ABM University LHB
Unconfirmed
Minutes of the Meeting
of the Workforce and Organisational Development Committee
held on 17th January 2018
in the Board Room, Health Board HQ, Baglan

Present

Ceri Phillips	Independent Member (in the chair)
Chantal Patel	Independent Member
Jackie Davies	Independent Member

In Attendance:

Kate Lorenti	Acting Director of Human Resources
Christine Morrell	Director of Therapies and Health Sciences
Cathy Dowling	Interim Deputy Director of Nursing and Patient Experience
Pam Wenger	Director of Corporate Governance
Liz Stauber	Committee Services Manager
Julie Lloyd	Learning, Organisational Development (OD) and Staff Experience Manager (from minutes 10/18 to 12/18)
Sharon Vickery	Head of HR - Delivery Units and Medical Staffing (for minutes 13/18 and 14/18)
Joanne Wood	Senior Human Resources (HR Manager (for minute 15/18)

Minute	Item	Action
01/18	**WELCOME** Ceri Phillips welcomed everyone to the meeting, introducing himself as the new chair of the committee.	
02/18	**APOLOGIES** Apologies for absence were received from Emma Woollett, Vice-Chair; Angela Hopkins, Interim Director of Nursing and Patient Experience and Chris White, Interim Chief Operating Officer.	
03/18	**CONFIRMATION OF CHAIR AND VICE-CHAIR** Ceri Phillips advised that a report was due to be received at the February 2018 board development session outlining a review of board and committee arrangements, which would take into account chairs and vice-chairs. As such, it was premature to agree a vice-chair of the committee at the meeting.	
04/18	**MINUTES OF THE PREVIOUS MEETING** The minutes of the Workforce and Organisational Development (OD) Committee held on 19th September 2017 were **received** and **confirmed** as	

a true and accurate record.

05/18 MATTERS ARISING

There were none.

06/18 ACTION LOG

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

07/18 WORK PROGRAMME MARCH 2018-APRIL 2019

The committee's 2018-19 work programme was **received.**

In discussing the work programme, the following points were raised:

Ceri Phillips advised that the work programme would need to be revised once the review of the board and committees had been undertaken. Pam Wenger concurred, adding that it was important that the committee had an assurance role as opposed to operational.

Chris Morrell commented that the Therapies and Health Sciences Board would need an assurance fora in which to report.

Ceri Phillips stated that he viewed the committee as significant because if workforce was right, this would correlate to other areas such as performance and finance.

Pam Wenger advised that that going forward, the way in which reports were written would need to be considered to enable the committee to seek the greatest assurance. Ceri Phillips concurred, adding that there was often too much detail within the reports for the committee to identify the data it required. He stated that a focused and bulleted approach would be more beneficial. Chantal Patel commented that reports needed to be written a way which focused on outcomes and actions to be taken to resolve areas of concern.

Ceri Phillips stated that it was disappointing that the Medical Director did not have representation at the committee, adding that this should be considered as part of the committee's review.

08/18 WORKFORCE METRICS REPORT

A report outlining performance against workforce metrics was **received.**

In introducing the report, Kate Lorenti highlighted the following points:

- The sickness absence figure for November 2017 had increased to 6% which was disappointing but the average length of a long-term sickness absence had reduced;
- Consideration needed to be given to the support required by older workforce as this was an area in which sickness absence was prevalent and research had shown the need to provide support to

women undergoing the menopause;

- Data was being used to indentify sickness absences ‘hotspots’ so that listening events could be undertaken in these areas;
- The establishment within administration and clerical had reduced due to the work of the vacancy panel;
- Establishment figures for nursing, midwifery, dental and medicine remained a concern, as did gaps within the junior doctors’ rotas;
- Work was ongoing to encourage managers to start the recruitment process as soon as a letter of resignation was received;
- Turnover remained static, with the highest proportion of leavers among employees with more than 30 years service and those with fewer than two, and thus a focus was needed to consider the reasons why;
- Compliance with personal appraisal and development reviews (PADR) remained an issue;
- Completion of mandatory training required improvement;
- The in-year variable pay bill had reduced but the affect of the medical agency cap would not be clear until March 2018;
- Consideration was being given as to how best to present workforce activity and to identify key performance indicators;
- A bid had been submitted to establish a central investigations team as an increase in grievances had been identified.

