

# Minutes of the Workforce and Organisational Development Committee 20th December 2017

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Agenda Item No: 12.8

**Minutes of the Workforce and Organisational Development Committee**

**Date** 20<sup>th</sup> December 2017  
**Venue** Conference Room, Hollybush House  
**Time** 2:00pm

<b>Present:</b>	<b>Name</b>	<b>Role</b>
	Rose Baker	Associate Chief Nurse
	Cheryl Etches	Chief Nurse
	Julie Shillingford	Head of HR Advisory
	Danielle Elsmore	Workforce, Planning & Business Intelligence Manager
	Alan Duffell	Director of Workforce
	Sultan Mahmud	Director of Integration
	Sarah Allan	Senior Resourcing Manager
	Roger Dunshea	Non-Executive
	Junior Hemans	Non-Executive & Chair
	Mary Martin	Non-Executive
	Louise Nickell	Head of Education & Training
	Sandra Roberts	Divisional Manager, Estates & Facilities
	Priyanka Dhanda	Head of Occupational Health & Wellbeing
	Daniela Locke	Strategic HR & Change Lead

<b>In Attendance:</b>	<b>Name</b>	<b>Role</b>
	Maria Dent	Administrator

<b>Apologies:</b>	<b>Name</b>	<b>Role</b>
	Catherine Griffiths	Deputy director of HR
	Lewis Grant	Deputy COO, Division 1
	Tim Powell	Deputy COO, Division 2
	Mel Riley	Group Manager, Division 1

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<b>Standing Items</b>		
1.	<b>Apologies for absence</b> Apologies for absence were noted as shown above.	

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2.	<p><b>Declarations of Interest</b> None declared.</p>	
3	<p><b>Confirmation of the Minutes from the Last Meeting, 18<sup>th</sup> October 2017</b> The minutes of the last meeting were agreed as a true record.</p>	
4.	<p><b>Matters Arising and Review of the Action Log</b> The Action Log was reviewed and updated accordingly.</p> <p>Items 17/008, 17/084, 17/086, 17/087 and 17/089 were noted as completed and closed.</p> <p>Item 17/085 was deferred until February 2018.</p>	
5.	<p><b>Workforce Environmental Scan</b></p>	
5.1	<p><b>The New National Workforce Strategies</b> A Duffell advised that the new national workforce strategies are currently out for consultation until March 2018 and there are six key principles:</p> <ol style="list-style-type: none"> <li>1. How do we secure the supply for the NHS?</li> <li>2. How do we invest training education to meet the requirements of the future workforce?</li> <li>3. Focus on career pathways for staff.</li> <li>4. Widening participation for staff from all background environments.</li> <li>5. A drive to more flexible working.</li> <li>6. Aligning workforce planning and the finance element in the NHS.</li> </ol> <p>AD agreed to make available the NHS Providers short summary of the principles and consultation questions.</p>	<p>17/091 AD</p>
5.2	<p><b>NHS Pay Cap</b> A Duffell advised that the NHS pay cap has been removed and a new pay deal is currently being developed. It has been agreed that any pay rises will be funded for Agenda for Change. As part of the negotiations at national level, any new pay deal for Agenda for Change staff may also now be linked into productivity, so additional work is being undertaken on reviewing the terms and conditions. It is not expected to see any final update until the end of the financial year.</p>	
5.3	<p><b>Apprenticeship Applications</b> The number of apprenticeships in the NHS has dropped nationally over the last 12 months and discussions are taking place around apprentice pay.</p>	

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5.4	<p><b>Regulatory Reform</b></p> <p>A Duffell advised that with the introduction of the training nurse associates, there is a need to do a regulatory reform however, it has been proposed by the Department of Health to instigate a full review of reform and this may take up to two years to finalise.</p> <p>CE advised that at a recent NMC roadshow around the regulation of the nursing associate, it was recommended to have one regulatory body and given the fact that the workforce of the future will be a much more multi-disciplinary team, this may be more beneficial.</p>	
5.5	<p><b>National Call to Action – Bullying and Harassment</b></p> <p>A Duffell advised that following the national call to action in relation to bullying and harassment, the CQC has now also identified specific lines of enquiry on the well led framework and aligning Trusts’ progression against this. A separate update report on RWT’s progress is included, see agenda item (15).</p>	
5.6	<p><b>National Pay Review Body</b></p> <p>A Duffell confirmed that he is one of two HR Directors joining NHS Providers, in February, presenting to the National Pay Review Body.</p>	
<b>Future Workforce/Resourcing</b>		
6.	<p><b>Organisational Resourcing and Vacancy Position</b></p> <p>S Allan provided an update on the key points within the Resourcing Report.</p> <p>To note:</p> <ul style="list-style-type: none"> <li>• Following a further in depth review on the generational leavers of nursing staff for the period Oct 2016 to Sept 2017 the review highlighted that the younger generations, X, Y and Z are leaving because of relocation and work/life balance issues and these issues are also being followed up within the national workforce agenda and strategy.</li> <li>• The Attract and Retain Steering Group has commenced and agreed four key areas to focus on for our key staff groups. These are looking at recognition; engagement; facilities and communication involvement; and involvement for our staff.</li> <li>• Recruitment for nursing - the Trust has dropped slightly month on month. A recruitment event was held in November and 9 offers were made and there are several further events planned for the New Year.</li> <li>• Vacancies for nursing has gone up slightly, the Trust may need to consider at looking overseas in going forward.</li> <li>• Collaborative Staff Bank – There is a requirement from the NHSI</li> </ul>	

