

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

Present

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

In Attendance:

Hazel Robinson Director of Workforce and Organisational Development (OD)
 Richard Evans Medical Director (from minute 34/19)
 Gareth Howells Director of Nursing and Patient Experience (until minute 34/19)
 Chris White Chief Operating Officer/Director of Therapies and Health Science (until minute 34/19)
 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)
 Jane Williams Equality Manager
 Kay Myatt Head of Learning and Development
 Gary Darch Senior HR Manger (until minute 30/19)
 Liz Stauber Committee Services Manager

Minute	Item	Action
22/19	<p>WELCOME</p> <p>Tom Crick welcomed everyone to the meeting, advising that he was now the chair of the committee.</p>	
23/19	<p>APOLOGIES</p> <p>Apologies for absence were received from Jackie Davies, Independent Member</p>	
24/19	<p>MINUTES OF THE PREVIOUS MEETINGS</p> <p>The minutes of the meetings held on 19th January 2019 were received and confirmed as a true and accurate record, except to note the following amendment:</p> <p>10/19 Medical Recruitment Strategy</p>	

Hazel Robinson stated that medical staffing *vacancies* was one of the two most significant workforce risks.

25/19 MATTERS ARISING

There were no matters arising.

26/19 ACTION LOG

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

(i) Action Point Two

Hazel Robinson advised that there was work ongoing internally to identify the skills and training needs the health board required, and this included the development of a learning and education strategy group. She added that discussions were continuing on all-Wales level between the Directors of Workforce and OD to develop proposals to take to Welsh Government as to whether all staff needed to complete all statutory and mandatory training modules.

Emma Woollett queried as to whether the internal strategy group would be looking at all levels of training, including mental health. She also sought clarity as to the timings of the work. Hazel Robinson responded that the group would be looking across all portfolios in order to get a coherent learning and development strategy. Kay Myatt added that the group was in the process of being established therefore timescales were yet to be set. Emma Woollett suggested the committee have an update in three months. This was agreed.

HR

Emma Woollett referenced the all-Wales approach and queried as to whether the health board's compliance could be broken down to see if this was being achieved in the areas for which it was important. Hazel Robinson advised that a process was being put in place whereby appropriate staff would be automatically accredited should they have a higher level of skill, for example, intensive care consultants would not need to complete CPR (cardio-pulmonary resuscitation) training as they were already working to a higher level. She added that a review was being undertaken of staffing groups that would be expected to be compliant with particular modules, such as paediatric staff and safeguarding children training, to ensure that they were. Julian Quirk stated that reports were produced for each of the units to outline compliance by staffing area which could be drilled down further by training module. Hazel Robinson suggested that the committee received a deep dive in this regard post-boundary change. This was agreed.

HR

27/19 COMMITTEE WORK PROGRAMME

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

28/19

WORKFORCE METRICS

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

In discussing the report, the following points were raised:

Emma Woollett noted the unavailability of the electronic staff record (ESR) and queried if this had been a national issue as it had lasted a fair period of time. Hazel Robinson advised that it had been as a result of change in software and had since been resolved.

Tom Crick sought clarity as to why excluding outliers from vacancy figures would 'sanitise' the data. Julian Quirk advised that monthly reports were received from the NHS Wales Shared Services Partnership (NWSSP) recruitment services outlining open vacancies and outliers occurred when posts had been recruited to but the manager had not closed them on the system. Therefore NWSSP provided two sets of data; one with outliers, the others without, and when the data was cleansed, the health board's performance was more in line with other organisations.

Reena Owen noted the work to recruit three investigative officers and queried as to whether managers were trained to manage disciplinary issues. Hazel Robinson advised that there had been long-standing discussions between the health board and trade unions as to the length of time taken to investigate grievances, which was due to the fact that the investigative officers also had 'day jobs'. She added that it had been a recommendation of the Healthcare Inspectorate Wales (HIW) report following the Kris Wade case to invest in dedicated investigative officers, as this would not only provide more timely investigations, but also more objectivity. Reena Owen stated that there should be an understanding on the managers' part as to the process. Hazel Robinson responded that the manager's role in a grievance was different to that of the investigative officer and they should be supported through the process by workforce colleagues.

Tom Crick noted the upward trend in relation to the number of disciplinary cases. Julian Quirk responded that in April 2016, the health board had around 50-70 cases, which suddenly rose to around 180, where it had remained. He added that there had not been any significant policy changes in that time which could have been the cause. Sharon Vickery noted that less resource investment had been made into workforce at the time so the ability for the remaining staff to 'nip issues in the bud' was reduced. Hazel Robinson stated a monthly analysis was needed of new cases to ensure that fewer were being raised.

