

Swansea Bay University Health Board
Unconfirmed
Minutes of a Meeting
of the Workforce and Organisational Development Committee
held on 28th June 2019, Health Board HQ, Baglan

Present

Tom Crick Independent Member (in the chair)
 Reena Owen Independent Member
 Jackie Davies Independent Member

In Attendance:

Kathryn Jones Assistant Director of Workforce and Organisational Development (OD)
 Richard Evans Medical Director (from minute 136/19)
 Lynne Jones Head of Nurse Education and Temporary Staffing
 Julian Quirk Assistant Director of Workforce and OD (localities and systems)
 Sharon Vickery Assistant Director of Workforce (delivery units and medical staffing)
 Sam Lewis Assistant Director of Finance
 Liz Stauber Corporate Governance Manager

Minute	Item	Action
129/19	WELCOME Tom Crick welcomed everyone to the meeting.	
130/19	APOLOGIES Apologies for absence were received from Chris White, Chief Operating Officer/Director of Therapies and Health Science; Hazel Robinson, Director of Workforce and OD; Gareth Howells, Director of Nursing and Patient Experience and Emma Woollett, Vice-Chair.	
131/19	DECLARATIONS OF INTEREST There were no declarations of interest.	
132/19	MINUTES OF THE PREVIOUS MEETINGS The minutes of the meetings held on 28 th May 2019 were received and confirmed as a true and accurate record.	
133/19	MATTERS ARISING	

There were no matters arising.

134/19 ACTION LOG

The action log was **received** and **noted**.

135/19 COMMITTEE WORK PROGRAMME

The work programme for the committee was **received** and **noted**.

136/19 WORKFORCE METRICS

A report setting out workforce metrics was **received**.

In introducing the report, Julian Quirk highlighted the following points:

- Sickness absence rates were on a deteriorating trend;
- Compliance with statutory and mandatory training was improving;
- Turnover was static at 8%;
- Nursing colleagues were drilling down into vacancies by cost centre to identify hotspots.

In discussing the report, the following points were raised:

Sam Lewis stated that vacancies were being discussed at unit performance reviews as consideration needed to be given as to whether establishments were correct in areas where vacancies had been held for a long period of time or whether these posts could be removed and monies used elsewhere. Tom Crick commented that it was interesting to see how services had adapted if they could not recruit and until now, he had not been aware that the issue extended to specialist registrars. Sharon Vickery advised that it had been challenging to gain a true picture as to medical establishments as the data was held by the units rather than corporately and the figures provided did not feel 'right'. Sam Lewis responded that the cost codes would be agreed at unit level so the establishment would be known however the way in which the sessions were used could differ.

Jackie Davies referenced a recent workshop with the Nursing and Midwifery Council at which the new investigating officer posts had been discussed. She added the feedback had been that a nursing professional should provide an expert view in nursing cases. Kathryn Jones advised the work was ongoing to incorporate a nurse advisor into the process to provide expert opinion to the investigating officers and it was hoped that a few people would be trained. Julian Quirk added that seeking expert opinion of someone in an appropriate profession for cases has always been part of the policy but by having the investigating officers in place, it

would ensure that the investigations and final reports were of the right quality.

Reena Owen queried as to whether the electronic staff record (ESR) was meeting the needs of the organisation as concerns had been raised as to ability to access by frontline staff. Julian Quirk responded that it was a national pay and personnel system which also had the functionality which enabled mandatory and statutory training to be completed. He added that there were two major issues which meant that training was not recorded adequately; staff exiting a course too early so that completion was not saved or completing the wrong modules for the organisation, but there was guidance available.

Reena Owen noted an increase in compliance with personal appraisal and development reviews (PADRs) within estates and facilities but commented that at the current rate, it would take close to eight months for them to reach compliance. Julian Quirk advised that a focus had only just been given to this area and an action plan was in place, so progress needed to be monitored over a couple of months to determine the pace at which compliance would be achieved. He suggested that an update be received at a future meeting. This was agreed.

CW

Tom Crick commented that there was a reliance on digital competency and access to PCs in order to complete statutory and mandatory training and queried if other health boards experienced similar challenges. Julian Quirk advised that they did but not necessarily on the same level. He suggested that a deep dive on the use of the system be brought to a future meeting. This was agreed.

HR

- Resolved:**
- The report be **noted**.
 - An update on progress of the PADR action plan for estates and facilities be received.
 - A deep dive on the use of the ESR system for statutory and mandatory training be brought to a future meeting.

CW

HR

137/19 **MEDICAL AGENCY CAP**

A report setting out compliance against the medical agency cap was **received**.

