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WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



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| | | Agenda Item | 2.3 (vi) |
| Freedom of Information Status | | Open | |
| Reporting Committee | Workforce and OD Committee | | |
| Author | Claire Mulcahy, Corporate Governance Manager | | |
| Chaired by | Tom Crick, Independent Member | | |
| Lead Executive Director (s) | Debbie Eytayo, Interim Director of Workforce and OD | | |
| Date of last meeting | 10 August 2021 | | |
| Summary of key matters considered by the committee and any related decisions made. | | | |
| <ul style="list-style-type: none"> Workforce and OD Committee Work Programme – the committee would be taking on a more strategic assurance focus, with a primary focus on the challenges and opportunities in delivering the organisational annual plan. The committee's terms of reference, work programme, agenda and reports would be updated to align to the Recovery and Sustainability plan and the workforce and OD requirements of the annual plan, providing assurance to the Board. Workforce COVID-19 update – There had been no increase in asymptomatic COVID-19 absences. Risk assessment measures were in place across the health board to support staff and these s were continuing as previous. Guidance for health and social care staff in relation to self-isolation was due to be issued which sets a pathway for staff to risk assess subject to PCR testing. There had been a Vulnerable Staff Review and 100 staff had returned to their roles but there would be a focus on the 40 staff that had not yet returned | | | |
| Key matters raised by members; | | | |
| <ul style="list-style-type: none"> <i>Staff with Long COVID</i> – the pay position for staff with Long COVID for raised as full pay for 12 months would end in December 2021. Guidance on the next steps would due imminently. A consistent managerial approach for these staff members was needed across the Board. Service Groups were looking on an individual basis and taking risk assessments Sickness, Wellbeing and Occupational Health - for the first time since the 2nd peak of COVID-19, in month absence had increase to 6.31% in May 2021. Morriston clinical group had the highest absence with facilities at the highest for non-clinical. Within the areas most effected by sickness, changes were being implemented with actions plans and better grip and control. Absence related to anxiety and stress has remained at circa 35%. With staff wellbeing and occupational health, a number of development have taken place with a focus on stress i.e. the delivery of TRIM. 50% of referrals into the wellbeing service were within nursing. The Staff Post COVID Wellbeing Strategy was being developed. | | | |
| Key matters raised by members; | | | |
| <ul style="list-style-type: none"> <i>Absence due to Stress and Anxiety</i>; the importance of management support on the ground aligning with the heath board Values, it was important for the principles to be embedded across the organisation. The 'Just Culture' initiative would provide effective communication tools for management to support staff. | | | |

- *European Social Fund* – The Service relies heavily on these funds and clarity was needed from a health board perspective on future funding from the UK Community Renewal Fund.
- **Medical Agency and Locum Utilisation** – data for June 2021 had identified the utilisation and costs associated with medical agency had reduced. An ambitious medical efficiency programme had been established with a focus the roll out of Allocate Medic; recruiting to vacant posts and the recruitment and retention of staff particularly junior. Work was underway with a focus on difficult to fill medical posts as well attraction and general recruitment campaigns for all staff.

Key matters raised by members;

- *Gaps in medical workforce* – work was underway within the service groups with regards to the sustainability plan but further granular data was needed for its delivery.
- *Locum monitoring, oversight of all posts and grip and control* – Key actions were planned within the Service Groups in terms of an agreed cap on rates to control spend. The new Software had provided the service groups with a better understanding over their establishments.
- *Use of alternative professionals with extended skills* - to relieve pressures in medicine in areas such as pathology, radiology and diagnostics. An update would be provided in the Autumn.

Key risks and issues/matters of concern of which the board needs to be made aware:

- **Workforce and OD Committee Risk Register** – there were four risks on the risk register assigned to the committee for oversight; *Workforce Recruitment, Nurse Staffing Levels Act and Workforce Resilience and Partnerships Working*.

Key matters raised by members;

- *Partnership Working*; careful consideration needed in the description of the risk, partners play a key role in supporting our staff.
- *Workforce Recruitment*; challenges with the allocation of medical post-graduate posts via Health Education and Improvement Wales, as allocation does not always align with demand. To be considered at future committee.

Delegated action by the committee:

None identified.

Main sources of information received:

- **Mental Health and Learning Disabilities Action Plan for Staff Survey**- Three workshops had taken place across the service group following the results of survey. From this, action plans were formulated and were routinely reviewed. A further update was requested following the next staff survey.
- An update on **Workforce Metrics** was noted and further consideration will be taken on how the data could be more effectively used for the committee.

Highlights from sub-groups reporting into this committee:

- **Medical Workforce Board Update Report** was noted.
- **Workforce and Delivery Forum Report** was noted.
- **Nursing and Midwifery Update Report** was noted
- **Therapies and Health Science Group Key Issues** Report was noted.

Matters referred to other committees

None identified.

Date of next meeting

12th October 2021