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	<p>to ensure we are making best use of our staff banks across the region and to have an active bank by March 2018. This is a work in progress and A Duffell is leading on supported by S Allan. A Duffell stated that this initiative is being progressed.</p> <p>In response to a question raised by S Mahmud, A Duffell confirmed that the collaborative bank will be a Black Country regional bank, however, if any other areas outside the region wanted to join this approach, they would be welcomed to join.</p> <p>J Hemans questioned whether any of the Vertical Integration staff had joined the bank, D Locke advised that all new GPs joining the Trust are asked to join the internal medical locum bank. S Allan confirmed that there has also been active recruitment to support clerical roles for VI.</p> <ul style="list-style-type: none"> <li>• Working in Partnership nationally and regionally - the Trust is one of 12 pilot sites for the Doctors in Training Streamlining work, so working with the East and West Midlands region on behalf of the national streamlining group to pull together a process to allow doctors in training to move around the NHS a lot more smoothly.</li> </ul> <p>M Martin commented it was disappointing that the Generation X staff, aged around the 38-52 years of age, appear to leave for the work / life balance and queried whether any work had been carried out to look at why these staff were leaving; S Allan advised that more work was required on this and work also continues on improving the exit interviews with the plan to introduce an electronic process to improve on providing this type of data. However, the initial review has shown that a number of these staff members leave for dependent care responsibilities (eg elderly parents).</p> <p>A Duffell informed that C Griffiths is currently undertaking a review of the workforce employment offer which will look at introducing a culture for more flexible working, to consider rotations, career breaks and carers leave, staff incentives etc. There is a requirement to start to think differently around staff employment and this will be worked through by the Attract and Retain Steering Group.</p> <p>S Allan advised that she and R Baker had also discussed introducing a pilot around 'stay' discussions to have regular conversations with staff at pertinent points after commencement at the Trust to try and understand what has gone well and what can we do differently. RB advised that it is noted that some generations will only stay 12 months, so if we have those conversations at 6 months, we can support career progression rather than have staff leave.</p>	
7.	<p><b>2018/19 Workforce Plan</b> D Elsmore stated that the draft workforce plan for 2018/19 is generally</p>	

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	<p>submitted to the NHSI at this time of year, however, this has been deferred and it is expected that this will be requested before the end of the financial year; D Elsmore advised that a draft will be brought to the February meeting for review.</p> <p>D Elsmore advised that she will be working with D Locke on workforce planning to provide additional data to that required by NHSI, such as age demographics etc. D Locke informed that this will be a more strategic and systems approach, looking at workforce planning around pathways rather than the traditional numbers review.</p>	<p>17/092 D Elsmore</p>
8.	<p><b>Model Hospital Report</b></p> <p>A Duffell stated that as the NHS Model Hospital develops it will be important to regularly review how RWT compares with the model hospital, in particular, the people aspects of the model hospital. The supporting report provided a Model Hospital comparative assessment.</p> <p>R Dunshea proposed that for future reporting, it would be useful to have a commentary around the actions on the areas highlighted in “pink and red” within the report.</p> <p>The Committee agreed to add this item to the agenda for review with the next update due April 2018.</p>	<p>17/093 A Duffell</p>
9.	<p><b>Recruitment Processes Audit Report</b></p> <p>S Allan informed that Grant Thornton, the Trust’s internal auditors, had carried out a follow-up review on the recruitment processes following the last audit undertaken around 12-18 months ago which had identified a number of areas that needed improvement.</p> <p>The outcome of the latest audit report was that there was partial assurance provided with a number of recommendations to take forward. The key point was that there was limited assurance due to the Trust currently operating with a decentralised and a centralised recruitment model. As previously reported, we are looking at progressing to a centralised recruitment model and the business case had been approved by Contracting and Commissioning Committee in November. It is hoped that from April/May 2018 onwards, following recruitment and internal changes, the Trust will proceed with a centralised resourcing model.</p> <p>It was agreed to provide a further update on progress at the end of the financial year.</p>	<p>17/094 S Allan</p>
<b>Education and Training</b>		
10.	<b>Review Progress on Plans/Actions to Improve Mandatory Training Compliance and Performance</b>	

