

ABM University LHB
Unconfirmed
Minutes of a Meeting
of the Workforce and Organisational Development Committee
held on 16th August at 9.30am, Health Board HQ, Baglan

Present

Ceri Phillips Independent Member (in the chair)
 Jackie Davies Independent Member
 Emma Woollett Vice-Chair (via Skype) (from minute 81/18)

In Attendance:

Hazel Robinson Director of Workforce and Organisational Development (OD)
 Julian Quirk Head of Workforce (localities and systems)
 Sharon Vickery Head of Workforce (delivery units and medical staffing)
 Push Mangat Deputy Medical Director
 Malcolm Thomas Associate Director - Recovery and Sustainability
 Pam Wenger Director of Corporate Governance
 Gareth Howells Director of Nursing and Patient Experience
 Paul Dunning Professional Head of Staff Health and Wellbeing
 Kathryn Jones Assistant Director of Workforce and OD
 Kay Myatt Head of Learning and Development
 Liz Stauber Committee Services Manager

Minute	Item	Action
76/18	WELCOME Ceri Phillips welcomed everyone to the meeting and stated that the discussions as to the committee's future and remit were continuing in order to inform Hazel's Robinson's workforce risks report further, which was to be presented to the board in due course. He added that if workforce systems were right, these would support other areas of the organisation to improve, but strategic and operational issues needed to be differentiated in order to ensure that the committee was discharging its assurance role correctly.	
77/18	APOLOGIES Apologies for absence were received from Chris Morrell, Director of Therapies and Health Science and Chris White, Interim Chief Operating Officer.	
78/18	MINUTES OF THE PREVIOUS MEETINGS The minutes of the meetings held on 5 th July 2018 were received and	

confirmed as a true and accurate record.

79/18 MATTERS ARISING

There were no matters arising.

80/18 ACTION LOG

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

(i) Action Point One

Hazel Robinson advised that the committee remained extant, it would need an in-committee session, and work was ongoing to identify the most appropriate arrangements and membership.

81/18 WORKFORCE RISKS

A report outlining workforce risk was **received**.

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

- Previous iterations of the report had been received by the Workforce and OD Committee and members had asked for a case to be developed to determine impact and costs;
- It had been shared with the units and Executive Team for scrutiny and challenge;
- The report had also been discussed by the Audit Committee which had requested the development of a risk register for workforce;
- Monies had been received as part of Welsh Government's recovery and sustainability package to support leadership training;
- The values team was to transfer to the Director of Workforce and OD's portfolio to enable more staff-based work to be undertaken;
- Two business cases had been approved in relation to medical workforce; one to support consultant job planning and the other for a locum off-duty system to quantify monthly expenditure;
- Capacity of the core workforce team was still low, and while the Welsh Government funding could bolster this, it would only be the case should appropriate staff be available;
- A case had been finalised for the investment and benefits group in relation to case investigators, which would help with the issue of independence;
- Consideration was being given to commissioning external facilitators

to help improve the department's relationship with staffside representatives.

In discussing the report, the following points were raised:

Sharon Vickery referenced the upcoming change to the Bridgend boundary, stating that the Medical Human Resources (HR) department was unclear as to how best to invest the Welsh Government monies, as some of the transition work was so specialised, only that department could lead it, but there would also be standard health board work which would also need to be completed. Gareth Howells commented that teams needed to be empowered to develop their own plans, outcomes and justifications for the small pockets of monies received. Jackie Davies concurred, adding that teams needed to think more widely as to whether the actions would have knock-on effects for others and needed to highlight any potential problems. Pam Wenger stated that the discussion demonstrated that the health board had a number of workforce risks and needed to consider the controls it put in place. She added that such discussions were not relevant to the committee's remit, but there was no operational forum at which such issues could be discussed. Emma Woollett concurred, adding that a risk-based way of prioritising issues also needed to be developed. Ceri Phillips stated that the committee needed assurance that the operational issues were being addressed, rather than discussing them in full. He added that the committee needed to have a more strategic focus.

Hazel Robinson advised that she had started to work 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. She added that while the monies received from Welsh Government would support some, others would have to be funded elsewhere or the service redeveloped.

Hazel Robinson sought clarity as to how the committee would like to progress the report. Ceri Phillips suggested that the next iteration include an assessment of the risk profile, after which it should be submitted to the board. Emma Woollett concurred, adding that it should also include a proposal as to how to take this forward. Pam Wenger stated that work was continuing to develop a board assurance framework and the corporate risk register and this would align with some of the workforce issues raised.

HR

- Resolved:**
- The report be **noted**.
 - Next iteration to include an assessment of the risk profile as well as a proposal as to how to take the work forward.

HR

82/18

OCCUPATIONAL HEALTH – MODELS FOR FUTURE DELIVERY

A report outlining potential future models for occupational health services was **received**.