Emma Woollett noted that the use of the ESR function for exit interviews was being managed on an all-Wales basis, adding that capturing the data

was critical to understanding staff experience. Julian Quirk advised that the function already existed within ESR, the issue was encouraging people to use it, so incorporating it into termination forms would trigger people to complete exit interviews. He added that a good manager should know why a member of staff was leaving without the use of an exit interview.

Resolved: The report be **noted**.

29/19 SICKNESS ABSENCE DRILL DOWN

A report providing a drill down into sickness absence data was **received**.

In introducing the report, Gary Darch highlighted the following points:

- When comparing sickness absence data on an all-Wales basis, no organisation had improved its position since 2017-18. Only one, Aneurin Bevan University Health Board, had maintained;
- It was within the health board's gift to provide a culture which encouraged staff to come to work;
- The sickness absence rate for November 2018 was 6.2%, which could be broken down to 2.2% short-term and 3.97% long-term;
- A number of actions were in place to improve the position, including a health and wellbeing letter sent on day eight, tailored return to work plans and early intervention plans;
- 18% of sickness absences were within the 28 days to six months category and reduced by 91% after six months;
- Four of the units had a sickness absence rate above 4%;
- Anxiety/stress was the biggest cause for sickness absence, followed by musculoskeletal issues. The third biggest was 'other' which could be attributed to staff not wishing to share the reason;
- A detailed action plan was in place to manage stress-related issues;
- Estates and ancillary was the staffing group with the highest sickness rate, with the majority of cases within facilities and hotel services and a pilot was taking place at Singleton Hospital to try and address this;

In discussing the report, the following points were raised:

Tom Crick queried as to whether the 28 days to six months category could be broken down further to see if there was a link to staff coming close to reaching the end of their full pay entitlement. Hazel Robinson that the data was collated in this way on a national basis and requests had been made for a more detailed breakdown. Chris White added that it would also be beneficial to know the reasons why staff were off to address any issues.

Reena Owen sought clarification as to what constituted short-term and long-term absences. Gary Darch advised that fewer than 28 days was short-term and anything over this was long-term.

Gareth Howells commented that if the narrative for describing sickness absence was different, this could have a more powerful message, for example 0.5% sickness absence could equate to 300 shifts loss which had to be filled through bank or agency.

Chris White sought clarity as to the timelines for the pilot at Singleton Hospital. Gary Darch advised that it was reliant on the self-service aspect of ESR and had only been rolled out to five members of staff so far but it was hoped that a reduction in sickness absences would be seen in three months.

Chris White queried if there was any learning to be gained from Aneurin Bevan University Health Board. Gary Darch responded that he had spent time with the health board to share learning and some of the initiatives had been applicable for ABMU whereas others had not.

Reena Owen sought assurance that a focus was given to return to work interviews. Gary Darch confirmed that it was.

Reena Owen queried as to whether any analysis was undertaken to determine if particular days of the week had more occurrences than others. Gary Darch advised that Mondays were the days which had the most absences.

Reena Owen asked whether there was a recognition scheme for good attendance. Kay Myatt advised that there were restrictions to doing this due to equality and disability legislation requirements.

Reena Owen queried whether there was potential to have staff counsel each other as a means of support. Kay Myatt responded that the health board had a number of wellbeing champions and work was being undertaken within theatres to implement an armed forces model in relation to trauma, which if successful, could be rolled out more widely. Gary Darch added that a counsellor and flexible working were being trialled at Caswell Clinic.

Emma Woollett commented that more detail was needed for the action plan, as it was based mostly on trials and analyses, without any timescales or specifics built in. She added that it would be useful to know the intended completion date of the wellbeing strategy and as the development of ESR use was a long-term plan, something was needed more medium-term.

Tom Crick stated that in order to have meaningful discussions, real-time performance data was needed. Hazel Robinson concurred, adding that upon admission to hospital, patients were given an estimated date of discharge and this should also apply to sickness leave with an expected return to work date. Kathryn Jones advised that managers at Princess of Wales Hospital made contact with staff on the first and third day of the

absence in order to have a plan from the beginning, and this needed to be replicated.

Reena Owen queried as to whether a focus was included in managers' objectives to reduce sickness absence. Chris White advised that it was for service directors, executive directors and their senior management teams, but consideration could be given to cascading this further down.

Tom Crick asked for a further update on sickness absence in three months. This was agreed.

KJ

- Resolved:**
- The report be **noted**.
 - Further update be provided in three months.

KJ

30/19 CHANGE IN AGENDA ORDER

Resolved: The agenda order be changed and items 3.2, 3.3 and 4.3 be taken next.