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	<p>L Nickell advised that the report circulated provided an update on the actions taken around improving mandatory training compliance; key points to note :-</p> <ul style="list-style-type: none"> <li>• There are two risks to note; one around the provision of manual handling training due to long term sickness absence with the member of staff due back in March 2018 and plans are in place to support delivery of the training by other methods. A new risk has been identified around the centralisation of junior doctors study leave which will result in a reduction of income for the Trust; a full risk and impact assessment is currently underway.</li> <li>• The Mandatory Training policy (OP41) has been approved and work is underway refining the associated mandatory training topics and refresher periods.</li> <li>• The ESR Steering Group has met to roll out the benefits of ESR with HR, Education and Training and Finance and Payroll.</li> <li>• In terms of mandatory training there were no green to red RAG changes in compliance, with one Red to Green change for Infection Prevention Level 1 for the same period.</li> <li>• The revision of the Training Needs Analysis (TNA) to look at the topics and frequency requirements is currently ongoing, L Nickell hopes to have a draft for review at the February meeting as implementation will follow in the new Financial year.</li> <li>• There will be a generic local induction template for all introduced, which will help to educate staff about what is required of them.</li> </ul> <p>D Locke advised that L Nickell's team have been working with representation from Primary Care around the induction content and mandatory training as it had been found that the current programme is not entirely relevant for these staff and there were some elements that were missing.</p> <p>S Mahmud commented that there had been some issues around capturing completion data on mandatory training for primary care staff; L Nickell requested specific details for further investigation as all practice staff now have access to the KITE training site via their IT systems for undertaking and recording of their training. She informed that once the Trust moves to the ESR reporting system, this should prove more reliable capture of data. D Locke agreed to provide some details to L Nickell.</p> <p>In preparation for reporting in the new financial year, L Nickell requested the details around the make up of the new Division 3, S Mahmud advised that this information can be obtained from G Nuttall, Chief Operating Officer; LN agreed to follow up.</p>	<p>17/095 D Locke</p> <p>17/096 L Nickell</p>

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11.	<p><b>RWT Strategic Plan for Apprentices (Action 17/085)</b> Item deferred until the next meeting of the WODC.</p>	L Nickell
<b>Workforce Planning, Intelligence and Productivity</b>		
12.	<p><b>Review of Workforce Performance Data</b> D Elsmore presented the workforce metrics report which continues as a work in progress; the following minor amendments were noted :</p> <ul style="list-style-type: none"> <li>(i) Add colour coding to the sickness absence target.</li> <li>(ii) Add numbering to each sections.</li> <li>(iii) Add FTE to workforce by staff group.</li> <li>(iv) Remove 'AFC' from the appraisals heading, but continue to report medical and other separately.</li> <li>(v) To incorporate a summary of the 'hot spot' areas to the narrative report.</li> </ul> <p>AD stated that the narrative report highlighted five key areas to focus on - turnover, sickness, vacancy rate, appraisals and mandatory training. Work continues between the Workforce Information Department and the Finance Department to implement data capture through ESR which will provide far greater reporting potential.</p> <p>S Roberts and D Elsmore agreed to meet up outside the committee meeting to review the data reported for the Estates Department.</p> <p>R Dunshea asked for additional information around the 'hotspots' with an explanation as to why they are hot and what action was being taken to address.</p> <p>C Etches questioned whether the status of revalidation from a medical point of view should be captured; AD proposed that further work is carried out to see if this data can be incorporated within this framework.</p>	<p>17/097 D Elsmore</p> <p>17/098 S Roberts/ D Elsmore</p> <p>17/099 D Elsmore</p>
13.	<p><b>Review Workforce E-roster Productivity Data</b> R Baker provided an update on the report produced on the Workforce E-roster Productivity Data. The report focussed on the main key metrics - unused hours, roster approval time and additional duties and the separate attachment looked at the annual leave monitoring process.</p> <p>R Baker informed that there had been some initial issues but there has been a lot of work around data cleansing and, following the implementation of Assurance meetings, the position has improved.</p>	