In introducing the report, Paul Dunning highlighted the following points:

- 80% of the occupational health specialists were due to retire in the next two years and there were difficulties in recruiting;
- The current service model was traditional, and there was potential to develop a 'grow your own' version;
- There was also an option to have a regional medical model with one of the health board's doctors training others for the future however there was a risk of non-retention following qualification;
- The preferred option for the future was a multi-disciplinary team approach which enabled staff to work at the top of a licence and to introduce advanced nurse practitioners. An invest to save bid had been submitted in this regard;
- A case had been made to the investment and benefits group to support the electronic scanning of records.

In discussing the report, the following points were raised:

Hazel Robinson advised that over the course of the next six months, the service would reach a 'fork in the road' as physicians reached their retirement age and a number had applied to 'retire and return'. She added that the current service model was not sustainable, as staff were waiting up to eight weeks for an appointment, therefore it needed to be redeveloped, and this may not support the process of retire and return.

Jackie Davies commented that managers were frustrated by the delays in the service, not just for appointments for staff but also for advice, therefore it was time to consider working differently.

Kathryn Jones stated that she had experience of an alternative service model in England, which used nurse consultants and enables staff to be seen in a more timely way and manage sickness effectively.

Emma Woollett commented that she would have expected such an issue to have been discussed in detail by the Executive Team, given that it was operational and for it to agree any proposals. She added that, while it was not within the committee's remit to consider, her initial feeling was that it would be disadvantageous to share such resources.

Ceri Phillips stated that it was a useful report in highlighting the issue but it would have been more relevant for the committee to receive a proposal agreed by the Executive Team. He added that there needed to be evidence to support all the options.

Resolved: The report be **noted**.

83/18 **DIGITAL STRATEGY**

A report providing an update on the workforce digital strategy was **received**.

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

- There had been a presentation to the board development session in June 2018 to share the digital strategy vision for workforce and progress to date was outlined in the report;
- A business case and action plan were in development;
- The central electronic staff record (ESR) team was to undertake consultancy work within the health board to support the development of a strategic approach.

In discussing the report, Emma Woollett commented that the development of a risk register would mitigate the need to have such updates to the committee as these could be included within the register.

Resolved: The report be **noted**.

84/18 PHYSICIAN ASSOCIATES

A report providing an update on physician associates was **received**.

In discussing the report, Push Mangat advised that the health board now had six physician associates, which was a significant improvement.

Resolved: The report be **noted**.

85/18 FREEDOM TO SPEAK OUT GUARDIANS

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

In introducing the report, Kay Myatt highlighted the following points:

- Research had been undertaken at NHS trusts in Blackpool and Bristol to see different approaches;
- The potential number of concerns to be raised could cause an issue in terms of capacity;
- Three guardians with training and support would be the optimal number.

In discussing the report, the following points were raised:

Pam Wenger advised that the scheme in Bristol was the freedom to speak up rather than out, and it was important that the distinction was made in order for staff to feel comfortable to raise concerns. She added that the key

to the process was signposting staff to the relevant policies and procedures but champions also needed to feel confident to approach executive directors to raise issues on behalf of staff.

Gareth Howells advised that in his former role at an NHS England trust, the freedom to speak up process was separate to that of whistleblowing and the guardians reported directly to the Chief Executive. He added that it also aligned with workforce culture to enable people to speak out. Emma Woollett concurred, adding that the structure was already in place to build on, and it was important that the champions were independent of HR. She stated that the potential number of concerns was exactly why such a scheme was needed as it would show staff that they were being listened to.

Kathryn Jones stated that it was important that such a scheme was owned by staff and that they developed a pilot together. She added that it would also need to align with the dignity at work policy. Ceri Phillips concurred, adding that it needed to be a 'bottom up' approach, which was not clear from the report, and suggested that an update on action be provided at the next meeting. This was agreed.

Kay Myatt advised that the scheme within England was supported and trained by a national network and there was talk within Wales of establishing something similar following the results of the staff survey.

HR

- Resolved:**
- The report be **noted**.
 - Update on action be received at the next meeting.

HR

86/18 CURRENT STATUS OF GRADUATE TRAINEE MANAGEMENT DEVELOPMENT PROGRAMMES IN ABMU HEALTH BOARD

A report outlining the current status of graduate trainee management development programmes in ABMU Health Board was **received**.

In introducing the report, Kay Myatt highlighted the following points:

- Permission had been received to recruit a second cohort of graduates via the internal scheme;
- Participants would be sponsored by the units.

In discussing the report, Ceri Phillips advised that the next steps would be to discuss the scheme with Health Education and Improvement Wales (HEIW) as they were considering graduate training on a national level, following which any proposals should be progressed via the Executive Board given that it was an operational issue.