In introducing the report, Sharon Vickery highlighted the following points:

- A total of 8,788 locum and agency hours were booked in May 2019 compared to 9,749 in April 2019;
- The number of agency hours used decreased to 3,499 from 3,556 in April 2019;

- The total number of hours booked for internal adhoc locum cover in May 2019 decreased from 6,192 in April to 5,289.35;
- The percentage of agency doctors paid at or below the capped rates had decreased from April 2019 as had the number of internal locums;
- Ledger expenditure had increased this month taking the total above the target;
- Morriston Hospital was the only unit overspent;
- The locum-off duty system was in the process of being rolled-out which would digitalise the booking system and collate all the figures in one place;

In discussing the report, the following points were raised:

Tom Crick commented that the ledger expenditure felt volatile and queried if it was hard to manage on a month-by-month basis. Sharon Vickery advised that the peaks and troughs related to the fact that some junior doctors submitted their claims in batches, rather than after their shifts. Richard Evans concurred, adding that it highlighted a variation that did not exist, and the report should be considered in the context of the medical recruitment plan as this looked to address some of the gaps.

Tom Crick sought assurance that the extension to the Medacs contract would be reported to the Audit Committee in a timely way. Sharon Vickery stated that it would.

Resolved: The report be **noted**.

138/19 MEDICAL RECRUITMENT STRATEGY

A report providing an update in relation to medical recruitment strategy was **received**.

In introducing the report, Richard Evans highlighted the following points:

- There had been a significant response to 10 junior doctor posts advertised at Morriston Hospital, with 300 applications received;
- However there was a risk that the successful applicants had applied elsewhere as well and may not take the posts, therefore the decision had been made to over-recruit at risk;
- There were a number of specialties for which there was a UK-wide shortage of doctors, such as elderly care, emergency medicine and anaesthetics;
- Recruitment of junior doctors was devolved to the units without central oversight, which was unusual;

- Consideration was being given to recruiting clinical fellows for Swansea rather than site specific to make the roles more attractive.

In discussing the report, the following points were raised:

Tom Crick commented that the independent members were asked to chair consultant recruitment panels but often they were cancelled or just one applicant interviewed. Richard Evans responded that these were usually the ones which had been advertised several times and related to the fact that there was no flexibility within the consultant contract.

Reena Owen stated that often consultant applicants expressed during recruitment panels it had been the area which had attracted them to the post, for example schools, house prices, the beaches, and this could be played upon when advertising. Lynne Jones concurred, adding that such information had now been incorporated into the documents for nursing recruitment. Sharon Vickery advised that a lot of this information was included in the recruitment packs for doctors but was due for updating.

Tom Crick queried whether there was any intelligence as to doctors who may wish to return to the area. Richard Evans advised that clinicians were encouraged to contact colleagues when advertising, but also to think laterally if they were unable to recruit as to different service models they could try to make their department more attractive, for example having academic posts.

Reena Owen stated that it was difficult to take assurance that all that could be done was being done to recruit physicians associates. Sharon Vickery responded that the role had only been in Wales for a couple of years and the process had been developed recently to become more robust. She added what needed to be needed to be improved was the assurance provided to those in the roles that they would transition from fixed-term to substantive. Richard Evans commented that there were few training centres in the UK therefore those applying for the roles were not necessarily local and did not have the 'pull' to stay at the organisation. He added that there were no additional monies and the associates could not do all the tasks that a junior doctor could, therefore could not be used to fill the gaps

Resolved: The report be **noted**.

139/19 WORKFORCE RISKS

The workforce risk register was **received**.

In introducing the report, Kathryn Jones stated that a business case had been submitted to the Chief Executive for resources which would include staff wellbeing monies but there was also financial risk in relation to the

funding needed for the roll-out of the disclosure and barring service (DBS) checks plan.

In discussing the report, the following points were raised:

Tom Crick queried as to how the staff wellbeing service was currently funded. Kathryn Jones responded that it was through the European Social Fund which would be in doubt once the UK left the European Union. Jackie Davies commented that it was a good service which was relieving the pressure on occupational health.

Reena Owen queried as to where the progress against the high value opportunities was reported. Kathryn Jones advised that the Performance and Finance Committee kept this under scrutiny but reports could be brought to the Workforce and OD Committee when relevant.

Resolved: The report be **noted**.

140/19 VACANCY CONTROL PANEL DECISIONS

A report setting out the decisions made by the vacancy control panel was **received** and **noted**.

141/19 NURSING AND MIDWIFERY BOARD

A report setting out the key discussions of the medical workforce board was **received**.

In discussing the report, the following points were raised:

Jackie Davies sought further details in relation to the band four practitioner healthcare support worker role. Lynne Jones responded that funding was available each year to support healthcare support workers to completed a higher education certificate and 52 had applied for recent posts, with 10 meeting the shortlist criteria. Jackie Davies queried as to how these posts were built into the establishment. Lynne Jones advised that suitable wards and clinical areas were identified as not all would be appropriate for the role but they had to be costed out of the existing establishment as there were no additional monies. She added that it was a good example of the health board 'growing its own'.

Tom Crick stated that he was pleased to see the doctoral study opportunities within nursing and midwifery services.

Resolved: The report be **noted**.

142/19 MEDICAL WORKFORCE BOARD

A report setting out the key discussions of the medical workforce board was **received** and **noted**.

143/19 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

144/19 DATE OF NEXT MEETING

The date of the next meeting was noted to be 23rd July 2019.