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<b>Health &amp; Wellbeing</b>		
14.	<p><b>Review the Programme of Actions Associated with the Occupational Health and Wellbeing Approach</b></p> <p>P Dhanda provided an update on the latest report produced on the Occupational Health and Wellbeing approach.</p> <ul style="list-style-type: none"> <li>The report provided an update on the long term, short term and other sickness absence management referrals that are received by the Department. The department is also looking to provide additional training for managers on sickness referrals to ensure better content and detail to enable OH to follow up adeptly.</li> <li>The report provided an update on stress referrals received during the month of November 2017. P Dhanda agreed to provide this information by departments and divisions in future reporting.</li> <li>Counselling Services – The Trust has implemented to an employee assistance programme which is a 24/7 counselling service for all RWT staff, which started on the 1<sup>st</sup> December 2017. This has been advertised via the Trust bulletin and leaflets have been sent out to all departments. Feedback from staff and from the employee assistance programme should be available by the end of Q4 to assess how the programme has been received. .</li> <li>Flu Vaccinations – the Trust has now vaccinated 46% of front line staff and the working group continues to meet weekly to assess the current situation.</li> </ul> <p>A Duffell requested an update on the delivery of the wider health and wellbeing agenda for the next report due in April 2018.</p>	<p>17/100 P Dhanda</p> <p>17/101 P Dhanda</p>
<b>Underpinning Work &amp; Assurance</b>		
15.	<p><b>The National Call to Action – Tackling Bullying within the NHS</b></p> <p>A Duffell advised that the CQC are now assessing Trusts against the well led framework on the local delivery of the ‘national call for action around tackling bullying within the NHS’ and the report circulated to the Committee provided an update on the work ongoing across the Trust.</p> <p>R Dunshea commented on the good progress but queried whether there were any areas of risk identified that the Board should be aware of; AD agreed to ask C Griffiths to provide a verbal update on any particular areas of risk.</p>	<p>17/102 C Griffiths</p>
16.	<b>Review Trends, Issues and Progress in Relation to Employment</b>	

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	<p><b>Relations</b> J Shillingford highlighted the key issues within the report submitted.</p> <p>J Shillingford reported that in the summer, the Supreme Court had squashed the fee regime for employment tribunals, therefore, the Trust may see a slight increase in cases and approaches for early conciliation. It should also be noted that there has been an increase in timescales for cases listed and this is a national issue.</p> <p>For the data around staff suspensions over the past 12 months, J Shillingford agreed to provide this on a graph chart, but the current position is around 0.9% out of 8,400 staff.</p>	<p>17/103 J Shillingford</p>
17.	<p><b>BAF/CRR Risks</b> A Duffell advised that he had circulated the HR BAF which had been updated to reflect the closure of one action following the approval of the business case for centralisation of recruitment, however, a new action had been opened around implementation of the centralised recruitment.</p> <p>AD advised that it is hoped to that this initiative will be in place from April or May 2018; S Allen advised that additional technology was required to support the process as well as additional recruitment of staff to support this venture.</p> <p>AD informed that a new KPI, which may be brought in by NHSI, would measure the timeline from advert to appointment offer.</p> <p>The Committee agreed the changes to the risk register and agreed the risk rating should remain at the same level.</p>	
18.	<p><b>Policy Adoption</b> 18.1 HR03 Disciplinary Policy (minor amendment) 18.2 HR06 Dispute Resolution in the Workplace Policy (including Dignity and Respect at Work) 18.3 HR16 Raising Concerns at Work Policy</p> <p>The Committee agreed that, in future, all HR policies and procedures would be brought to this Committee for information only as policies are formerly approved by the Trust Policy Group and TMC. J Shillingford informed that all HR policies are also reviewed and approved by Staffside at the JNC meetings.</p> <p>M Martin commented that she was looking for assurance that all workforce related policies were up to date and reflected changes in legislation and working practice. A Duffell agreed to bring an update on the status of HR Policies and procedures for the next meeting.</p>	<p>17/104 C Griffiths</p>

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<b>Papers for Information</b>		
The following reports had been circulated for information :		
19.	Equalities – Final Equality, Diversity and Inclusion (EDI) Approach	
20.	Minutes of the Attraction & Retention Group	
21.	Management of Staff Attendance Report	
22.	Pre-employment Audit 2017 (Ref: Action 17/008)	
23.	<b>Any Other Business</b> No additional items raised.	
24.	<b>Date and time of Next Meeting</b> It was agreed to reschedule the meeting date and time due to a clash with other scheduled meetings.	