

Minutes of the Workforce and Organisational Development Committee 5 November 2018





Minutes of the Workforce and Organisational Development Committee

Date 24th August 2018

Venue Conference Room, Hollybush House

Time 10:30am

Present: Name Role

Sarah Allan Senior Resourcing Manager

Rose Baker Associate Chief Nurse

Priyanka Nar Head of Occupational Health & Wellbeing

Alan Duffell Director of Workforce

Roger Dunshea Non-Executive

Catherine Griffiths Deputy director of HR

Junior Hemans (Chair) Non-Executive & Chair

Sultan Mahmud Director of Integration

Sandra Roberts Divisional Manager, Estates & Facilities

Kate Shaw Deputy COO, Division 3

In Attendance: Maria Dent Administrator

Apologies:

Ann-Marie Cannaby Chief Nurse

Sally Evans Head of Communications

Ruth Horton Group Manager, Division 1

Daniela Locke Strategic HR & Change Lead

Louise Nickell Head of Education & Training

Tim Powell Deputy COO, Division 2

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	Standing Items	
1.	Apologies for Absence Apologies for absence were noted as shown above.	
2.	Declarations of Interest None declared.	



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3	Confirmation of the Minutes from the Last Meeting, 22 nd June 2018 The minutes of the last meeting were agreed as a true record.	
4.	Matters Arising and Review of the Action Log The Action Log was reviewed and updated accordingly.	
4.1	Action 17/086 – Apprentices Levy J Hemans confirmed that he had been in contact with H Troalen, Deputy Chief Financial Officer, who had confirmed that the levy was a 'virtual fund', accessed directly through HMRC, and therefore was not located within any Trust budget. AD advised that the funding is drawn upon when apprenticeships or training programmes meet the criteria. Action Closed	
4.2	Action 17/093 – Model Hospital Alan Duffell stated that the WODC work plan had been revised as agreed and this item would be discussed under the agenda item on productivity at the October WODC. Action Closed.	Oct WODC
4.3	Action 18/009 – Regional Collaboration Work – Agency Locums Rates and Bank Staffing S Allan advised that initial data had recently been received and had yet to be reviewed. A Duffell suggested that this item was linked to the productivity work discussions scheduled for the October meeting.	Oct WODC
4.4	Action 18/040 - Workforce Performance Data C Griffiths advised that this was work in progress and she was hopeful that the additional details on actions being taken within the Divisions would be included within the next report.	Oct WODC
Key Upda	te & Workforce Performance	
5.	Key Updates A Duffell provided an update on the following :-	
5.1	NHS New Pay Deal A Duffell informed that on initial review of the agreed NHS pay deal, Finance has reported that the Trust would not receive sufficient funding to meet the outlay, despite assurances that the pay deal would be fully funded. Other Trusts across the NHS had found that they too were in the same position and had reported back to NHS Employers. This was a particular worry for those Trusts under financial pressure. A further issue that had been identified was that the 3% uplift applied only to those individuals at the top of the banding with those on the lower points	
	receiving a lower percentage uplift. This had left staff feeling misled and very unhappy. A Duffell advised that the Trust had set up a dedicated email account for staff to make contact with any queries.	
5.2	National Workforce Strategy A Duffell reported that there had been a consultation on the national workforce strategy, which had been discussed at an earlier WODC. It had been expected that this would be signed off by NHS70, however, this had long past and the report had not been released.	
	In addition, nationally	



