

**Swansea Bay University Health Board**  
**Unconfirmed**  
**Minutes of a Meeting**  
**of the Workforce and Organisational Development Committee**  
**held on 20<sup>th</sup> February 2020 at 2.00pm Health Board HQ, Baglan**

**Present**

Tom Crick Independent Member (in the chair)  
 Jackie Davies Independent Member  
 Nuria Zolle Independent Member

**In Attendance:**

Hazel Robinson Director of Workforce and Organisational Development (OD)  
 Richard Evans Medical Director  
 Lynne Jones Assistant Director of Nursing and Patient Experience  
 Kay Myatt Head of Learning and Development  
 Craig Wilson Deputy Chief Operating Officer  
 Kathryn Jones Assistant Director of Workforce and OD (until minute 23/20)  
 Louise Joseph Assistant Director of Workforce and OD (until minute 15/20)  
 Julian Quirk Assistant Director of Workforce and OD  
 Sharon Vickery Assistant Director of Workforce and OD  
 Liz Stauber Interim Head of Corporate Governance  
 Hannah Stockham Advanced Physiotherapy Practitioner/ Interim Service Manager, MCAS  
 Jane Williams Equality Manager  
 Siân Harrop-Griffiths Director of Strategy  
 Nicola Edwards Head of Safeguarding (for minute 16/20)

Minute	Item	Action
08/20	<b>WELCOME</b>	
	Tom Crick welcomed everyone to the meeting.	
09/20	<b>APOLOGIES</b>	
	No apologies for absence were received.	
10/20	<b>DECLARATIONS OF INTEREST</b>	
	There were no declarations of interest.	

<b>11/20</b>	<b>MINUTES OF THE PREVIOUS MEETINGS</b>	
	The minutes of the meetings held on 17 <sup>th</sup> December 2019 were <b>received</b> and <b>confirmed</b> as a true and accurate record.	
<b>12/20</b>	<b>MATTERS ARISING</b>	
	There were no matters arising.	
<b>13/20</b>	<b>ACTION LOG</b>	
	<p>The action log was <b>received</b> and <b>noted</b> with the following updates:</p> <p>(i) <u>Action Point One</u></p> <p>Hazel Robinson advised that the head of hotel services had now obtained the IT equipment needed to improve compliance with personal appraisals and development reviews and statutory and mandatory training.</p> <p>(ii) <u>Action Point Two</u></p> <p>Lynne Jones confirmed she had met with the consultant nurse at Neath Port Talbot Hospital's minor injury unit (MIU) to discuss training opportunities with Swansea University.</p>	
<b>14/20</b>	<b>WORK PROGRAMME</b>	
	The committee work programme was <b>received</b> and <b>noted</b> .	
<b>15/20</b>	<b>IMTP COMMISSIONING FIGURES AND WORKFORCE TEMPLATES</b>	
	<p>A report setting out the commissioning figures and workforce templates for the integrated medium term plan (IMTP – three year plan) was <b>received</b>.</p> <p>In introducing the report, Sharon Vickery highlighted the following points:</p> <ul style="list-style-type: none"> <li>- While there was a separate workforce chapter within the plan, there were also workforce implications at the end of the other chapters;</li> </ul>	

- The workforce chapter was mapped against the workforce framework;
- Heads of profession, clinical and education leads and heads of service reviewed the education commissioning requirements for the existing workforce in addition to future requirements for graduates, taking into account areas such as current vacancies, age profile and turnover rates;
- The collated figures were reviewed by executive directors before being shared with the board and Welsh Government as part of the overall IMTP. In addition, they were also forwarded to Health Education and Improvement Wales who commissioned places on an all-Wales basis;
- A whole systems approach was taken this year, into which workforce was incorporated, and the units were asked to input into the workforce and finance chapters to triangulate the information;
- The full plan would be considered for approval by the board at its meeting in March 2020;
- A lessons learned programme was already in place to inform the process for future years.

