

ABM University LHB
Unconfirmed
Minutes of the Meeting
of the Workforce & Organisational Development Committee
held on
19th September 2017
in the Board Room, Health Board HQ, Baglan

Present

Gaynor Richards	Non-Officer Member (in the chair)
Paul Newman	Non-Officer Member
Chantal Patel	Non-Officer Member
Martin Sollis	Non-Officer Member
Jackie Davies	Non-Officer Member
Rory Farrelly	Interim Chief Operating Officer / Deputy Chief Executive/ Director of Nursing and Patient Experience
Kate Lorenti	Acting Director of Human Resources

In Attendance:

Pushpinder Mangat	Deputy Medical Director (for minute numbers 88-90/17 only)
Alison Clarke	Assistant Director of Therapies and Health Sciences
Jayne Combe	Values Programme Lead (for minute 98/17 only)
Paul Dunning	Professional Head of Staff Health & Wellbeing (for minute xx only)
Guy Holt	Associate Head of HR (for minute 99/17 only)
Wendy Penrhyn-Jones	Head of Corporate Administration

Minute	Item	Action
85/17	WELCOME Gaynor Richards welcomed everyone to the meeting in particular Jackie Davies and Martin Sollis and Alison Clarke (representing Christine Morrell), all of whom were attending for the first time.	
86/17	APOLOGIES Apologies for absence were received from Christine Morrell, Director of Therapies & Health Sciences.	
87/17	CHANGE TO ORDER OF AGENDA It was noted that agenda items 9. Medical Engagement Scale, 10. Medical Agency Caps and 18. Medical Workforce Board be taken next.	
88/17	MEDICAL ENGAGEMENT SCALE A report as to actions taken thus far as a result of the above survey and the opportunities to development medical engagement further across the organisation was received .	

In discussing the report the following points were raised:

Push Mangat said that the response rate had been positive despite Morriston Hospital Delivery Unit being an outlier in terms of the feedback. He said that the majority of responses had been received from anaesthetists and that whilst he had not been surprised by the results, if the survey was carried out again now he felt it would reflect the benefits of having a more mature operational management structure and the investment in clinical leadership. He stated that medical appraisal rates had continued to improve and were now around 90%. He added that Morriston Delivery Unit operated a regular Clinical Cabinet meeting which enabled clinical cabinet members to discuss clinical issues with clinical directors and clinical leads and that ABMU also ran a Clinical Leadership Programme in conjunction with the Kings Fund.

Push Mangat stated that whilst job planning was under discussion between the Medical Director's Directorate and service delivery units, this was an operational task. Martin Sollis noted that there were no timescales or measurable within the recommendations of the report. Push Mangat stated that the measurable had been discussed in other meetings and included the number of complaints, levels of annual appraisal and job planning etc. Given the types of variables it was suggested that reports on progress needed to be considered by the Performance and Finance Committee. Paul Newman advocated the need to describe 'what good looked like' and the plan to achieve this. Push Mangat stated that such a piece of work was dependent on the level of resources available to take this forward but acknowledged the importance of activities around job planning and improving lines of communication.

Rory Farrelly said that evidence suggested that where patient experience was good, so too was staff experience. He added that ABMU was proceeding with the development of a Clinical Strategy and clinical leadership was key to this.

Chantal Patel asked how this linked with ABMU's Recovery & Sustainability (R & S) agenda and medical engagement. Push Mangat stated that medical engagement was a dedicated workstream under R & S and that the issue was a managerial rather than a medical responsibility.

Push Mangat agreed to discuss with the Medical Director the way forward in terms of addressing the feedback provided from the Medical Engagement Scale and a further report would be provided to the next meeting in this respect.

Resolved:

- Push Mangat to discuss with Medical Director the way forward in terms of actions arising from the Medical Engagement Scale.
- Further report to next meeting.

PM

PM/KL

89/17

MEDICAL AGENCY CAPS

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

In discussing the report the following points were raised:

It was noted that information had been provided by all health boards to Welsh Government so that this issue could be progressed and that meetings were taking place with finance colleagues and unit medical directors to consider the ceiling for authorisation.