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	 a new NHS Workforce Plan was underway, the new Secretary of State had initiated a workforce review in three top areas of focus NHS Improvement was looking at a model for "an excellent employer". 	
	A Duffell commented that that there was a view that once the new 10 year plan was been issued, the reviewed workforce strategy would follow which may possibly incorporate the other review elements noted above.	
	It should also be noted that one of the expectations of the new pay deal was an improvement in sickness absence rates and, as a result, there was a revised and updated health and wellbeing agenda, which potentially, Trusts will be monitored against delivery of the new agenda.	
6.	Executive Workforce Report A Duffell outlined key points included within the Executive Workforce Report:	
6.1	Sickness Absence Monitoring A Duffell commented that, currently, the Trust monitors sickness absence against a rolling target and queried whether this should be adjusted to in-month target. C Griffiths stated that the target was highlighted as marginally red and the trend had been sustained at under 4% for over 3 months, so there was definitely a downward trajectory	
	Following discussion, it was agreed to carry out an assessment near to the end of the financial year to look at the data with consideration for seasonal targets applied, and then to make a decision for reporting in the next financial year.	18/042 A Race Feb 2019
6.2	Recruitment A Duffell reported that there had been a huge amount of work carried out in relation to recruitment exercises which had proved very successful. The turnover figure was well below target, however, retention rates were on the rise and further focus was required in this area.	
6.3	Appraisal A Duffell advised that the rates for Division 3 were now at the level as all other areas.	
	K Shaw stated that there was some concern in going forward, noting that having an appraisal was one of the cornerstones in allowing staff to receive their pay increment, as a number of managers within Division 3 had responsibility for 50+ staff members, therefore, there was a need to look at how appraisals could be devolved. S Roberts queried whether group appraisals could be considered, where appropriate. This was acknowledged, however, K Shaw commented that a number of staff would prefer to have a one to one session with the manager.	
6.4	E-Roster A Duffell reported that the E-Roster productivity position continued to improve and looking ahead at the next financial year, with having 12 months of data, the group will look at how to address the spikes in annual leave.	
	In response to a query by S Mahmud on the impact of e-roster, R Baker informed that the system supports the retention of staff by providing rotas 6 weeks in advance which in turn improves the work/life balance, and also enabled bank	



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	staff to be booked earlier for known gaps.	
	A Duffell informed that S Allan and R Baker were developing a business case to broaden the usage of the system, as the current system has a limited number of license users and to widen for using out across additional areas of the Trust.	
	In response to a query raised by S Roberts on the impact of maternity and special leave on the overall pay spend, A Duffell informed that the data around maternity leave had been reviewed previously and agreed that data, 12 months and longer, would be reported on at a future meeting.	18/043 A Duffell/ S Allan October
	In response to a query raised by R Dunshea on the timescale on extending e-rostering for medical staff, S Allan advised that the business case had been approved by TMC and was due to go to the September Trust Board for formal sign off. Implementation timelines would run through to March 2019 as some of the products would be quicker to implement than others, for example job planning could be implemented over 6-8 weeks, whilst rostering would take a minimum of 18 weeks. The system would also provide better data reporting on job planning, annual leave and special leave.	
6.5	Vacancy Position A Duffell informed that once the TRAC system and centralised recruitment had been implemented, the reporting data would provide better view on trends on vacancies and had the system had the capability to provide a whole suite of data.	
6.6	Mandatory Training Compliance A Duffell informed that a task and finish group had been established to give greater oversight and focus in this area and further update would be provided on the progress at the next WODC.	18/044 A Duffell/ Z Marsh Oct 2018
7.	Review of RWT Against the NHS Model Hospital (Action 17/093) Discussed earlier in the meeting, see Section (4.2).	
Formal Ro	eview/Sign Off	
8.	WODC Workplan 2018-2019 A Duffell advised that as agreed, the Workplan for 2018-19 had been revised to enable focussed discussion on specific areas at future meetings.	
	The Committee approved the revised plan.	
8.1	R Dunshea proposed an additional subject of 'deep dive' session for divisional teams to provide the Committee assurance on the processes focussing on workforce, training and future.	
	Following discussion on whether these issues were already covered off and discussed with the Executive team at the quarterly Divisional Performance Reviews (DPR), the format of which had recently been revised, A Duffell suggested that this item was brought back to a future meeting on completion of a round of DPRs (revised version) in order that the Committee could consider whether there were any additional areas that would bring added value by reporting to WODC.	18/045 A Duffell Dec 2018



