea University to provide a one-stop recruitment session. She added that she fully supported the 'grow your own' ethos as staff were local and would prefer to stay if the opportunities were right.

Louise Joseph advised that the health board was proactive in commissioning additional nurse training sessions to those it was entitled and as such, was able to take advantage of spare places not required by other organisations.

Ceri Phillips noted that 25% of newly registered nurses left the organisation within two years, adding that it was hoped that the bursary scheme would improve this. Helen Griffiths responded that one of the themes identified during the exit interviews was flexibility to change specialities and consideration was being given as to how this could be better supported. Kathryn Jones concurred, adding that a rotational process needed to be developed in order to improve staff experience.

Richard Evans stated it was positive to see a multi-faceted approach as there were UK consultant shortages in a number of specialities. He added that one particular challenge in relation to junior doctors was that the allocation by the Deanery varied each year and strategies needed to be changed to accommodate this. In addition, NHS England organisations were finding alternative ways to advertise their clinical fellowships posts, which the health board may want to consider.

Sharon Vickery advised that that a monthly report was produced outlining performance against the medical agency cap and increasing the number of substantive doctors was the only which in which the expenditure would decrease. She added this was to form the basis of a recruitment and retention strategy and was also a recovery and sustainability workstream.

Hazel Robinson stated that it was vital that junior doctors had the right experience. Sharon Vickery concurred, adding that a piece of work was being undertaken with the local medical council in regard to junior doctor engagement as getting this right would help with sickness and availability levels.

Louise Joseph commented that it was important to take into account the impact generational differences had for staff as no matter what changes were made, it would not make a difference to some staff experience.

Emma Woollett sought further clarity as to how the Deanery allocated junior doctors for various specialities. Richard Evans responded that each area of service had speciality registrars but operational delivery was dependent on how many were assigned to the health board and the capacity at which they worked, as not all took on full-time hours. Emma Woollett queried as to whether Health Education and Improvement Wales (HEIW) would now be taking on the role of the Deanery. Ceri Phillips confirmed that it was and had an appetite to do things differently as well as align the medical and non-medical workforce.

Emma Woollett noted that a significant amount of international recruitment had been undertaken to address nurse vacancies at great cost without much success. She added that this emphasised the need to 'grow your own' and she would like to see this included within the recruitment strategy.

Ceri Phillips advised that HEIW would be undertaking the re-commissioning of the HCSW programme in 2021 in line with the Nursing and Midwifery Council's revised guidelines. He added that internal recruitment tended to cause a 'panic' within health boards to try and complete in a timely fashion and was more a short-term fix than a solution. Jackie Davies concurred, adding that the cost benefit of international recruitment was poor and as there was a local workforce enthusiastic to progress, various programmes to help them develop needed to be facilitated.

Jackie Davies sought clarity as to the challenges of completing exit interviews through ESR. Hazel Robinson advised that the survey did not ask why people were leaving but this should be addressed by Christmas 2018. Julian Quirk added that the issue had been picked up by the all-Wales group and prioritised. He stated that a paper-based exercise was of no benefit to capturing robust data and also did not make everyone feel comfortable in participating in the way that an online survey did, but it needed to be promoted in order for people to access. Jackie Davies queried whether a notification was triggered to invite people to take the survey once they had submitted their notice. Hazel Robinson advised that NWSSP used a third party to do this as well as collate results and this was worth consideration within the health board.

Resolved: The report be **noted**.

104/18 NURSING STANDARDISED SHIFTS

A report providing an update on nursing standardised shifts was **received**.

In introducing the report, Helen Griffiths highlighted the following points:

- The report had already been considered by the recovery and sustainability programme board;
- E-rostering was being implemented to address the need for standardised nursing shifts which was having an impact on quality of service by improving handovers and reducing duplication;
- There was a potential financial impact if managed correctly;
- There could be around 10 different shift patterns on a ward and up to 90 in an area;
- E-rostering was now in place in Singleton Hospital and the roll-out had moved to Morriston Hospital.

In discussing the report, the following points were raised:

Emma Woollett commented that having standardised shifts gave staff the flexibility to move to different areas.

Julian Quick stated that scale of the various shifts patterns was

extraordinary and it made it difficult for wards to know if had the right number of staff within its establishment. He added that it also provided some challenges to quality and safety of care.

Ceri Phillips commented that the report required more than noting as progress needed to be driven at pace. Kathryn Jones concurred, adding that where shifts had been standardised, a monitoring system was to be put into place to ensure that they were being adhered to.

Jackie Davies advised that the standardised shift patterns had been established to provide staff with support to work flexibly to align with personal commitments but it had gotten to a point where some of the reasons for the variation were no longer valid, and it was just an expectation that they could continue to work in this way. Kathryn Jones concurred, adding that an annual review should be taken of arrangements.

Emma Woollett stated that working long shifts was not suitable for everyone and assurance was needed that it would cease. Julian Quirk advised that to make the change, a consultation was needed, and sites had now commenced the process.

Richard Evans queried the vacancy levels for areas with standardised shifts and whether this was proving to be an advantage or disadvantage. Kathryn Jones advised that it should be an advantage as if wards only had long shifts or short shifts, it enabled staff to move areas to meet the needs of the service. She added that in her experience, it also reduced the reliance on agency staff.

Emma Woollett commented that it would be difficult for the health board to really understand its compliance with the Nurse Staffing Levels (Wales) Act 2016 if it continued with non-standardised patterns. Julian Quirk responded that the new rostering system enabled managers to see if they had the right number of staff on any shift and alerted them to any issues. Hazel Robinson added that the system provided an opportunity to match additional resources, such as bank and agency, to acuity.

Resolved: The report be **noted**.

105/18 FREEDOM TO SPEAK UP GUARDIANS

A verbal report providing an update on the work to develop a freedom to speak up programme was **received**.

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

- A formal proposal as to the health board's freedom to speak up programme was to be presented to the executive board on 28th November 2018;
- The first Director of Workforce and OD blog had broken the record in

terms of comments posted by staff, most of which related to bullying, and a 'holding' message had been developed with staffside;

- A range of options were being considered to address the issues, including continuing with the email 'helpline', appointing freedom to speak up champions and commissioning a third party;
- Information had been sought from the national guardian service;
- The organisation needed to be seen to be responding to the concerns with sincerity and openness.

In discussing the report, the following points were raised:

Jackie Davies commented that staff were still talking about the original blog and had expectations that the issues would be resolved. Hazel Robinson concurred, adding that a significant amount of listening work was undertaken with the estates function after a number of concerns of bullying were raised during the 2016 staff survey which were not repeated in the latest iteration.

Emma Woollett stated that she was fully supportive of the programme but suggested that the champions needed to be independent of the workforce function to enable staff to feel free to speak up.

Resolved: The report be **noted**.

106/18 ANY OTHER BUSINESS

(i) Minor Injuries Unit

Jackie Davies stated that staff had raised a number of concerns in relation to the future of the minor injuries unit at Singleton Hospital. Hazel Robinson undertook to pick this up outside of the meeting.

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(ii) Items for the Next Meeting

Hazel Robinson suggested that for the next meeting, the workforce and OD strategy, presentation of staff survey results and the action plan in relation to bullying be on the agenda. This was agreed.

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There was no further business and the meeting was closed.

107/18 DATE OF NEXT MEETING

The date of the next meeting was subsequently arranged for 17th January 2018.