Pushpinder Mangat stated that Medacs had been nominated as part of a national contract process to help organisations address medical staffing shortages. Kate Lorenti stated that there were existing gaps in the medical rota due to international recruits not being able to take up posts as expected. She added that consideration was needed as to whether rotas could be provided differently. Paul Newman stated that it would be important to manage any potential conflict of interest that could exist in terms of the role being played by Medacs.

Kate Lorenti stated that she would check that the appended action plan was generic in terms of actions being taken by other health boards. She added that risk assessments were currently being worked through.

Martin Sollis sought clarity as regards an escalation process. Push Mangat stated that each delivery unit would have to account for any departure from due process.

Martin Sollis suggested that the Board was made aware of the issue and that reporting lines were clarified in terms of the ongoing process. Push Mangat was asked to present future reports whether this was to the Workforce & OD Committee or the Performance & Finance Committee/ Quality & Safety Committee.

Resolved:

- The matter to brought to the attention of the Board;
- Further reporting arrangements be clarified with Push Mangat continuing to present such updates.

GR/KL

PM/KL

90/17

MEDICAL WORKFORCE BOARD (MWB)

A report around the issues considered by the MWB at its meetings in April and July was **received**.

In discussing the report Pushpinder Mangat reported that of the seven original Physician Associates who ABMU had committed to a one-year internship four had been subsequently been offered posts.

Resolved: The report be **noted**.

91/17 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 15th May 2017 were **received** and **confirmed** as an accurate record.

92/17 MATTERS ARISING

There were none.

93/17 ACTION LOG

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

1. Workforce Metrics & Risks

With regard to the possibility of separating data relating to vacancies as opposed to those arising from internal vacancies Kate Lorenti stated that the issue would be dependent on the way in which forms were completed by staff. A meeting was pending to consider this further.

2. Establishing a Dedicated HR Investigations Team

Kate Lorenti stated that one of the reasons put forward for the above team being necessary was the centralisation of expertise which would reduce the time taken to complete investigations as well as improving report consistency. Paul Newman stated that a decision was needed as to the way forward as soon as possible.

Kate Lorenti stated that given the resource implications of establishing such a department she was planning to submit a report to the executive team meeting seeking their views. Kate Lorenti stated that there was also room for improvement in the initial assessments carried out on referrals to determine if an investigation was necessary. If these were more consistent she felt it was likely that there would be a reduced number of investigations needing to be undertaken. She stated that significant number of staff tended to report sick in instances which proceeded to investigation which then impacted on the ability of staff to progress matters.

Jackie Davies stated that staff-side had already supported the proposal as it was felt it would improve the process for all concerned. She added that there was a need for specific timeframes for action within the process as the descriptor 'reasonable' could be open to interpretation and was not measurable.

Kate Lorenti undertook to communicate the result of discussions at the executive team.

94/17 WORKFORCE METRICS REPORT

A report was **received**.

In discussing the report the following points were raised:

Kate Lorenti offered apologies that aspects of the report were not of the appropriate quality and that this would be addressed by members of her team for future reports.

With regard to sickness/absence, Kate Lorenti stated that this was still a challenge despite the level of attention the issue was receiving which was the highest of all health boards. In particular she said that long term sickness remained high with the main cause being attributed to anxiety, stress and depression.

With regard to establishment levels and vacancies Kate Lorenti stated that as a result of the vacancy review process a number of administrative and clerical vacancies were not being progressed. She added that nurse vacancies remained a concern with around 200 vacancies currently existing. There were currently 85 Filipino recruits in the process of being recruited. Rory Farrelly stated that ABMU would be gaining 110 graduate nurses in September who were currently awaiting their registration numbers who had studied mostly at Swansea University and the University of South Wales. In a bid to address the level of nurse vacancies Rory Farrelly stated that care pathways were being redesigned.

Paul Newman stated that the graduates would have a mix of skills and aptitudes and asked how this was managed when they were deployed into the nursing workforce. Rory Farrelly stated that there was a robust competency process and that ABMU had also developed a preceptorship programme for newly qualified registrants. He added that systems to place to ensure that any one area was not solely staffed by such new recruits. He added that there was also a rotational programme which was helping ABMU retain staff by giving them a range of planned clinical experience.