In discussing the report the following points were raised:

Ceri Phillips stated that it was inappropriate for the committee to receive data from October 2017 at a meeting in January 2018 and it needed more up-to-date information in order to discharge its duties. He added that the report stated that sickness absence continued to increase ‘despite good management’ and commented that if the outcomes were not improving then perhaps the action needed to be reviewed.

Jackie Davies noted that there was a difference between ‘good management’ of a situation and the correct application of the policy, as there needed to be a degree of flexibility to support people to return to work, particularly between episodes of planned treatment, as many were concerned about escalation through the sickness policy.

Ceri Phillips queried whether any form of incentive had been considered to encourage people to return or remain in work. Kate Lorenti advised that this was being considered but the health board needed to be mindful of the Disability Discrimination Act. Pam Wenger commented that it was important that staff realised the impact of taking sick leave and as such, pro-active communication was required.

Pam Wenger stated that the report did not provide details as to the reasons for sickness absences. Kate Lorenti responded that the main reason was anxiety, stress or depression, particularly in relation to how staff were managed. Jackie Davies queried if there was any pay band which were

more affected than others. Kate Lorenti advised that she was awaiting this information but it had been evident from the current data that such sickness often occurred in areas of service change.

Chantal Patel queried if there was link between nursing sickness levels and 12-hour shift patterns. Kate Lorenti stated that this data was also being sought. Cathy Dowling advised that a report to be received at the Nursing and Midwifery Board the following week outlined benchmarking data from across Wales and matrons would be looking at individual sickness cases to determine correlation with this particular shift pattern to tailor support.

Ceri Phillips stated his colleagues' request for additional data were important as if sickness absence was managed correctly, it could greatly improve the financial position.

Ceri Phillips noted that in order to meet the financial targets, sickness absence needed to improve, yet it had deteriorated. Kate Lorenti advised that while improvement had been expected, the data did correlate with the high service pressure. She added that in order to improve the situation, the information needed to be better understood, therefore consideration was required to establish a workforce data analyser post. Ceri Phillips commented that he would support such a post and he would encourage the committee to also do so. Pam Wenger concurred, adding that the committee needed to identify the detail it required for the executive team to determine the resources required.

Cathy Dowling queried how timely the nursing and midwifery establishment data was as some units had changed service models and as such no longer had nursing vacancies, while others were undertaking risk assessments to identify the areas which needed to be a focus. She added that the Nurse Staffing Levels (Wales) Act 2016 group was monitoring vacancies and establishments. Pam Wenger stated that it would be useful for the committee to have a 'deep dive' with regard to the Nurse Staffing Levels (Wales) Act 2016 in due course as the committee had an assurance role.

Chantal Patel queried as to how the Nurse Staffing Levels (Wales) Act 2016 aligned with the recovery and sustainability work. Cathy Dowling advised that using the act as a baseline, services were working to determine as to whether investment and recruitment were required, or if services could be redesigned.

Ceri Phillips stated that he understood the need to advertise a vacancy as soon as possible, but asked whether a review was completed in the first instance to determine if the post was required. Kate Lorenti advised that wards were encouraged to review skill-mixes to determine if there was an opportunity to work differently. Ceri Phillips responded that it was important that medical vacancies were also reviewed before they were replaced to determine if the roles were required or if they could be re-allocated to other professional groups. He added this could reduce the reliance on locums to cover vacancies, particularly in light of the medical agency cap.

Ceri Phillips advised that a new bursary scheme had been implemented the previous year for nursing students, however there was a condition that they remained with their health board for two years post qualification.

Cathy Dowling commented that the nursing and workforce teams were working together to review nurses' exit interviews to identify potential themes. She added that the quality of the first year preceptorship varied and as such, the programme needed to be consistent.

Chantal Patel commented that there was a feeling within certain staffing groups that their PADR performance was better than the data was showing. Kate Lorenti advised that the figures had been audited and were correct and in areas of challenge, evidence was never provided to show that the figures recorded were incorrect. She added that group sessions had been established and were proving popular. Ceri Phillips stated that it must be noted that the PADR figures were unacceptable.

Chris Morrell queried if there was a correlation between low PADR performance and areas of high sickness absence. Kate Lorenti responded that there was no evidence to suggest that the two areas were linked but work was ongoing to align workforce metrics with those for patient experience to identify trends.

Ceri Phillips stated that the low compliance with mandatory training was an inherent risk, particularly if another quality and safety issue similar to the 'Trusted to Care' was identified.

