

<b>MAIN REPORT</b>		ABM University Health Board
<b>Health Board</b>		<b>Date: 30<sup>th</sup> March 2017</b> <b>Agenda No: 6 (ii)</b>
<b>Subject</b>	<b>Key Issues – Workforce and OD Committee</b>	
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<b>Presented by</b>	<b>Gaynor Richards , NOM-Chair Workforce and OD Committee</b>	

## **1. PURPOSE**

To set out the key issues considered by the Workforce and Organisational Development Committee at its meeting on 24<sup>th</sup> January 2017 and 15<sup>th</sup> March 2017.

## **2. KEY ISSUES**

### **Meeting on 24<sup>th</sup> January 2017**

#### **i. ACTION LOG**

It was suggested that backlog of maintenance was the subject of discussion at a future board development session as it was important to establish how existing resources were being used and how work was being prioritised.

#### **ii. KEY WORKFORCE METRICS & WORKFORCE ISSUES REPORT**

The committee received a report setting out a range of metrics for the period October 2016. Concern was expressed that data was not sufficiently timely and it was agreed that internal deadlines for submission and collation of such information would be reviewed in time for the next meeting.

Whilst both long and short term sickness levels had risen when compared with September 2016, the main concern lay with long term sickness and 'hot spots' were set out in the report. Work was ongoing both to support those who were already absent as well as providing support to help staff remain in work. Sickness levels were noted to tend to increase during winter periods and were also linked to levels of demand, infection control and establishment levels.

Work was noted to be ongoing to understand the reasons prompting staff to consider changing / leaving their jobs. Whilst work had previously been undertaken in this regard, it had not been addressed consistently. Exit interviews were targeting those leaving after less than one year in post.

The committee requested further information to the next meeting around professions that were over-established in terms of staff numbers. In terms of staff appraisal, it was noted that work was focusing on supporting those areas that had only achieved 30% of the target reviews.

Certain issues around the capture of completed statutory & mandatory training were noted to be linked to national system issues.

Work was noted to be ongoing around variable pay to provide reassurance around the processes followed for the authorisation of additional shifts. Work was also focussing on trends in relation to investigations commissioned under the disciplinary policy to enable targeted interventions to ensure these were avoided where possible. The committee sought clarity around the conversion rate in terms of the proportion of investigations that led to disciplinary action. It was agreed details be provided to the next meeting. A case for investing in a dedicated resource for conducting such investigations needed to be further considered by the Executive Team and was linked to ongoing work around 'upholding professional standards'.

### **iii. SICKNESS ABSENCE IMPROVEMENT**

A report was received on the programme of work in place to lower sickness absence. The overall picture to November 2016 stood at 5.55% for the rolling 12 month period which represented an improvement on the previous month. There had been a reduction in the number of staff absent due to stress/anxiety but this remained the main reason for absences although this was not necessarily work related. It was noted that a target for improvement over 12 months had been set with the aim of reducing levels to 5.1%. Ongoing work was seeking to both avoid sickness occurring and reducing the length of time staff were absent.

The committee requested that 'SMART' targets be incorporated into future report content. In addition, it was noted that the action plan content was significantly 'process' orientated as opposed to outcomes driven, which needed to be addressed for future reports. Finally it was noted that there was an unacceptably high proportion of absences where the reporting officer had not stated the reason behind the sickness/absence. The committee asked that this also be addressed.

The committee commended all those involved in making the flu immunisation programme such a success.

It was agreed that the range of information provided within the board performance report be expanded and this would be brought to the Committee at its next meeting for consideration.

### **iv. WELLBEING THROUGH WORK – EUROPEAN FUNDED PROJECT**

A report was received providing information requested by the Committee at its previous meeting in terms of the risks associated with the project.

It was noted that a recent meeting had confirmed the referral numbers would be reconsidered but there was no further information as to whether there was a risk of funding being clawed-back should referral quotas to the service not be achieved. The telephone based service was continuing to help ABMU staff although such support could not be included in referral numbers. It was suggested that this ongoing risk be managed through the Workforce & Organisational Development Risk Register.

### **v. OCCUPATIONAL HEALTH TRANSFORMATION PROJECT**

A report was received on progress of work being taken forward through the above project. It was noted that a task & finish group had been established to consider the issue of medical staff clearance as a small number of doctors had begun work head

of formal occupational health clearance. The Committee expressed concern that there was non-compliance with the Workplace Health Clearance Policy and was assured that details of relevant staff had been notified to unit medical directors for action and that the Medical Director and Chief Executive had discussed the issue. All the doctors concerned had since been cleared.

The Committee felt that given a new tranche of junior doctors would take-up post in February 2017, it was important that assurances were received that robust procedures were in place to avoid a recurrence. It was agreed that there would be an update for the next meeting.

It was noted that there was no dedicated management resource in place to take this project forward and this would be further discussed outside the meeting.

#### **vi. REVIEW OF RECRUITMENT PROCESS**

A report was received outlining current recruitment performance levels/metrics and how this compared with the rest of the NHS in Wales.