Alison Clarke raised the issue of ABMU having productive relationships with its local universities and the need to ensure the clinical placements were of a high standard. Chantal Patel stated that clinical mentorship was a key issue which was currently audited every two years. Rory Farrelly said that given students spent 50% of their time in a training placement the organisation had a responsibility to ensure they were equipped with the necessary knowledge and skills to graduate.

With reference to personal appraisal and development reviews Kate Lorenti stated that some progress had been made although some staff continued to report that the Electronic Staff Record system was not confirming the true extent of completed appraisals for non-medical staff. She added that group appraisals had worked well in areas such as facilities management. Martin Sollis noted concern over the level of completion for corporate directorate appraisals.

With regard to statutory and mandatory training Chantal Patel stated that there was also a degree of other training that was ongoing such as the Mental Capacity Act. Rory Farrelly suggested that there was a need for the definition to be discussed by the executive. This was agreed. Kate Lorenti

stated that the appraisal policy set out that if this had not been completed no other training should be undertaken.

Kate Lorenti stated that there had been an increase in variable pay costs during August which was currently subject to a 'deep-dive' to understand the cause.

With regard to recruitment timescales Kate Lorenti said that on average these currently stood at 67 days but that a 10 day timescale had been set for the future although compliance with this was in part dependant on applicants supplying identification and qualification documents within a reasonable time.

With reference to the content of the workforce metric report Paul Newman stated that this needed to be mindful of 'SMART' report requirements.

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| Resolved: | <ul style="list-style-type: none">– Report be reviewed and 'SMART' actions incorporated to provide increased levels of assurance.– Consideration be given to the definitions for mandatory and statutory training. | KL
KL |
|------------------|---|------------------------|

95/17 ANNUAL REPORT OF COMMITTEE – 2016/17

The Annual Report be **approved**.

96/17 WORKFORCE RECOVERY & SUSTAINABILITY PLAN

An update on the various workforce and OD work streams underway was **received**.

In discussing the report the following points were raised:

Kate Lorenti advised that originally Workforce & OD had 13 separate workstreams but that there had been a direction from the Recovery & Sustainability Programme Board that the focus should be on five. Kate Lorenti said she was keen to step up progress although this was a challenge given that there were no additional resources available to support the process. She added that she was disappointed that more progress had not been made to date in regard to driving down sickness/absence but this continued to be a key focus.

With regard to improving rostering Kate Lorenti stated that this had been focused on intensive care at Morrison Hospital and an evaluation would be undertaken to verify if the changes were delivering the expected benefits. She added that work was seeking to standardise shift patterns. Rory Farrelly stated that need for such work had been raised at the Partnership Forum. He added that some of the different shift patterns had arisen as a result of the issue had not been appropriately managed at local level. He added that a new Rostering Policy was in place and he was holding staff to account for its implementation. Kate Lorenti stated this was linked to work

around the ABMU Nurse Bank.

The committee suggested the issue should be highlighted to the board as part of its key issues report. This was agreed.

KL/GR

With regard to job controls and grading shift Kate Lorenti stated that ABMU was now operating a vacancy control process alongside a robust job evaluation process.

Kate Lorenti stated that the incentivisation of the ABMU nurse bank remained a challenge and that it was not possible to move to weekly pay for such shifts as there were tax implications.

Martin Sollis sought clarity around the level of support being provided to job planning. Kate Lorenti stated that this issue was led for medical staff by the Medical Director. The importance of appropriate focus being given to job planning for medical staff was raised by Martin Sollis and it was agreed this issue would be brought to the attention of the board.

KL/HL

Resolved:

- The issue of the plethora of shift patterns in existence be brought to the attention of the Board.
- The level of focus on medical job planning processes be reviewed and highlighted to the Board.

KL/GR

KL/HL

97/17

STAFF ENGAGEMENT PLAN

A report seeking approval of the draft Staff Engagement Plan was **received**.

In discussing the report, the following points were raised:

Kate Lorenti stated that this was key to a number of pieces of work being progressed and was particularly important given the challenges that faced the organisation and therefore its staff.