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9.	Annual Equalities Report 2018 C Griffiths stated that the draft annual plan report had been submitted for information and this was due to be presented to Trust Board on the 1 st October 2018. The draft Workforce Race Equality Standards (WRES) data had also been included, the data reported related to the calendar year 2017-2018 and the information had been submitted via an automatic calculator. C Griffiths reported that that a number of the indicators had turned 'good' which reflected the impact of the work ongoing across the Trust. The final data report will be incorporated within the Annual equalities report. C Griffiths commented that the new workforce objects were from an employment and patient perspective and advised that there was a wider focus on widening participation as part of the Trust's wellbeing event and as an employer within the local community.	
	A Duffell commented that, in relation to the workforce objectives, there should be clear focus and review on the timescale in moving forward any identified actions. C Griffiths advised that this would be included within the executive summary. The Committee proposed that a quick read version, possibly the Executive summary, was produced which would include the recommendations, action plans	18/046
	and infographics, which would be used as the internal working version. This version, as well as the full WRES report, would be made available on the Trust website, when finalised.	D Locke Oct 2018
	In response to a question raised by R Dunshea on the mechanism to ensure that this is included within Divisional and Directorate meetings, S Allan advised that there are several working groups with representatives from across all areas of the Trust. S Roberts also confirmed that this would be discussed within the divisional meetings.	
	A Duffell queried on whether the recommendations/details were broken down at divisional level in order that the Divisions would be able to identify any key issues or strong points in moving forward and implementing into a workplan; K Shaw proposed that the Divisions focus on three to five key issues with key messages for each Division and actions in going forward. A Duffell noted that for the next meeting, both versions would be live and published by the next WODC in October and, as well as having corporate/actions identified, there would also be divisional actions and workplans.	18/047 D Locke Oct 2018
Strategic	Focus Areas	
10.	Workforce Resourcing	
10.1	Supply & Process	
	A Duffell provided an update on the report submitted, key points to note :-1. Workforce continues to be one of the greatest challenges for the Trust and was a high risk. In addressing this challenge, RWT was focusing on 4 key areas:	
	 Process & supply – has the Trust exhausting every supply option and were recruitment processes as good as they could be? Attraction & retention – how was the Trust attracting staff into the NHS and how was it keeping them? 	



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	 Productivity – was the Trust making best use of its current staffing? Staff/role development – how was the Trust developing its staff? 	
	2. Attract and retain – this was an area that the Trust needed to do more work on, A Duffell proposed that this subject was brought to WODC in December to consider how the Trust was going to focus on retaining its existing staff and how it would attract new staff.	18/048 A Duffell Dec 2018
	 3. The Trust was maximising a number of supply options, which included: a. Large scale recruitment events for nursing which had already seen real success b. Recruitment advertising via social media c. Clinical Fellows – work continues to promote and with the abolition of the Certificate of Sponsorship, this would support in promoting further d. Clinical Nursing Fellows – business case signed off R Baker informed that an advert was due out shortly for the clinical nursing fellows for internal applicants, UK applicants and international applicants. These posts would be supported at masters level and provide professional development for experienced nursing staff. e. Nursing Associates – pilot running and business case signed off for apprenticeships. f. Nurse Apprenticeships - business case signed off R Baker informed that 10 apprentice nursing associates were due to start at the Trust on the 13th September on a two year programme and 20 Registered nurse apprentices were due to start at the beginning of September on a three year programme. g. Overseas recruitment – currently on hold due to expense but not ruled out h. Clinicians Connected – the Trust had signed up for 12 months membership to system that accumulates people who have already been checked and indicated they want to come to this county. i. Signed up to the Armed Forces Covenant – to help tap into potential workforce supply j. Role Redesign Group established to look at the development and introduction of new roles for the future 	
	k. Expansion of nurse bank I. Expansion of medical bank	
	K Shaw proposed that recruitment events for AHPs, non-medical and non-nursing staff should also be considered. AD proposed that K Shaw discuss further with S Allan directly.	18/049 K Shaw/S Allan
	J Hemans stated that he was following up on discussions with the various schools at the University around workforce plans and the promotion of the Trust's workforce requirements.	