It was noted that whilst certain of the timescales were dependent on actions (by ABMU staff and the applicant), there was room for improvement. In particular it was felt that the time taken to seek approval for the vacancy to the time this to be advertised could be shortened as could the time taken to short-list applicants. This was said to be linked to the capacity of managers given competing demands upon their time. It was noted that a request had been made for additional training for managers on the electronic system used to administrate the recruitment process.

#### **vii. STAFF EXPERIENCE STRATEGY**

A report was received providing an update on the work to develop the above strategy. It was noted that the document was about to be considered by the ABMU Partnership Forum and would be considered by the Executive Team in February in order that it could then be brought to committee in March 2017. Work was currently ongoing to develop key performance indicators within the Strategy which would be linked to patient outcomes and ABMU values.

It was suggested that an interim report be provided to the committee on progress being made in terms of the Values Programme.

#### **viii. BILINGUAL SKILLS STRATEGY**

A revised version of the above Strategy and Action Plan last seen by the Committee in July 2016 was approved.

#### **ix. NURSING & MIDWIFERY BOARD (N&MB) ACTIVITY**

An update on issues discussed at the last three meetings of the above Board was received. It was noted that terms of reference had been revised in October 2016 and this would be confirmed as part of the report to the next meeting.

#### **x. WORKFORCE POLICIES**

A report was received detailing both the all-Wales/ABMU documents that had been approved and published on the ABMU intranet policies site. The report also

provided an update on all-Wales/ABMU documents that were anticipated to be revised or undergo revisions in the near future

A request to approve a six-month extension for the following ABMU documents was approved:

- Alcohol and Substance Misuse Policy
- Flexible Working Hours Framework
- Nurse Rostering Policy
- Partnership Agreement – Operational Arrangements
- Smoke Free Briefing Pack

#### **xi. RISK REGISTER**

The Workforce & Organisational Development Risk Register was received. The Committee noted that delivery unit risk registers with scores of 20 and above were currently reported through the ABMU Audit Committee along with a separate report on financial risks. The committee were advised that the executive team underwent risk management training recently and this was due to be rolled-out to Non Officer Members and to delivery units early in the new financial year.

#### **xii. PHYSICIAN'S ASSOCIATES (PAs)**

A report was received providing an update on the implementation of the PAs role and seeking approval of the ABMU PAs Governance Framework Guidelines.

The committee noted that the issue around accountability and supervision raised at the previous two meetings had now been resolved through the all-Wales Governance Framework although ABMU had developed guidelines to support this which had been approved by the Medical Workforce Board in January 2017. The guidelines were approved.

#### **xiii. COLLABORATIVE WORKFORCE DEVELOPMENT & EDUCATION (CWDEC) COMMITTEE**

An update was received on the CWDEC committee as an evolving and long standing partnership between ABMU and Swansea University. It was agreed that information regarding joint projects being led on behalf of ABMU and Hywel Dda University Health Board which would be of interest to the committee would be included in future reports.

#### **xiv. STRATEGIC EQUALITY PLAN 2016-2020**

An update was received on the development of the above plan which would set out how the Strategy Equality Objectives adopted by the Board in July 2016 would be delivered.

#### **xv. WORK PROGRAMME**

The revisions agreed by the Workforce & Organisational Development Committee at its previous meeting were noted to have been incorporated into the Work Programme.

**xvi. SERIOUS EMPLOYMENT MATTERS**

A report was received updating the Committee regarding ongoing issues. It was agreed that future iterations would either include relevant financial implications or state where this was not yet possible to assess.

**xvii. INDUSTRIAL ACTION**

An update regarding an ongoing dispute involving Hospital Sterilisation & Disinfection Unit staff was received.

**Meeting on 15<sup>th</sup> March 2017**

**i. PRESENTATION: NEATH PORT TALBOT DELIVERY UNIT**

A presentation was received from members of the above delivery unit management team which provided an update on their key workforce risks and the actions being taken to address these challenges. Key risks, as with other delivery units, included recruitment and retention, the ageing workforce and sickness/absence. The actions in place and those being worked through to address these issues were discussed. It was noted that the unit had also celebrated key staff successes which included both local and national awards. The staff story related to the recent appointment of a consultant geriatrician who had worked at the unit for some time and was passionate about her specialism.

**ii. KEY METRICS AND WORKFORCE ISSUES REPORT**

The committee received a report setting out details of sickness/absence, establishment and vacancy levels, turnover and labour stability, staff appraisal, variable pay and operational workforce activity. The delays incurred by units around completion of the recruitment process were discussed and it was agreed an update would be prepared for the next meeting around this issue in relation to hotel services staff. It was suggested that open day events should focus on assisting interested applicants through the electronic application process. It was noted that the number of completed staff appraisals currently averaged 55% although it was very likely that more had been undertaken than had been recorded on the electronic system.

The Committee noted that the Workforce staff complement did not include an information analyst to forecast trends etc and that this was an important consideration when reviewing what the existing team could achieve.