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

87/18

PERSONAL FILES

A report providing an update in relation to personal files was **received**.

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

- A break-in had occurred one of the community hospitals at which some personal files were stored;
- The issue had been reported to the Information Commissioner's Office;
- Due to the high-risk, an interim alternative storage facility had been identified and agency staff recruited to sort through the records;
- The long-term aim was to digitalise the records.

In discussing the report, Emma Woollett queried whether the issue was included on the risk register, adding as it was an operational issue, it was more appropriate for this to be discussed by the Executive Board rather than the committee. Pam Wenger advised that it was an entry on the risk register, but given the referral to the information commissioner, there was a responsibility for it to be reported to the board via the committee.

Resolved: The report be **noted**.

88/18

MEDICAL WORKFORCE BOARD UPDATE

An update from the medical workforce board was **received**.

In introducing the report, Push Mangat highlighted the following points:

- The work in relation to job planning needed to be completed and an update was required to the Audit Committee as part of the Wales Audit Office follow-up review of the consultant contract;
- There was an expectation from the Deanery and General Medical Council (GMC) that regular medical workforce updates would be provided to the board and this was discharged via the committee;
- The results of the GMC survey would need to be considered;
- Internal medicine training was to increase to five years led by HEIW, which would require leads from each health board.

In discussing the report, the following points were raised:

Ceri Phillips referenced the recommendation for the committee to consider the report however the content was more operational. He added that proposals needed to be developed through the Executive Board and then submitted for the committee to consider.

Pam Wenger stated that the report to the Audit Committee needed to

demonstrate the pace of progress.

Resolved: The report be **noted**.

89/18 E-JOB PLANNING

A report providing an update on e-job planning was **received** and **noted**.

90/18 NURSING EXIT INTERVIEWS

A report providing an update in relation to nursing exit interviews was **received**.

In introducing the report, Gareth Howells advised that the work was aligned with the recruitment and retention programme and he would be progressing it further with Hazel Robinson and Jackie Davies.

Resolved: The report be **noted**.

91/18 NHS WALES STAFF SURVEY 2018

A report providing an update in relation to the NHS Wales staff survey 2018 was **received** and **noted**.

92/18 NURSE STAFFING LEVELS (WALES) ACT 2016 UPDATE

An update on the implementation of the Nurse Staffing Levels (Wales) Act 2016 was **received**.

In discussing the report, Emma Woollett noted that the report was similar to that provided to the board meeting the previous month and it was disappointing not to receive an update. Ceri Phillips concurred, adding that as it had been agreed that the report would be a standing item, it would need to provide further updates to those received at other meetings.

Resolved: The report be **noted**.

93/18 ITEMS FOR FUTURE MEETINGS

The discussion regarding items for future meetings was superseded by that of 'any other business'.

Resolved: The report be **noted**.

94/18 ANY OTHER BUSINESS

(i) Future Workforce and OD Committee Planning

Hazel Robinson commented that there was a gap within the governance structure for a workforce and OD forum, which would provide a space in which operational issues could be discussed. She added should this be established, consideration could then be given as to the role and remit of the committee.

Push Mangat stated that any workforce forum should not be limited to medical board updates, but should be expanded to include other professional groups. Pam Wenger concurred, commenting that if the health board was to have an operational forum, there may be a number of groups which could feed into that with representatives from across the health board. She stated that once this was in place, consideration could be given as to whether the committee was still required or whether the necessary assurance was being received by other fora. Hazel Robinson responded that the next stage would include the mapping of the workforce assurance required by the board.

Emma Woollett commented that establishing a workforce and OD forum appeared to be the sensible way forward as the committee was receiving significant amounts of operational reports.

Ceri Phillips stated that the discussions throughout the meeting had been useful in determining the way forward, adding that the role of the committee was not to create additional working for the Executive Board but to facilitate its working.

Pam Wenger suggested that a proposal be put to the Executive Board to establish a workforce and OD forum. This was agreed.

HR

Sharon Vickery advised that the board was required to be kept up-to-date on junior doctor training issues and high risk disciplinary cases and this previously had been discharged through the committee. Ceri Phillips advised this would be considered as part of the discussions by Pam Wenger and Hazel Robinson when progressing the establishment of the forum. Pam Wenger added that the process by which risks were reported to the board was under review and this would be included.

Hazel Robinson sought clarity as to potential agenda for the next meeting. Ceri Phillips suggested that the committee receive an update on the establishment of the forum and any urgent issues. This was agreed.

HR

Emma Woollett commented that once the right governance structures were in place, it would enable committee members to hear ideas and proposals and offer suggestions. Gareth Howells concurred, adding that there needed

to be a wider discussion to develop a robust committee structure.

There was no further business and the meeting was closed.

95/18

DATE OF NEXT MEETING

Subsequent to the meeting, this was confirmed to be 13th November 2018.