	Action
Resourcing Report S Allan providing an update on the resourcing report :-	
TRAC S Allan informed the TRAC system was scheduled to be implemented from mid- September and once in-situ there would be the facility to provide more detail around the recruitment for all posts across the Trust and not just medical and nursing as currently available. However, realistically, full reporting would not be expected until November or December, but there would be an overlap reporting period.	
As previously advised, the department has taken the opportunity to centralise all permanent recruitment and for other Trusts who already use this system, it had proven to reduce recruitment times.	
The team would also be looking to streamline some of the administration processes, including the vacancy control programme and the system will be explored as to whether it can support replacing the Trust's paper starter form. These developments address the actions highlighted in the audit report on recruitment.	
Training awareness session and training for recruiting managers have been scheduled to commence from September.	
Workforce Opportunities The team had signed up to attend the City Jobs Fair and South Staffs jobs fair which were taking place during September.	
R Baker commented that these events were a good opportunity to promote the Trust as a good employer. S Mahmud proposed that a video was produced to promote the Trust, A Duffell confirmed that this was currently work in progress.	
Recruitment Activity S Allan informed that there had been a high level of recruitment over the past couple of months,	
R Baker stated that the high volume of recruitment was having an impact on induction and two induction sessions had been planned for October and November, therefore, there was need to be mindful of managing these hikes in numbers.	
S Roberts queried whether induction sessions could be tailored for out of hours staff, for evening and weekends, to accommodate staff who work these shifts and for part-time staff. A Duffell agreed to raise separately with L Nickell.	18/050 A Duffell Oct 2018
R Baker stated that a number of the induction sessions were now available electronically and therefore more accessible. S Allan informed that Phase 2 of centralised resourcing project was to look at how to utilise the TRAC system for onboarding processes, ie training videos and courses, and this would be explored further with L Nickell and the Education team.	
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10.2.4	Retire and Return S Allan stated that the report included an update on the number of staff who have retired and returned to work and included data from the past 3 years. (Action 18/022).	
	The group discussed the Trust's retire and return policy and process which currently allows for staff to presume that they can retire and return into the same position. C Griffiths advised that the policy framework was currently being reviewed on this particular point; A Duffell proposed that a brief summary on the proposed changes is shared with the Committee at the next meeting.	18/051 HR Dept Oct/Dec 2018
11.	Health & Wellbeing – Workplace Wellbeing Strategy Progress Report C Griffiths provided an update to the Committee on the work of the Health and Wellbeing Steering Group, which is led by Priyanka Nar (formerly Dhanda), Head of Occupational Health and Wellbeing.	
	In going forward, there were two key areas for the group to focus :	
	 Completion of the Framework from NHS England which is a diagnostic tool and covers issues from healthy eating through to mental health. Once completed, an action plan will be developed, and Re-accreditation of the workplace wellbeing charter and how this fitted within the framework. 	40/050
	It was agreed that an update on progress would be presented to the Committee at the end of the year.	18/052 P Nar Dec 2018
Key Risks		
12. & 13.	New Risks & BAF A Duffell advised that no new risks had been added to the report, however, he commented that should the projectory on vacancies continues to reduces, the Committee may wish to consider reducing the risk rating at a future date.	
	R Baker stated that A-M Cannaby had requested for the group to consider whether a new risk needed to be recorded around the safer care module of Allocate as the Trust does not have full visibility of all ward areas. Following discussion, it was acknowledged that this was a quality and safety risk rather than a workforce risk and A Duffell agreed to discuss further with A-M Cannaby.	18/052 A Duffell Oct 2018
	Papers for Information	
14.	Policy Adoption • HR08 Recruitment, Retention and Retirement Policy	
15.	Minutes of the Academy Steering Group	
16.	Action Notes of the Nursing Workforce Group	
17.	Minutes of the Workforce Wellbeing Steering Group	



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18.	Action Notes of the ESR Steering Group	
19.	Workforce Race Equality Standards 2018 Initial Submission	
20.	Any Other Business	
20.1	J Hemans offered his best wishes to C Griffiths on her new post as Director of People and Culture at Walsall NHS Trust.	
21.	Date and time of Next Meeting 10:30am-12:30pm, 26 th October 2018 Conference Room, Hollybush House	
	R Dunshea agreed to chair the meeting scheduled for 26 th October 2018.	