There was a further discussion around the fact that data was a number of months old and therefore did not provide an up-to-date picture to management. It was suggested that this be further discussed with the Medical Director who had a remit for Information Management & Technology.

**iii. WORKFORCE STRATEGY & INTEGRATED MEDIUM TERM PLAN (IMTP) PRIORITIES.**

An update was received which also included ABMU's education commissioning priorities. There was discussion around providers being able to secure clinical placements and a perceived reluctance on the part of some departments to agree to these. The committee heard that these issues could potentially be addressed by considering different models of provision and workforce design.

#### **iv. STAFF EXPERIENCE STRATEGY “IN OUR SHOES” CREATING A GREAT STAFF EXPERIENCE AT ABMU**

A report was received seeking approval of the strategy and development of key performance indicators linked to the values survey launched in March 2017. The strategy had been subject to consultation which had included the ABMU Partnership Forum. The strategy was approved for implementation on the basis that key performance indicators would be developed following the ongoing Values Survey results being available.

#### **v. DEVELOPING MANAGEMENT CAPABILITY WITHIN ABMU**

A report was received setting out the new behavioural skills training programme ‘footprints’ which was designed for managers in Agenda For Change Bands 4-7 which sought to meet the specific needs within ABMU.

#### **vi. MEDICAL WORKFORCE BOARD UPDATE**

A report was received which highlighted issues discussed at the Medical Workforce Board at its meetings in December 2016 and February 2017. This covered issues such as junior doctor recruitment, international recruitment, locum rates, postgraduate medical education, physician’s associates, revalidation/appraisal, study leave, consultant job planning, medical engagement score results and revised terms of reference. With regard to the latter, it was agreed that these be further discussed outside the meeting and brought back to the next meeting. The committee discussed compliance with the Working Time Directive. It was agreed that the Medical Workforce Board Terms of Reference be received at the next meeting of the Committee.

#### **vii. SUMMARY WORKFORCE METRICS REPORT**

The committee was presented with a draft version of a revised board performance report for consideration. It was suggested that the format be revised to incorporate SMART targets and that the report be brought back to the next meeting for further consideration.

#### **viii. STAFF VACANCIES AND USE OF AGENCY STAFF WITHIN HOTEL SERVICES AND ESTATES DEPARTMENTS**

The Director of Strategy joined the meeting to present the above report. It was noted that there was a range of reasons for the vacancies and details were provided as to the ways in which these were being managed. The committee noted that in future capital developments and service changes would be required to include the impact that this would have on services such as hotel services and estates so that this could be factored into business cases. Discussions were noted to be pending with human resources regarding the recruitment process for hotel services staff. It was suggested that estate function vacancies should be subject to the ‘recruitment & retention’ premium to help improve recruitment and that consideration should also be given to introducing apprenticeship opportunities. The Director of Strategy agreed to review the position with regard to these suggestions.

#### **ix. OCCUPATIONAL HEALTH CLEARANCE FOR JUNIOR DOCTORS**

An update was received on the changes put into place to ensure that all doctors were taken through the occupational health clearance process prior to commencing employment.

#### **x. STONEWALL EQUALITY INDEX 2017**

A report was received setting out the results of ABMU's participation in the Stonewall Workplace Equality Index for 2017 in which it ranked 247<sup>th</sup> out of 440 participating employers. An action plan was noted to be in development to improve this for 2018.

#### **xi. WORKFORCE & ORGANISATIONAL DEVELOPMENT (OD) RISK REGISTER**

A copy of the risk register was received and it was agreed that it would be received in an updated form at the next meeting.

#### **xii. NURSING UPDATE**

A report was received providing updates regarding nurse recruitment, the rostering policy, bank and agency staff usage, the nursing strategy and corporate nursing realignment.

#### **xiii. ANNUAL SELF-ASSESSMENT FEEDBACK**

The conclusions from the above assessment were received and noted on the basis that the committee was continually seeking to improve the way in which it provided assurance.

#### **xiv. WORK PROGRAMME**

It was agreed that the Acting Director of Human Resources (HR) review the work programme on the basis that a HR work stream was now in place as part of the Recovery and Sustainability Programme and the two needed to dovetail. It was agreed that the outcome of the review be received at the next meeting of the committee.

#### **xv. SERIOUS EMPLOYMENT MATTERS**

A report was received regarding ongoing cases

#### **xvi. INDUSTRIAL ACTION UPDATE**

A report was received regarding the issues raised by recent industrial action and the actions taken to bring this to a conclusion.

### **3. ISSUES TO BE BROUGHT TO THE ATTENTION OF THE BOARD**

- Ongoing work around the process for staff recruitment;
- Concerns around backlog maintenance;
- Concerns regarding the timeliness of workforce information;
- The resolution of issues previously raised around Physician's Associates;
- The approval of the ABMU Bilingual Skills Strategy
- The approval of the Staff Experience Strategy.

### **4. RECOMMENDATION:**

**The Board is asked to note the report.**