Chantal Patel commented that Swansea University was working to integrate statutory learning requirements for the Mental Health Capacity Act with other areas to reduce the time commitment. She added that this work could be shared with the health board to determine if something similar would be suitable for mandatory training.

Pam Wenger advised that having recently completed the values-based induction, it had not been made clear to those in attendance the requirements in relation to mandatory training. Kate Lorenti advised that there was time allocated at the end of induction for staff to complete mandatory training but few took advantage of this. She added that perhaps consideration could be given to making this mandatory.

Ceri Phillips commented that it would be useful to see an analysis of variable pay should sickness absence be in a better position.

Kate Lorenti stated that the medical agency cap was enabling the health board to monitor the reasons as to why locums were required as this information had previously not been recorded. She added a proposal was being developed as part of the recovery and sustainability programme that all 'cover' staff should be booked via a central staff bank.

Resolved: The report be **noted.**

09/18 WORKFORCE RECOVERY AND SUSTAINABILITY PLAN

An update on the workforce and OD workstreams was **received.**

In introducing the report, Kate Lorenti highlighted the following points:

- The workstreamsfocused on five areas; sickness absence reduction; improved rostering; reduced recruitment time; incentivising bank take-up and job controls/grading drift;
- Monthly meetings were held to review progress and reports provided to the Recovery and Sustainability Programme Board;
- Work was ongoing to have a 30/60/90 day action log and to include SMART objectives;
- The consultation for standardised shift rostering had been approved;
- An executive team workshop was taking place the following week at which priorities would be agreed for 2018-19.

Resolved: The report be **noted.**

10/18 STAFF ENGAGEMENT PLAN AND STAFF EXPERIENCE UPDATE

Julie Lloyd was welcomed to the meeting.

A report providing an update in relation to staff engagement and work to improve staff experience was **received.**

In introducing the report, Julie Lloyd highlighted the following points:

- It had been a year since the launch of the staff experience strategy and the focus had been implementation in line with the health board's priorities;
- The Patient Choice Awards were going from strength to strength with 184 awards for 56 teams;
- The first of the long service awards events had taken place this year with 600 staff attending and a further 1,800 recognised who either could not or did not want to attend an event;
- Positive feedback was being received from the Footprints' leadership programme, with a number of managers accessing the course when returning to work after a work-related sickness absence;
- It was hoped that the Footprints' programme would be extended to more staff groups and discussions were being undertaken to integrate it into the consultants' leadership programme.

In discussing the report the following points were raised:

Chantal Patel advised that a number of university students were interested in volunteering within the health board and queried if there was any provision for this within the volunteering strategy. Chris Morrell advised that a volunteer manager had now been appointed and undertook to bring an update report regarding the strategy to the next meeting. **CM**

Ceri Phillips commented that in comparison with the workforce metrics

received earlier in the meeting, the performance figures within the report were positive. He stated that, while what had been achieved should be commended, there was still work to do in order to improve other areas. Julie Lloyd responded that the initial focus had been to implement the strategy and the next phase would be to evaluate. She added that it was important that the workforce metrics were aligned with the feedback received as part of the staff surveys.

Pam Wenger stated that if the metrics within this report were taken in isolation, then a 'positive outlook' could be taken in regard to staff experience, however figures such as sickness absence contradicted this. She added that it was important that all of the metrics were considered together rather than individually in order to provide an overall picture.

Resolved:

- The report be **noted.**
- Update to be received at the next meeting in regard to the volunteering strategy. **CM**

11/18 CHANGE IN AGENDA ORDER

Resolved The agenda order be changed and item 14 be taken next.

12/18 COACHING STRATEGY

A report setting out the draft coaching strategy was **received.**

In introducing the report, Kate Lorenti highlighted the following points:

- The coaching strategy was at the committee for an initial discussion prior to its submission to the executive team for consideration. The committee would then be asked to agree the final version;
- While coaching was not a new concept to the health board, the strategy strove to formalise the process;
- A two-day course had been developed for coaching-style management techniques;
- Links had been established with the quality and improvement team and its 'Improving Quality Together (IQT)' programme. However service improvement was not the main focus of the strategy, but rather to enable managers to empower staff in decision making;
- The strategy would enable a consistent approach to 1:1 coaching;
- Academi Wales managed a national database of coaches which NHS Wales staff could access.

In discussing the report the following points were raised:

Jackie Davies stated that there was a perception that coaching was only accessible to senior staff and asked whether the strategy would make it applicable to all. Julie Lloyd advised that once the strategy had been agreed, a communications plan would be developed to encourage staff to

engage with the programme.

