ABM University LHB Unconfirmed

Minutes of a Meeting of the Workforce and Organisational Development Committee held on 5th July 2018 in the Board Room, Health Board HQ, Baglan

Present

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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)
Julian Quirk	Head of Workforce (localities and systems)
Sharon Vickery	Head of Workforce (delivery units and medical staffing)
Push Mangat	Deputy Medical Director
Chris Morrell	Director of Therapies and Health Science (from minute 68/18)
Chris White	Interim Chief Operating Officer (from minute 68/18)
Helen Griffiths	Interim Corporate Head of Nursing
Liz Stauber	Committee Services Manager

Minute Item

64/18 WELCOME

Ceri Phillips welcomed everyone to the meeting which was being held on the 70th birthday of the NHS.

65/18 APOLOGIES

Apologies for absence were received from Angela Hopkins, Interim Director of Nursing and Patient Experience and Kathryn Jones, Assistant Director of Workforce and OD.

66/18 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meetings held on 8th March and 3rd May 2018 were **received** and **confirmed** as a true and accurate record.

67/18 MATTERS ARISING

(i) <u>42/18 Key Workforce Metrics and Workforce Issues</u>

Jackie Davies noted that the committee was yet to receive the findings of

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the analysis of the nurse bank and incentive options. Hazel Robinson undertook to provide this at the next formal meeting.

Jackie Davies sought an update in relation to the discussions the executive team was due to have with regard to pre-emptive beds. Push Mangat advised that the issue had been discussed by the executive team but not necessarily as a specific agenda item. He added that although the beds should be confined to winter, they were still required due to pressures and this was an ongoing concern for the executive team. Emma Woollett noted that winter planning was on the radar of the Performance and Finance Committee and pre-emptive beds were a part of this. Chris Morrell concurred, adding that the subject was also the focus of the Quality and Safety Committee and Forum, as well as the Health and Safety Committee. Emma Woollett suggested that the issue be removed from the Workforce and OD Committee's agenda to avoid duplication. This was agreed.

68/18 ACTION LOG

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

(i) Action Point One

The committee's terms of reference were on the agenda for approval.

(ii) <u>Action Point Three</u>

Hazel Robinson advised that she had provided a preliminary report regarding statutory and mandatory training to the Audit Committee and was to provide a follow-up to its next meeting outlining all workforce risks.

(iii) <u>Action Point Four</u>

Ceri Phillips commented that the issue regarding workforce data was now more relevant to the Performance and Finance Committee and suggested this be removed from the action log. This was agreed.

Hazel Robinson noted that the remaining outstanding actions were historical and suggested they be removed as they were now superseded by the work to develop the committee's remit. This was agreed.

69/18 WORKFORCE AND OD COMMITTEE TERMS OF REFERENCE

The committee's terms of reference were received.

In introducing the terms of reference, Hazel Robinson highlighted the following points:

- The committee's previous 'core' business was now discussed elsewhere, there consideration had been given to its remit going forward;

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- A broader membership had been proposed to include the senior human resources (HR) team and representatives from the units;
- A frequency of monthly meetings was also suggested, alternating between a formal agenda and a discussion forum.

In discussing the terms of reference, the following points were raised:

Chris Morrell queried whether volunteering should be included within the terms of reference. Hazel Robinson responded that while the organisation did have a focus on volunteering, it did not need to be specifically mentioned within the terms of reference.

Chris White suggested that 'or an alternative' be included within the membership in relation to the membership to provide the option for a deputy to attend, in-line with the requirements for other executive directors. He added that that the quoracy of meetings should also be reviewed. This was agreed.

Jackie Davies stated that she particularly liked the purpose of the committee outlined in the terms of reference, adding that she agreed with the proposals surrounding membership and frequency of meetings.

Sharon Vickery commented that it was pleasing to see medical education included. She added that the committee was the vehicle by which the board was kept informed of serious disciplinary cases and consideration needed to be given as to how this would continue. Hazel Robinson advised that there was no reason why the committee could not continue to have a non-public session to receive such a report, but the membership for that needed to be considered carefully. Ceri Phillips concurred, adding that the level of detail within the report needed to be considered and suggested that further advice be sought from the Director of Corporate Governance as to how to progress. This was agreed.