Rory Farrelly questioned if the issue of medical engagement was correctly referenced as he felt there should be single plan for all staff. Non-officer members concurred. Kate Lorenti agreed to verify that this had been captured.

KL

Chantal Patel stated that the proposed plan did not confirm what outcome would be expected. She stated that to launch a plan was insufficient as there was a need to drive the change required and such assurances were not conveyed by the document.

Resolved:

- Review of the proposed engagement plan to be undertaken to address the issues raised.

KL

98/17

STAFF SURVEYS

A report highlighting common feedback themes from the three most recent staff surveys undertaken within ABMU was **received**.

Jayne Combe was welcomed to the meeting.

In discussing the report the following points were raised:

Jayne Combe stated that it had been recognised that the themes within the Medical Engagement Scale survey were similar to those arising from the other three staff surveys that had been undertaken. She said that as a result a high level action plan had been developed which highlighted the need for staff to be involved in the way forward. She said that work was ongoing in this respect with the not for profit organisation - 'Future Works Centre'.

Martin Sollis stated that stakeholder engagement was linked to the ABMU Communication Plan and needed to be reported through the Recovery & Sustainability Programme Board.

Jackie Davies raised the issue of poor performance and bullying. Jayne Combe stated that there was a need to understand more about both issues but particularly bullying and a workshop was available to service delivery units which would bring greater understanding so that staff were better able to distinguish the difference between being performance managed and being bullied. The workshop then offered means to addressing both issues by way of an engagement approach.

Gaynor Richards concurred that it was important that staff developed listening skills and that engagement should be embedded into the recovery & sustainability programme. Martin Sollis stated that this needed to be the key focus. Rory Farrelly stated that there should be a core section in the Chief Executive's brief about this issue. He added that the issue needed to be linked to the patient experience as evidence showed that the two were connected. Chantal Patel stated the issue needed to be linked with financial effectiveness also.

Gaynor Richards offered thanks to Jayne Combe and her team for all the good work they did.

Resolved: – The report be **noted**.

99/17

HEALTH & WELLBEING UPDATE

A report setting out progress made in terms of the Sickness Absence and Health & Wellbeing Programme was **received**.

Paul Dunning and Guy Holt were welcomed to the meeting.

In discussing the report, the following points were raised:

Guy Holt stated that three things were important in the drive to reduce sickness/absence these being the appropriate application of the Sickness/Absence Policy, the support provided through Health & Wellbeing and lastly work to help prevent staff needing to absent themselves.

Rory Farrelly sought clarity around the issue of variation in management of sickness/absence and asked what could be done to address this. Paul Dunning stated that training was available for managers which included broader awareness of mental health issues and the provision of support to staff to counselling which could help avoid them requiring a period of absence. He added that the reasons for long and short term sickness were different and that the various pieces of work that were ongoing were starting to see a reduction in long term sickness. Guy Holt stated that 'hot spot' audits were undertaken which demonstrated that compliance with policy triggers was good. He added that there remained a need to address staff culture. Kate Lorenti stated that it was important to ensure that accountability for sickness absence of staff was managed by line managers rather than being delegated upwards. Paul Dunning stated that there were pockets of excellence in appropriate management of staff sickness /absence and work was ongoing to increase awareness of managers that the health and wellbeing of their staff was central to their service. Kate Lorenti added that ABMU's support mechanisms may help the organisation reduce the length of time staff needed to remain absent from work which was positive.

Chantal Patel stated that consistency of management was important. She questioned the value of some of the Schwartz Rounds she had attended and stated that it was important that the benefits of such initiatives were defined and a plan was created to deliver this.