Ceri Phillips noted that the health board already had a coaching culture and asked the extent to which it differed from what was now proposed. Julie Lloyd responded that the strategy would formalise the process and the support available. She added it would also set a minimum standard of practice.

Ceri Phillips referenced the compliance against mandatory and statutory training, adding that providing leaders with a coaching style may help to improve performance. He added that consideration could be given to developing the language within the strategy further.

Resolved: The report be **noted.**

13/18 MEDICAL ENGAGEMENT SCALE

Sharon Vickery was welcomed to the meeting.

A report as to actions taken thus far as a result of the medical engagement scale and the opportunities for further development across the organisation was **received.**

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

- The medical engagement scale had not sought feedback from junior doctors and as such, an engagement group had been established by the health board;
- An action plan had been developed in response to the survey's results;
- A joint conference was to take place in March 2018 with the British Medical Association to take forward some of the lessons learned;
- The local medical committee had suggested that consideration be given to allocating SPA (supporting professional activity) sessions for engagement champions;
- Morriston and Mental Health and Learning Disabilities units had identified 'hotspot' areas and it was felt engagement had improved;
- Group job planning was being promoted and teams were being provided with 'tools' to resolve issues together;
- All six delivery units had integrated the engagement scale scores into the responses received as part of the staff survey and plans were ongoing to hold listening events.

In discussing the report the following points were raised:

Jackie Davies stated that engagement was a two-way process and it was important that people understood that.

Kate Lorenti advised that she supported the approach, but queried as to how stock could be taken as to the current position, particularly in Morriston Unit where the feedback had been especially disappointing. She suggested that consideration be given to undertaking pulse surveys to identify what

action had been taken and whether this had led to improvements. Ceri Phillips concurred, adding that there needed to be confidence that the action being taken was having an impact and the level of engagement was improving, otherwise there were inherent risks.

Cathy Dowling queried whether there was any work being undertaken to support medical leadership. Sharon Vickery advised that the King's Fund had been commissioned to undertake leadership development at Morriston Unit. If this proved successful, there would be an option for the other units to use endowment funds to roll-out the programme.

Kate Lorenti noted that only two of the six delivery units had provided updates against the work to improve the results, adding that the committee would need assurance from all as to the actions being taken. Ceri Philips concurred, adding that the board and the committee would need assurance that work was progressing in the right direction in view of the number of 'red' areas within the results.

Pam Wenger stated that the comments within the report and action plan seemed generic and did not provide sufficient details for members to scrutinise the report.

Resolved: The report be **noted.**

14/18 MEDICAL AGENCY CAPS

A report providing an update regarding the cap to limit the pay of external and internal locum doctors was **received.**

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

- Lessons were to be learned in relation to agencies' willingness to adhere to the cap based on the units' standpoints;
- A number of psychiatry locums booked prior to the cap had agreed to reduce their fees in-line with the guidelines. In addition, three locums at Neath Port Talbot Hospital were in the process of applying for substantive positions;
- There was a strategy in place to address locums already working above the cap level;
- The units were to hold weekly scrutiny panels to review breaches with a monthly executive team panel established to seek additional assurance;
- Welsh Government had developed a reporting template and the health board's process would need to change to meet the requirements;
- Consideration was being given to centralising the process and the resources to monitor and implement the cap on a national basis.

In discussing the report the following points were raised:

Chris Morrell commented that this was an opportunity to consider skill-mix

and to work differently, but this was yet to be exploited, particularly in specialities with difficulties in recruitment and training, such as pathology and radiology.

Kate Lorenti queried whether an improvement had been evident in relation to compliance and engagement with the policy. Sharon Vickery responded that once the reporting was correct, 'hotspots' could be identified and work be undertaken with those areas to resolve any issues. Kate Lorenti advised that lines of accountability needed to be clear as well as consequences for non-compliance.

SV

Ceri Phillips requested that an update be given to next meeting as to compliance levels and action being taking in areas currently not adhering to the policy. Pam Wenger concurred and added the escalation process also needed to be outlined if units were non-compliant.

Resolved:

- The report be **noted.**
- Further report to be received at the next meeting to include compliance levels, action being taken in areas not adhering to the policy and the escalation process. **SV**

15/18 WORKFORCE STRATEGY AND PRIORITIES FROM THE INTEGRATED MEDIUM TERM PLAN

Joanne Wood was welcomed to the meeting.

