

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

Present

Tom Crick Independent Member (in the chair)
Maggie Berry Independent Member
Jackie Davies Independent Member

In Attendance:

Hazel Robinson Director of Workforce and Organisational Development (OD)
Richard Evans Medical Director (from minute 110/19)
Gareth Howells Director of Nursing and Patient Experience
Julian Quirk Assistant Director of Workforce and OD (localities and systems)
Sharon Vickery Assistant Director of Workforce (delivery units and medical staffing)
Kathryn Jones Assistant Director of Workforce
Kay Myatt Head of Learning and Development
Liz Stauber Corporate Governance Manager
Mike Dunnage Assistant Manager, Learning and OD (until minute 111/19)

Minute	Item	Action
101/19	WELCOME Tom Crick welcomed everyone to the meeting.	
102/19	APOLOGIES Apologies for absence were received from Chris White, Chief Operating Officer; Emma Woollett, Vice-Chair; Reena Owen, Independent Member and Sam Lewis, Assistant Director of Finance.	
103/19	DECLARATIONS OF INTEREST There were no declarations of interest.	
104/19	MINUTES OF THE PREVIOUS MEETINGS The minutes of the meetings held on 23 rd April 2019 were received and confirmed as a true and accurate record.	

105/19 MATTERS ARISING

There were no matters arising.

106/19 ACTION LOG

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

107/19 COMMITTEE WORK PROGRAMME

The work programme for the committee was **received** and **noted**, with the addition of an update in relation to maternity services to the July 2019 meeting.

LS

108/19 WORKFORCE METRICS

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

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

- This was the first iteration with Swansea Bay University Health Board data;
- Sickness absence rate had reduced and compliance with statutory and mandatory training had improved;
- No change had been evident in the number of grievances and dignity at work complaints, but there had been reduction in disciplinary cases.

In discussing the report, the following points were raised:

Kathryn Jones stated that in relation to the reducing sickness absence trend, workforce teams had spent time with managers encouraging them to take the right steps within the process at the right time, having discussions with their staff to try to prevent a short term sickness becoming long term.

Tom Crick sought an update as to the recruitment of the investigating officers. Kathryn Jones advised that the assessment centre had taken place that day with the interviews the following.

Tom Crick queried the process to digitalise personal appraisal and development reviews (PADR). Julian Quirk responded that he had met with the assistant director of finance who currently managed the electronic staff record (ESR) to consider the all-Wales approach and how this could be enhanced locally, but it did not need to be in place until April 2020.

Maggie Berry queried the potential to reach 100% compliance for PADRs. Hazel Robinson advised that the national target was 85% and while the

majority of professional groups were above this already, estates and facilities required an improvement and actions plans had been developed in response.

Jackie Davies noted the number of healthcare support worker vacancies, stating that the numbers seemed higher than expected. Gareth Howells responded that additional monies had been made available as part of the Nurse Staffing Levels (Wales) Act 2016 and a range of workforce models were being considered, but the transition and recruitment would take time. Julian Quirk added that a tolerance level for vacancies needed to be identified based on the budget and establishment, as the reporting did not currently take into account vacancies being held for whatever reason.

Sharon Vickery stated that an increased intelligence was being sought in relation to medical vacancies as currently the information was held within the individual units rather than corporately.

Resolved: The report be **noted**.

109/19 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:

- The number of agency hours booked in April 2019 was 3,556 compared with 7,472 in March 2019 however the percentage of assignments paid at or below the cap had deteriorated to 29.5%;
- The number of internal locum hours had also decreased from 8,010 to 6,192 but the number of assignments paid at or below the cap increased to 79%;
- Princess of Wales Hospital had been the biggest cause of expenditure so its removal from the metrics following the boundary change was having an impact on performance;
- Meetings were taking place with the units to develop actions;
- Discussions were continuing as to whether to move to a 'neutral vend' option when the current 'master vend' contract expires in line with the all-Wales solution;
- The roll-out of the locum on duty project commenced on 1st May 2019.

In discussing the report, the following points were raised:

Tom Crick noted that all the units were underspent in March 2019 and queried as to whether this was exceptional. Hazel Robinson advised that

the data was based on what had been booked and paid but there were some elements yet to be added as they had yet to be worked.

Gareth Howells commented that when discussing the use of agency staff, it was important to include the context of budget, as whether the usage was contributing to an over or under spent position was key.