Kate Lorenti stated that she felt improvements could still be made to the all-Wales Sickness/Absence Policy which would better enable the organisation manage this issue. She also stated that current legislation also had an impact as 'stress' and 'depression' which were amongst the top causes of sickness absence in ABMU and these were classed as chronic illnesses under the Disability Act. Martin Sollis stated that it was important that government was provided with evidence where it was felt amendments to all-Wales policies and staff terms and conditions could help lead to improvements. He added that whilst not all sickness/absence was genuine it could be lined to organisational issues and that whilst he applauded the various initiatives that were ongoing to support staff such investment had been made on a non-recurrent basis and was therefore unsustainable. He said it was important that where there were deep-rooted issues these were tackled and this included local ownership of the issue of sickness management. Kate Lorenti stated that this issue was not a Workforce & OD Directorate issue but one that needed to be addressed by service delivery unit management teams.

Chantal Patel stated that there was a need to build emotional resilience

amongst the workforce. Kate Lorenti stated that whilst she agreed this, staff terms and conditions that staff needed to be borne in mind. Paul Dunning stated that whilst the various ongoing support projects could help staff, well resourced clear lines of accountability were essential to good staff management.

Paul Newman noted that a significant proportion of those staff absent from work on long term sickness/absence returned before their full pay entitlement ended. Kate Lorenti stated that she was planning to speak to the local GP forum regarding the issue of Fit Certificates as she wished to facilitate as early a return to work as was possible with reasonable adjustments over a short period of time.

Alison Clarke asked how the team were reviewing the success of the Well Being Champion initiative. Paul Dunning stated that this had been taken forward under the badge of being a Bevan Commission exemplar and therefore this was undergoing an evaluation what difference it had made. He stated there had been an increase in self-referrals for emotional health counselling.

Paul Dunning stated that sickness/absence issues could be linked to some of the feedback in the staff survey.

Martin Sollis stated that whilst he welcomed the ongoing work to address this multi-faceted issue he required further assurance that the organisation was addressing the issue of local ownership of the management of sickness/absence. Kate Lorenti stated that staff were currently in the process of analysing seasonal sickness with a view to providing information to service delivery units to put them in a better position as regards the management of expected levels of sickness/absence over Christmas and New Year period in 2017/18.

Gaynor Richards sought an update regarding the counselling project being supported by European funding being run by ABMU's Health & Wellbeing Team. Paul Dunning stated that until now the project had work on the basis of a telephone model with users being required to relay their eligibility documentation. He said this was now no longer felt acceptable. Discussions were ongoing with Welsh Government colleagues to resolve any change in criteria and further reports would be brought to the committee in due course.

Resolved: The report be **noted**.

100/17 WORKFORCE POLICIES

A report setting out policies recently approved on behalf of the Committee which also sought extensions to others that had reached their review date was **received**.

In discussing the report the following issues were raised:

The policy documents on which extensions were being requested were all-Wales matters. Kate Lorenti noted that there had been a typographical error in the report and that the extension date being requested should have read 'February 2018' not 'February 2017'

Resolved: – The request for an extension (until February 2018) in respect of the following policy documents be **approved:** Capability Policy, Dress Code, Special Leave Policy. **KL**

101/17 LESSONS LEARNED REPORT

A report in relation to lessons learned arising from investigations into allegations against former employee was **received**.

In discussing the reports, the following points were raised:

Rory Farrelly stated that the report had been received by the relevant Safeguarding Boards and that ABMU was liaising with the patients and their representatives involved. Paul Newman added that matter had been discussed at the Quality & Safety Committee and a further update was scheduled for its next meeting in October 2017.

Rory Farrelly stated that of the 18 actions identified as a result of ABMU's internal review, fifteen had been completed. The outstanding actions related to the development of a Personal Relationships at Work Policy, participation in the all-Wales review of vulnerable adults and children policies and consideration of the benefits of centralising human resource investigations. Anticipated completion dates for each as set out in the report.

Rory Farrelly stated that the Cabinet Secretary had recently announced that he had asked Health Inspectorate Wales (HIW) to undertake a review to provide assurance as regards the extent of the lessons learned by ABMU from this matter. The terms of reference for this review were expected soon.

Jackie Davies said that it was important that staff were confident in the processes in place for them to raise any possible concerns they had regarding a work colleague and asked how confident the organisation was that a similar situation would not recur. Rory Farrelly stated that staff raised concerns on behalf of the patients concerned in this matter and these had been duly recorded in their health records and then investigated. He said that processes were now in place which meant that only himself or a member of his senior nursing team could sanction a staff suspension and that decisions on cases needed to be reached within eight weeks. He added that this was important as the organisation owed a duty of care to both patients and staff members.