A report highlighting the workforce strategy and priorities from the integrated medium term plan (IMTP) was **received.**

In introducing the report, Joanne Wood highlighted the following points:

- The IMTP was still under development therefore there could be minor changes to the narrative;
- Recruitment and retention in relation to nursing, midwifery, medical and dental staff remained a concern as did sickness absence and both of these impacted on variable pay;
- A number of overseas and local recruitment plans were in place;
- A 'working longer' policy was under consideration to support more staff to retire and return, and exit interviews were being undertaken to identify themes as to why people were leaving the organisation;
- Values-based recruitment and values-based leadership continued to be implemented;
- A number of developments in health and wellbeing were to be progressed to create a single point of access and a multi-disciplinary team approach to improve sickness absence rates;
- Training and development remained a priority, as did the apprentice scheme;
- Workforce redesign was under consideration to better support patient care and experience;

- A number of measures had been developed to monitor progress.

In discussing the report the following points were raised:

Chantal Patel advised that while the report gave an indication of the work being undertaken, it was not clear as to how this aligned with the recovery and sustainability programme. Kate Lorenti responded that while this was a fair challenge, the process was different this year as it was a one-year plan as opposed to a three-year and the template did not enable integration of the information. She added that while the majority of the work was 'every day', a strategy needed development to further progress the priorities.

Pam Wenger stated that an update in relation to the performance against the majority of the priorities had been received earlier in the agenda. She added that these areas would be the ones from which the committee would require assurance and as such, consideration needed to be given to structuring the agenda accordingly.

Jackie Davies commented that there needed to be an alignment with the priorities, for example sickness absence and mental health and wellbeing of staff, as one had a direct bearing on the other and as such, could be resolved in parallel.

Ceri Phillips stated that the committee had spent a significant amount of time considering the workforce metrics, but the actions to be taken to address the issues and how success was to be measured were still unclear.

Resolved: The report be **noted.**

16/18 NURSING AND MIDWIFERY BOARD UPDATE

A report providing an update from the Nursing and Midwifery Board **received.**

In discussing the report, Cathy Dowling stated it would be useful for the committee to provide clarity as to its expectations of the report. Pam Wenger advised that as a new chair had joined the committee this was an opportunity to reflect on whether the report was required as the relevant data would be included within other agenda items.

Resolved: The report be **noted.**

17/18 PARTNERSHIP WORKING – WORK PLAN

A report outlining the work plan for partnership working was **received** and **noted.**

18/18 BI-LINGUAL SKILLS UPDATE

A report summarising an update in relation to bi-lingual skills was **received**

and **noted.**

19/18 WORKFORCE INFORMATION SYSTEMS BOARD UPDATE

A report providing an update in relation to the workforce information systems board was **received** and **noted.**

20/18 WORKFORCE AND OD DIRECTORATE INTERNAL RISK REGISTER

The internal risk register for the workforce was **received** and **noted.**

21/18 WORKFORCE AND OD POLICY UPDATE

A report setting out an update in relation to workforce and OD policies was **received.**

In discussing the report, Kate Lorenti informed the committee that the 'relationships at work' policy had now been approved.

Resolved:

- The report be **noted.**
- The implementation of the following policies be **noted:**
  - Medical study leave policy
  - Policy on the management of personal relationships at work
  - Procedure for the deployment of administrative and clerical staff

22/18 AUDIT REPORTS

A report setting audit reports was **received.**

In discussing the report, Pam Wenger stated that responsibility to monitor progress against internal audits sat with the Audit Committee therefore it would be duplicating work to have both committees receive such reports. Ceri Phillips concurred and agreed such updated should be removed from the work plan. **KL**

Resolved:

- The report be **noted.**
- Audit report updates be removed from the work plan. **KL**

23/18 ITEMS TO DRAW TO THE ATTENTION OF THE BOARD

Items to draw to the board's attention had been discussed throughout the meeting.

24/18 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

25/18 DATE OF NEXT MEETING

This was currently scheduled as 8th March 2018.

26/18 MOTION TO EXCLUDE THE PRESS & PUBLIC IN ACCORDANCE WITH SECTION 1(2) PUBLIC BODIES (ADMISSIONS TO MEETINGS) ACT 1960

Press & Public be excluded in accordance with Section 1(2) and (3) of Public Bodies (Admissions to Meetings) Act 1960.