Resolved: The report be **noted**.

110/19 DEEP DIVE: STAUTORY AND MANDATORY TRAINING COMPLIANCE

A report setting out a deep dive into compliance with personal appraisal and development reviews (PADR) was **received**.

In introducing the report, Kay Myatt highlighted the following points:

- 56,000 competencies had been updated between April 2018 and April 2019, which was a 22.6% increase in compliance, and the current rate stood at 75%, the highest it had been;
- The health board included the 10 nationally mandated modules as well as three of its own; domestic violence, dementia and social services and wellbeing;
- All units were reporting 70% compliance;
- Due to portfolio changes within the executive team, compliance levels had changed;
- The estates function had appointed local training officers to support staff to complete the training modules;
- Estates and facilities were the areas in which compliance was lowest, but there were also some challenges within medical and dental;
- An improvement was needed as to the recording of face to face training sessions on ESR as there was often a significant time lapse between the two;
- Information governance training no longer had a face to face option which may affect compliance.

In discussing the report, the following points were raised:

Tom Crick queried as to whether there was a way of bulk uploading data to ESR as to who had completed face to face training. Kay Myatt responded that some elements of the process were robotic and some bulk uploading was undertaken by NHS Wales Shared Services Partnership, but the information needed to be in the right format to begin with.

Hazel Robinson commented that there were three challenges which needed to be addressed in order to improve compliance; improved

completion within estates and facilities; determining what modules medical and dental clinical staff should already be compliant with based on their medical training and uploading classroom completion data quickly.

Tom Crick queried if it was an access issue preventing estates and facilities staff from completing the training. Hazel Robinson advised that it was not limited to computer access as ESR was available on tablets and mobile phones, therefore could be accessed anywhere at any time.

Gareth Howells stated that a wider issue of whether the training had an impact or relevance to a role needed to be considered. He added that in a previous organisation, leaflets attached to payslips had been used for some elements of training. Kay Myatt responded that this approach had been taken with the social services and wellbeing modules which had the highest compliance rate.

Hazel Robinson stated that a significant amount of competencies for clinical staff were covered by their training, for example, intensive care consultants and resuscitation. She added a national agreement was needed for these to be exempt from such statutory and mandatory training from entry-level. Richard Evans concurred, adding that the frequency of which competencies needed to be refreshed should also be considered.

Tom Crick commented that the deep dive had been useful and it had clearly outlined the actions being taken to address challenging areas. Hazel Robinson advised that it would also be shared with the Health and Safety Committee due to challenges raised by its members in relation to the relevant training modules.

Resolved: The report be **noted**.

111/19 KENDALL BLUCK REPORT

The Kendall Bluck report was **received**.

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

- The report had been commissioned in August 2018 and had reviewed the emergency medicine workforce for Morriston and Neath Port Talbot hospitals as well as junior doctor rotas;
- A specific piece of work in relation to ophthalmology was now being completed;
- There were opportunities in a number of specialties for improvement of junior doctor rotas, including anaesthetics;
- Risks were associated with changing the pay bandings of some junior doctor roles as it would make them less attractive;

- Junior doctors rotas should be monitored twice a year and consideration was needed to improve compliance;
- Kendall Bluck had proposed some workforce transformation models, which would also address agency spend and created heat maps of challenging areas;
- The work would take several years to implement.

In discussing the report, the following points were raised:

Richard Evans explained that the majority of junior doctors were on a 20%-40% banding, which meant that they were paid this portion of their salary as an addition, depending on the level of out-of-hours work. He added that the fewer the junior doctors, the more out-of-hours work would be required and this needed to be monitored, particularly in line with the European Working Time Directive, as well as juniors doctors undertaking locum shifts within other health boards.

Gareth Howells stated that the review was a good piece of work which had the potential to support the 'front door' at Morriston and Singleton hospitals but it needed a project overview as it should be run in parallel with the development of the urgent care model. Hazel Robinson concurred, adding that the work was an integral part of the high value opportunities.

Tom Crick sought clarity as to the timescales for the next steps. Richard Evans responded that in terms of the emergency medicine workforce, it would take time to recruit people into post but a workshop was taking place in June 2019 to determine action points. Hazel Robinson added that the Morriston Hospital multi-disciplinary team had been engaged throughout the process. Richard Evans commented that junior doctors had also taken part in the discussions relating to rotas and two clinical fellows within Morriston Hospital theatres were piloting an additional rest day for junior doctors to avoid burn-out and stress. Sharon Vickery suggested that an update be brought to the July 2019 meeting. This was agreed.