In discussing the report the following points were raised:

Tom Crick queried the process in previous years to determine the education and workforce needs and whether it was based on the health board having to go at risk for certain roles. Hazel Robinson responded that workforce planning was an art more than a science as the education places commissioned today would not take up post for several years so it was based on best assumptions for the future service models.

Tom Crick sought clarity as to whether training numbers for specialist services were considered as that would not be specific to this health board's IMTP, rather it would need to be taken into account by others given the regional services element. Sharon Vickery advised that there was a joint clinical services plan with Hywel Dda University Health Board in place into which workforce planning was incorporated. Hazel Robinson added that more professions were now employed within primary care so more consideration was needed around commissioning these numbers as well as private services, such as care homes, to take into account the sector as a whole.

Jackie Davies noted a significant increase in the number of university training places, stating that she hoped this would continue. Sharon Vickery advised that this was commissioned nationally based on a

	<p>number of factors such as age profiles and turnover. Hazel Robinson added that some of the places commissioned were based on the capacity within the organisations and institutions but also trying to take into account the potential requirements for the Nurse Staffing Levels (Wales) Act 2016 in the future.</p> <p>Siân Harrop-Griffiths commented that the process this year felt more 'joined-up', with strategy, finance and workforce working well together, but it was important to note that the workforce planning resources were limited. She queried to what extent the workforce planning was aligned to the clinical services plan as opposed to building the workforce based on service leads' requests. Sharon Vickery stated that it should mirror the clinical service plan but it was not necessarily at this position as yet, but as funding had now been agreed for at least one more workforce planner, more strides could be made in this regard.</p> <p>Nuria Zolle stated that it was important to consider how the workforce elements linked with the wider agenda in order to know what the health board needed to stop doing. She queried if best practices from other organisations was used to inform the process. Sharon Vickery responded that the health board was always looking to learn from others and also benchmarked itself as part of its research. Hazel Robinson added that while services were in transition, there would need to be some 'double running' to keep services working.</p> <p>Tom Crick queried if any feedback had been received from Welsh Government. Hazel Robinson advised that this would now be received from Health Education and Improvement Wales and a workshop was taking place on 1<sup>st</sup> March 2020 to look at commissioning intentions.</p> <p>Richard Evans stated that new roles often appeared quickly in order to cover gaps, such as physician associates, which often made workforce planning challenging. He added that the guidance was also changing in terms of trainees in that they should not be delivering services as they were there to train and therefore were not to be included within establishments.</p>	
<b>Resolved:</b>	The report be <b>noted</b> .	
<b>16/20</b>	<b>WORKFORCE METRICS</b>	
	<p>A report setting out workforce metrics was <b>received</b>.</p> <p>In introducing the report, Julian Quirk stated that despite the focus being given to support staff, long-term sickness absence levels were continuing to increase, albeit at a slower pace.</p>	

In discussing the report, the following points were raised:

Hazel Robinson advised that she intended to seek data analyst support from Health Education and Improvement Wales to review the sickness absence information as it was difficult to determine the reasons as to why the rate was not improving despite the actions being taken. Kathryn Jones added that the implementation of the new policy also needed to be considered to determine if this was having an impact.

Nuria Zolle commented that the system as a whole needed to be considered in terms of sickness absence to determine if the right information was being captured or if the systems were too complex for staff to navigate. Kathryn Jones advised that part of the issue stemmed from the fact that the data available was a month in arrears and managers were also unable to record sickness which meant time needed to be spent by workforce to collect the information.

Julian Quirk advised that turnover was at its lowest point for some years but there was still work to be done to identify hotspots. Tom Crick commented that this reassuring.

Jackie Davies referenced the national work to make the personal appraisal and development review document more generic, stating that hopefully it would not make the task too onerous. Julian Quirk responded that the process did need to become more in-depth as at the moment, all that was required was the date of the review, which did not provide the assurance that it had actually taken place. Kay Myatt added that the health board's representative on the national group had undertaken a piece of work to identify the areas in which compliance was good and bad to determine the enablers and barriers in order to inform the process further.