Chantal Patel stated that it was important that this robust approach was applied to all staff groups including medical staff. Kate Lorenti stated that the process for investigating any matters relating to doctors was pre-determined and this inevitably meant that the investigatory process would take longer than eight weeks.

Resolved: The report be **noted**.

102/17 NURSING UPDATE

A report summarising nursing workforce issues was **received** and **noted**.

103/17 HOTEL SERVICES VACANCIES & RECRUITMENT

A report setting out details of current vacancy levels and proposals to update recruitment practices for hotel services domestic staff was **received** and **noted**.

104/17 ENGAGEMENT OF MEDICAL LOCUMS

A report setting out the issues identified by an audit of the process for engaging medical locums was **received**.

Martin Sollis requested that the report be shared with the Director of Finance who was developing a process to ensure robust controls were in place around the engagement of medical locums.

Resolved: – Report to be shared with Director of Finance.

KL

105/17 WORKING LONGER UPDATE

A report setting out progress made in relation to this issue was **received** and **noted**.

106/17 WORKFORCE & OD DIRECTORATE INTERNAL RISK REGISTER

The internal risk register for the directorate was **received**.

In discussing the report, the following points were raised:
Martin Sollis stated that in order to provide a complete picture of workforce & organisational development risks the committee needed to receive details of the service delivery unit risk registers. Kate Lorenti undertook to discuss with Rory Farrelly the need for a single report of the nature described.

Paul Newman stated that the relevant risks should be something that was highlighted as a matter of course in individual reports. Martin Sollis stated that he was aware the Director of Corporate Governance was in the process of reviewing the reporting templates for Board and Committee reports and therefore this issue would be resolved by this piece of work.

Resolved: – Review to be undertaken of reporting arrangements for Workforce and OD risks to ensure this included risks highlighted at service delivery level. **KL**

107/17 TERMS OF REFERENCE – WORKFORCE & OD COMMITTEE

The Terms of Reference were **received**.

With reference to the imminent review of board committee arrangements Gaynor Richards noted that it was likely that the workforce metrics aspects of the agenda were likely to transfer for scrutiny via the Performance & Finance Committee. She stated that the remaining aspects of the committee still required consideration whether this was undertaken by the existing committee or another forum.

Kate Lorenti stated that she found the Workforce & OD Committee to have provided her with a useful steer. Paul Newman stated that it was important that the role of the committee was recognised as being there to provide assurance rather than to focus on operational management issues.

108/17 ITEMS TO DRAW TO THE ATTENTION OF THE BOARD

- Medical Agency Cap Process **GR/HL**
- The extent of the different shift patterns in existence which needed to be resolved. **GR/RF**
- The level of resources available to support the medical job planning process which was felt to be a fundamental issue. **GR/HL**

109/17 ANY OTHER BUSINESS

- Update on Bilingual Skills Strategy

Gaynor Richards stated that a report was due to have been received as part of the scheduled agenda items on the strategy but it had not been possible to provide it. She stated that the issue had however been raised at the Welsh Language Strategy Group which had met the previous week. Gaynor Richards stated that as chair of that group and the Workforce & OD Committee she felt that the pace of progress being made in implementing the strategy was disappointing. Rory Farrelly suggested that the issue be further discussed by the executive team. This was agreed. **KL**

-Farewell

With reference to the end of the term of office of two of the committee's non-officer members, Kate Lorenti took the opportunity to extend sincere thanks to Gaynor Richards and Paul Newman for their personal contribution to the work of the Workforce & OD Committee. On behalf of Paul Newman and herself, Gaynor Richards thanked colleagues saying it had been a privilege to be part of the work of ABMU. She also paid tribute to the input made by Paul Newman.

110/17

DATE OF NEXT MEETING

This was currently scheduled as 21st November 2017.

111/17

MOTION TO EXCLUDED THE PRESS & PUBLIC IN ACCORDANCE WITH SECTION 1(2) & (3) OF 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.