31/19 E-ROSTERING DEPLOYMENT

A report outlining the progress to deploy the e-rostering system was **received**.

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

- Effective rostering was fundamental to the way in which care was delivered;
- There were various different approaches and understanding of e-rostering principles;
- E-rostering was in place at Singleton Hospital, it was in the process of being implemented at Neath Port Talbot Hospital and this would be followed by Morriston Hospital;
- It was providing a foundation as to how the bank system was used and to ensure nurse resources were used appropriately;
- Mismanagement of hours and flexible working arrangements could be identified and addressed through the system;
- Consideration was being given to providing investment for the e-rostering system provider to manage the rest of the implementation;
- Once roll-out was complete, regular reports could be provided detailing how rosters were being managed across the organisation.

In discussing the report, the following points were raised:

Kathryn Jones advised that the e-rostering company could provide the current roster baseline now to use as a sense check to determine if

progress was occurring. She added that moving to e-rostering provided the benefit of transparency and consistency.

Tom Crick referenced the financial implication of no direct support to the delivery units and sought further details. Kathryn Jones responded that the original proposal had asked for each unit to have a matron or champion in order to provide on-site expertise.

Emma Woollett commented that it was pleasing to see a reduction in the number of different shift patterns and queried if there had been any negative responses. Gareth Howells advised that a significant piece of work had been undertaken prior to implementing e-rostering to standardise shift patterns.

Richard Evans queried the availability of resources post-roll-out. Kathryn Jones advised that there would be a central management team but discussions were required as to having a rostering group to support the units. Gareth Howells added the matrons scrutinised rosters every six weeks and needed to develop the necessary skills to ensure they delivered.

Tom Crick commented that it would be beneficial for the committee to have a snapshot in six months as to how the work was progressing and what it was delivering. Gareth Howells undertook to provide this.

GH

- Resolved:**
- The report be **noted**.
 - An update be provided in six months.

GH

32/19 ANALYSIS OF NURSE ROSTERS

A report providing an analysis of nurse rosters be deferred for three months.

GH

33/19 NURSE STAFFING LEVELS (WALES) ACT 2016

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

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

- Updates were currently provided to a number of fora but it was felt that the Workforce and OD Committee was the most appropriate;
- An update was to be provided to the March 2019 board meeting;
- Almost £4m had been invested in nurse staffing and the health board was compliant with the act;

- There were ongoing discussions with Cwm Taf University Health Board and Welsh Government as to the position post boundary change.

In discussing the report, the following points were raised:

Tom Crick commented that it was clear to see the investment had been across services, with substantial support for Morriston Hospital. Gareth Howells responded that a focus originally had been given to healthcare assistants with the next uplift due in April 2019. He added that full financial support had been included in the budgets and the vacancy rate was reducing.

Emma Woollett complimented the report, adding that it outlined the narrative well. She stated once the full establishments were in place, use of variable staff needed to be removed. Tom Crick concurred, adding that it was pleasing to see the progress made.

Resolved: The report be **noted**.

34/19 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:

- Welsh Government had changed its reporting requirements from monthly to quarterly;
- Meetings were being undertaken with the units to encourage them to use Medacs for agency staff and to negotiate rates;
- All units, with the exception of Mental Health and Learning Disabilities Unit, had provided an improvement framework for agency usage;
- A 10% reduction in hours booked had been evident in January 2019 and the percentage of agency staff booked at or below the cap had improved by 10%;
- The percentage of agency doctors paid at or below the capped rates based on hours had increased from 3.39% in December to 41.64% in January 2019;
- All shifts were reported in the month that they were booked as opposed to the one in which they were worked;
- 62% of the breaches were at registrar grade at £20 or more over the cap;

- All delivery units were overspent with the exception of Neath Port Talbot Hospital;
- Discussions were to be undertaken with Medacs in relation to longstanding locums as well as introducing a medical bank;
- The contract with Medacs was due to complete in August 2019 and discussions were ongoing on an all-Wales basis as to the right approach for the future;
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In discussing the report, the following points were raised:

Tom Crick queried if the health board's junior doctors had the capacity to provide locum cover as well. Richard Evans responded that junior doctors providing such cover was a positive thing as was safer as they knew the environment, but there were also risks of them working more than the European Working Time Directive allowed and the health board had a duty of care towards its staff in this regard.

Richard Evans advised that the work of Kendall Bluck in relation to junior doctors and rotas would be invaluable to improving performance against the cap.

Resolved: The report be **noted**.

35/19 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:

- Once the full number of medical staff vacancies across the organisation had been identified, the potential opportunities would be more clear;
- The Kendall Bluck work was reviewing all departments to consider various ways in which resources could be deployed.