Julian Quirk stated that a small number of individuals would need to have their appraisals in order to qualify for pay progression in the next financial year and internal mechanisms were in place to provide the support to ensure that this could be addressed if the progression did not happen as planned in order to recover the position.

Tom Crick commented that it was pleasing to see the improvement in compliance with statutory and mandatory training. Hazel Robinson concurred, adding that performance had improved further to almost 82%.

Hazel Robinson advised that the case work levels were continuing to reduce. Tom Crick responded that it was pleasing to see the impact of the investigating officers.

Nuria Zolle sought further details as to the health board's position in terms of recruitment timescales. Julian Quirk advised that it was 'middle

	of the pack' and there were usually two areas of challenge; the time taken to advertise a vacancy, which was in the health board's control and the speed with which the pre-employment checks were undertaken, which was not, and it was important that the organisation managed the areas it could in a more timely way.	
<b>Resolved:</b>	The report be <b>noted</b> .	
<b>17/20</b>	<b>MEDICAL AGENCY CAP</b>	
	<p>A report setting out the medical agency cap was <b>received</b>.</p> <p>In introducing the report, Sharon Vickery highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Agency hours had decreased in November and December 2019;</li> <li>- Compliance with the cap had increased in November 2019 but decreased in December 2019; however both were higher than October 2019;</li> <li>- Agency hours compliance had decreased in November 2019 and increased in December 2019; however both were higher than October 2019;</li> <li>- In terms of internal adhoc locums, the number of assignments and compliance with the cap had increased in November 2019 but decreased in December 2019;</li> <li>- An underspend had been reported for both November and December 2019;</li> <li>- Data was now available from the locum on-duty system which allocated shifts to internal and external locums and there were 700 doctors were registered on the medical bank;</li> <li>- An internal rate card was now in place and for the reporting period, 193 out of 951 shifts were booked above the cap</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Tom Crick noted the variability of expenditure from month to month, adding that it made it challenging to plan. Sharon Vickery responded that the main reason was forms were saved and submitted by staff in batches and therefore this was not a good indicator of what was being booked.</p>	

	<p>Tom Crick queried the auditing of the locum on-duty system. Sharon Vickery advised that this was undertaken through the unit medical directors who had to sign-off all bookings above the cap rate.</p> <p>Tom Crick sought an update on the implementation of the Kendall Bluck work. Sharon Vickery advised that the final workshop had taken place in February 2020 and there was some challenge from the consultants as to the change in rotas. Richard Evans added that the initial recruitment for additional emergency department consultants had not been successful and consideration was being given to establishing acute physician posts while the process was repeated.</p>	
<b>Resolved:</b>	The report be <b>noted</b> .	
<b>18/20</b>	<b>DIRECTOR OF THERAPIES AND HEALTH SCIENCES WORKFORCE</b>	
	<p>An update on the therapies and health sciences workforce was <b>received</b>.</p> <p>In introducing the report, Hannah Stockham highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Recruitment was a recognised challenge for a number of services resulting in significant vacancies. As such, a recruitment plan was in development for each profession;</li> <li>- The NHS Wales Shared Services Partnership (NWSSP) was intending to roll-out streamlining for a number of therapy and health science professions, including occupational therapy, dieticians, physiotherapy, speech and language physiotherapy and an exercise was underway to understand the implications for the health board;</li> <li>- Psychology was operating at a 41% vacancy rate and work was underway to identify recruitment barriers and potential developments within the workforce;</li> <li>- The theatre operating department at Morriston Hospital was unable to support a full cohort of commissioned operating department practitioner students in the current academic year but it was envisaged that it would be able to take advantage of the opportunity in coming years.</li> </ul> <p>In discussing the report, Hazel Robinson advised that she had an upcoming meeting to discuss the 'grow your own' psychologists programme. She added that in terms of students within therapy and</p>	