Helen Griffiths noted that a correction was required to the Director of Nursing's title to include 'and Patient Experience'. She added that it was nice to see the inclusion of the Nurse Staffing Levels Task and Finish Group, but advised that the name of the group would be changing in due course, and queried whether a regular report should be provided. Jackie Davies suggested it be a standing item. Hazel Robinson concurred but clarified it was on a bi-monthly basis for the formal meetings.

Chris White queried whether there was a working group for therapies and health science which should be included. Chris Morrell advised that there was and queried whether the volunteering group needed to be added. Hazel Robinson undertook to include both.

Push Mangat queried whether the health board's health professionals' forum was still in existence. Chris Morrell advised that the standing orders made it a requirement for the health board to have the forum, but it currently did not meet due to membership challenges. She added that she was in the process of re-establishing it.

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Hazel Robinson queried whether the local partnership forum required a presence. Chris White responded that further consideration was needed as to whether this needed to be in person or by exception reporting.

Chris White suggested that Swansea University be a part of the membership and representatives attend to discuss strategic developments in education. Ceri Phillips concurred, adding that attendance would be more relevant for the informal discussion meetings.

- **Resolved:** The terms of reference be **approved**, subject to the changes discussed.
 - Discussions be undertaken with the Director of Corporate Governance to determine the most appropriate way in which to report the high risk workforce cases.

70/18 WORKFORCE RISKS

A report setting out workforce risks was received.

Ceri Phillips advised the committee that he had asked Hazel Robinson to prepare the report to outline her perception of the risks and challenges the organisation faced. He added that workforce was not just the most expensive component of the health board, but also the most fundamental, therefore part of the discussion needed to focus on how to support and enhance the function.

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

- As a newcomer to the organisation, this was an opportunity to provide 'fresh eyes' as to the challenges;
- Capacity of workforce functions had been reviewed and compared with other health boards, with the analysis demonstrating that ABMU was 'light' on resources;
- The insufficient capacity was impacting on the way in which workforce could support the organisation for basic people management tasks;
- The heath board had the highest sickness absence rates in Wales and the processes was not managed efficiently, as HR did not have the capacity to become involved until late in the process;
- There were also challenges in relation to occupational health, personal appraisal and development reviews (PADR) and statutory and mandatory training;
- While staff turnover was not a significantly high, there was no strategy to identify bank and locum opportunities;
- The health board had an unprecedented number of casework with

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around 180 cases in total, including disciplinary, grievance and dignity at work. Investment had now been agreed for tracking software to manage the process as there was significant frustration as to the length of time each case required to resolve;

- Consideration needed to be given as to the reason why the health board had so many cases, with one potential cause the lack of workforce resources to support managers at an early stage to 'nip issues in the bud';
- A presentation had been given to the board regarding a digital workforce strategy;
- The changes to the Bridgend boundary and the new general data protection regulations were to increase the demands on HR.

In discussing the report, the following points were raised:

Julian Quirk stated that seeing all the risks and challenges presented in one report for the first time was sobering. He added that some years ago, a significant proportion of the senior workforce resource had been removed as a savings target and this was the resulting impact.

Chris White commented that from an operational point of view, the units did not have the right mix of business partners and the general managers needed expert workforce advice rather than trying to manage situations themselves. He added that he would support requests for resources and this had been reinforced at the workforce corporate performance review.

Chris White stated that the transformational programme would need a sufficient organisational development agenda but this was not evident in the current educational schemes. He added that the organisation needed to move into that space.

Chris White advised that a new type of relationship needed to be developed with staff side colleagues to ensure best value for all.

Jackie Davies concurred with Chris White's comments, adding that performance management was not undertaken robustly within the health board as without sufficient workforce support, managers had to be developed to make fundamental decisions, and this was leading to inconsistency. She stated that the biggest risk to finance was workforce and unless issues such as sickness and long disciplinary cases were addressed, the impact would be detrimental to the financial position.