In discussing the report, Tom Crick stated that independent members were asked to chair consultant recruitment panels but those who were unable to do so were not informed of the outcome. Emma Woollett added that it would be useful to consider centralising the process as often there were few candidates for each sitting, therefore more than one panel could convene in a day, maximising the use of an independent member's time and expediting necessary recruitment. Sharon Vickery stated that a review of the consultant panels was being undertaken.

Resolved: The report be **noted**.

36/19 WORKFORCE RISKS

The workforce risk register was **received**.

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

- Capacity of the workforce function and medical staffing remained the two most significant risks;
- A test and challenge session was to take place with the Director of Finance as to the workforce structure after the Bridgend boundary change;
- A new risk had been added in relation to meeting the recommendations of health surveillance;
- A follow-up audit of e-learning had improved the rating from limited to reasonable;
- Consideration was being given as to how pay nurse bank staff weekly.

In discussing the report, the following points were raised:

Emma Woollett referenced the high value opportunities as part of the annual plan and stated that there needed to be sufficient programme management support. Tom Crick concurred, adding that the health board had a number of plans and it was critical that it delivered.

Tom Crick noted the plans to digitise personnel files and queried if this would align with ESR. Hazel Robinson advised that it did not and personnel files were currently paper-based and needed to move to electronic.

Tom Crick queried the level of risk in relation to Brexit. Hazel Robinson advised that around 180 staff were would be affected, which was low compared with other organisations across the UK. Julian Quirk added that arrangements were being made to support these staff to manage the process accordingly.

Kathryn Jones advised the committee of the significant efforts of the team based at Glanrhyd who were managing the transfer process for staff moving to Cwm Taf University Health Board. Tom Crick offered the committee's thanks to the team, noting the work would not cease once 1st April 2019 had passed.

Resolved: The report be **noted**.

37/19 WORKFORCE AND OD COMMITTEE TERMS OF REFERENCE

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

In discussing the report, Emma Woollett commented that the remit of the committee required updating to take into account the scrutiny role of the committee as opposed to having an operational feel. Tom Crick suggested that the approval of the revised terms of reference be deferred to the next meeting to allow further updates to be made. This was agreed.

LS

- Resolved:**
- The report be **noted**.
 - The terms of reference be revised further and received at the next meeting for approval.

LS

38/19 **HIW ACTION PLAN**

A report outlining the workforce elements of the action plan in response to the Healthcare Inspectorate Wales (HIW) review of the Kris Wade case was **received**.

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

- The action plan had been shared with Welsh Government;
- Part of it was reliant on the new disclosure and barring service (DBS) policy being developed nationally, which would require an annual check.

In discussing the report, the following points were raised:

Tom Crick sought clarity as to the expected timescales for the Welsh Government policy. Hazel Robinson advised that it would need to be developed in partnership with trade unions so could take a couple of months.

Tom Crick queried as to how many staff were currently without a DBS check. Kathryn Jones responded that it was difficult to ascertain the exact number as not all had been recorded on ESR.

Emma Woollett stated that it was a good report and action plan which provided the health board with the opportunity to progress. She queried as to when the committee might receive another update. Kathryn Jones advised this would be in two months.

- Resolved:** The report be **noted**.

39/19 **ANNUAL EQUALITY REPORT**

The annual equality report was **received**.

In introducing the report, Jane Williams highlighted the following points:

- The health board was required to report against the equality objectives on an annual basis;
- The staff profile was majority women and demonstrated an aging workforce;
- There were some gaps in demographic data on ESR;
- A lot more of the female staff worked part-time than male resulting in a pay gap of an average of £7.5k;
- A junior doctor was currently developing a women's network;
- A number of good news stories had been included in the report to encourage others, including Morriston Hospital becoming the first in Wales to have a disabled access guide.

In discussing the report, the following points were raised:

Tom Crick noted the need to develop future female leaders and queried if many consultants worked where they undertook their training. Richard Evans responded that this aligned with making posts more attractive and giving consideration to how to work more flexibly, as often initiatives like job shares were not practical. He added that medical staff did not want to work in the traditional way anymore.

Kay Myatt commented that the apprentice workforce had increased to 600 but more candidates with degrees were applying.

Emma Woollett stated that it was disappointing to see the lack of employment data provided by staff in relation to protected characteristics. Hazel Robinson concurred, adding that in her previous organisation, pay progress could not occur without this having been completed.

Resolved: The annual equality report be **approved**.

40/19 VACANCY CONTROL PANEL DECISIONS

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

41/18 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

42/19 DATE OF NEXT MEETING

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