RE/HR

- Resolved:**
- The report be **noted**.
 - Further update be received in July 2019.

RE/HR

112/19 WORKFORCE RISKS

The workforce risk register was **received**.

In introducing the report, Hazel Robinson highlighted the following points:

- Capacity of the workforce function remained the biggest risk;
- The structure of the function had been discussed with the Chief Executive, who had been supportive of the proposals, but a phased implementation needed to be developed;

- The portfolios of the assistant directors of workforce had been finalised;

The Guardian Service had been launched within the health board but some concerns had been expressed by a staffside partner;

Leadership development programmes such as 'Bridges' and 'Footprints' were continuing.

In discussing the report, the following points were raised:

Tom Crick stated that it was pleasing to see the partnership with Gower College continuing.

Kay Myatt advised that 67 applicants had been shortlisted for the six graduate scheme posts, with 22 to be interviewed later that week.

Jackie Davies referenced the funding extension by Welsh Government for the 'in work support service', noting that it was until December 2022. She queried what would happen after this date. Sharon Vickery responded that this would be considered once the capacity for the workforce function had been addressed.

Jackie Davies sought clarity as to the information governance risk. Julian Quirk advised that this related to the management of data and while there was no recognised UK standard, there was an accreditation level for England. He added that while other health boards were not strict in terms of complying with this, there was more insistence within Swansea Bay University Health Board, therefore an exception paper was to be taken to the information governance group to recommend change.

Jackie Davies advised that she had volunteered to join the national project board considering a joint nurse bank.

Jackie Davies stated that some concerns had been raised with her in relation to the service level of agreements as part of the Bridgend boundary change as some staff were unsure of their position. Kathryn Jones advised that work was now being undertaken to disaggregate the remaining services in partnership with Cwm Taf Morgannwg University Health Board and all staff affected had been advised of the timescales.

Resolved: The report be **noted**.

113/19 NURSE STAFFING LEVELS

A report setting out compliance against the Nurse Staffing Levels (Wales) Act 2016 was **received**.

In introducing the report, Gareth Howells highlighted the following points:

- The health board was required to provide an annual report outlining that it had taken all reasonable steps to comply with act;
- It was also to be shared with the board later that week followed by Welsh Government;
- While compliance was reported by Singleton and Neath Port Talbot hospitals, more work was required by Morriston Hospital.

In discussing the report, Tom Crick queried whether there were any issues in recruiting the right skill mix. Gareth Howells responded that it was one of the biggest risks as currently there were more than 400 vacancies, therefore there was a reliance on agency/bank nurses as well as newly qualified. He added that there was some work to be in 'upskilling' healthcare support workers to provide more support to patients, but there were fewer challenges to recruit senior nursing staff.

Resolved: The report be **noted**.

114/19 LAPSED NURSING AND MIDWIFERY REGISTRATION

A report providing an update in relation to lapsed nursing and midwifery registration was **received**.

In introducing the report, Gareth Howells highlighted the following points:

- Nurses needed to be registered and revalidated in order to work but there were occasions when this lapsed;
- Concerns had been raised by partnership colleagues as to the lack of consistency around the management of lapsed registration both internally and in comparison with other health boards;
- A benchmarking exercise was undertaken of the approaches across Wales and the results shared with the health board's nursing and midwifery board, at which there was full agreement to support the current processes in place.

In discussing the report, Julian Quirk commented that the process was an amalgamation of two policies; disciplinary policy and nursing revalidation, and it considered a lapsed registration to be 'gross misconduct' an offence which warranted suspension. He added that should the distinction change, this would make it easier to 'fast-track' applications to address the lapsed registration. Jackie Davies responded that the process deemed that it 'should' be gross misconduct rather than it 'was' and the health board was viewed as having a stricter protocol than others. She added that the review had been welcome but there were still some discrepancies with regard to annual leave. Kathryn Jones advised that she was seeking legal advice in this regard.

- Resolved:**
- The report be **noted**.
 - The actions identified be endorsed.

115/19 VACANCY CONTROL PANEL DECISIONS

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

116/19 MEDICAL WORKFORCE BOARD

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

117/19 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

118/19 DATE OF NEXT MEETING

The date of the next meeting was noted to be 28th June 2019.