Emma Woollett complimented Hazel Robinson on her report, adding that there did need to be significant investment in workforce in order to improve, both in the short and long term, and investment was also needed to train people on the ground to manage staff. She stated that the challenge now was to determine what action was going to be taken and by when a plan would be available, as something fundamental was needed urgently.

Ceri Phillips commented that the performance and finance issues needed

to be quantified in order to make a case for investment, as it was not enough just to illustrate the shortcomings, the impact also needed to be demonstrated. He added this needed to be captured to take the case forward to other areas of the board.

Chris Morrell stated that staff learning was a key part of workforce but this was not something which was strongly encouraged by the organisation, nor was career development, and this was often why staff took up posts elsewhere.

Push Mangat commented that the Medical Director's department worked closely with the medical human resources team as this was the only health board in which his department managed medical workforce issues. He added that organisational development was something that everyone should do as a core way of working and this needed to be addressed as part of staff engagement.

Helen Griffiths stated that the report brought to light a number of issues, adding that in relation to the time taken to investigate cases, this was on top of the day job for those in an operational role and consistency was an issue as there were no workforce expertise on hand.

Emma Woollett commented that consideration should be given to establishing a short-term task and finish group to addressing the current 180 cases. Julian Quirk responded that a weekly meeting took place to discuss each of the open cases and to chase progress, but it had to be undertaken at a distance as there was insufficient resource to get directly involved. He added that the number of cases had increased inexplicably in the last two years for the health board, therefore the issue was not just the time taken to manage them, but rather the volume being received.

Chris White noted that benchmarking data was available for other health boards as to their numbers of cases, with the average around 80. Therefore this provided a baseline to work towards, meaning around 100 cases had to be managed quickly. He queried if there was potential for recent retirees to return for a short period of time to undertake an aggressive piece of work to bring the numbers to a more sensible level.

Chris White commented that if staff were considered the health board's biggest asset, this needed to be highlighted from a leadership perspective to develop a trusting relationship.

Ceri Phillips welcomed the discussion, adding that it conveyed the committee's expectation for action as a matter of urgency. He suggested that the next steps be for the report to be developed further to reflect the conversation and that he relay the discussion to the Chairman and Hazel Robinson do the same to the Chief Executive. This was agreed.

Ceri Phillips stated there did need to be immediate action to address the 180 cases. Hazel Robinson welcomed the support of the committee in this matter but advised that it would be challenging to find people available to HR

and the workforce team needed to take time to consider what it needed to reach a more stasis position. Hazel Robinson suggested she and the senior team took a few days to reflect on the discussion and develop an action plan, of which she would then advise Ceri Phillips. This was agreed.

Resolved: - The report be noted.

- The report to be developed further to reflect the conversation and the discussion be relayed to the Chairman and Chief Executive.
- Senior HR team to reflect on the discussion and develop an action plan, with this then shared with Ceri Phillips.

71/18 DEVELOPMENT OF THE COMMITTEE WORK PROGRAMME

Resolved: A draft work programme be developed following the finalisation of the workforce risks report.

72/18 STRUCTURE AND FREQUENCY OF FUTURE MEETINGS

Resolved: The structure and frequency of future meetings had been agreed as part of the terms of reference.

73/18 MEMBERSHIP

Resolved: The membership had been agreed as part of the terms of reference.

74/18 ANY OTHER BUSINESS

(i) Changes to the Medical Director

Push Mangat advised that the current Medical Director was to leave the organisation at the end of the month, and while he was to take up the interim position, this would be in the short term as he had been successful in his application for a role with Heath Education and Improvement Wales. He added that three individuals had been appointed to undertake various elements of the deputy Medical Director role, but it was unclear at this stage who would be attending the committee in future. Chris White stated that it was important that the same representative attended each meeting in

order to provide consistency. Ceri Phillips thanked Push Mangat for his contribution to the committee.

There was no further business and the meeting was closed.

75/18 DATE OF NEXT MEETING

This was to be confirmed.