	<p>health science, these tended to graduate once a year and the health board often had to recruit at risk at the time rather than wait for gaps in the establishment.</p>	
<b>Resolved:</b>	<p>The report be <b>noted</b>.</p>	
<b>19/20</b>	<p><b>STRATEGIC EQUALITY OBJECTIVES 2020-2024</b></p>	
	<p>A report providing an update on the strategic equality objectives 2020-2024 was <b>received</b>.</p> <p>In introducing the report , Jane Williams highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The health board’s latest strategic equality objectives needed to be agreed by April 2020;</li> <li>- A detailed discussion had taken place with the equality commissioner in September 2019, which was followed by an equality workshop with the executive team;</li> <li>- The equality objectives had been aligned with the organisation’s strategic aims;</li> <li>- Various equality groups had been engaged with the development of the objectives which had provided a raft of feedback for the health board to consider;</li> <li>- The consultation was closed and work was underway to draft the plan, which needed to align with the IMTP, ready sign-off by the board in March 2020.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle stated that health inequality was a significant agenda for which the focus needed to be a reduction working together with partners, but this was not necessarily clear from the wording of the first objective. Tom Crick summarised that while the committee was happy with the objectives, the wording of the first one needed to be reconsidered.</p> <p>Hazel Robinson queried whether action plans were in place to achieve the objectives. Kay Myatt advised that these were being incorporated to those of the IMTP.</p> <p>Kay Myatt advised that that the equality commissioner had made it clear that the objectives needed to be a living document so as long as they were in place by April 2020, they could be engaged upon and developed as the time progressed. She added that it had also been</p>	



	emphasised that as more resources were within the commissioner's team, greater scrutiny would be on organisations.	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> <li>- The draft strategic equality objectives 2020-2024 be <b>supported</b> for submission to the health board subject to the revision of the wording of objective one.</li> </ul>	<b>HR</b>
<b>20/20</b>	<b>ANNUAL EQUALITY REPORT 2018-2019</b>	
	<p>A report providing an update on the annual equality report 2018-2019 was <b>received</b>.</p> <p>In introducing the report , Jane Williams highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Progress against the equality objectives had to be reported annually;</li> <li>- Welsh Government had asked health boards to consider how they presented the information more accessibly;</li> <li>- A comparison on pay data had been undertaken and shown more males in senior positions but the position was improving however more work was needed in terms of the pay gap;</li> <li>- Discussions with Chwarae Teg had been undertaken for some support to address inequalities but to commission the work would cost £10k. City and Council of Swansea had made the investment and achieved silver status;</li> <li>- Two reports had been produced due to low engagement by staff leading to data being sought elsewhere.</li> </ul> <p>In discussing the report, the following points were raised;</p> <p>Tom Crick queried as to how the health board could assist with encouraging more people to engage with the equality agenda. Jane Williams responded that all that was needed was for staff to supply the information they had, rather than it be an additional element to their roles. Tom Crick undertook to raise the issue of low engagement at the board meeting in March 2020.</p> <p>Nuria Zolle commented that equality for patients also needed to be a priority. Jane Williams concurred, adding that it was essential that patients and services users understood the information they were provided with about the services they accessed.</p>	<b>TC</b>

	Kay Myatt advised that she was liaising with Health Education and Improvement Wales in relation to the compassionate leadership agenda as it needed to be embedded into everyday language on a national scale.	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> <li>- The annual equality report and employment information be <b>endorsed</b> for publication on the health board external website.</li> <li>- The issue of low engagement with the production of the report be raised at the board.</li> </ul>	<b>TC</b>
<b>21/20</b>	<b>PROJECT PLAN FOR 'JUST CULTURE'</b>	
	<p>A report providing an update on the project plan for 'Just Culture' was <b>received</b>.</p> <p>In introducing the report, Kathryn Jones highlighted the following points;</p> <ul style="list-style-type: none"> <li>- The health board's culture tended to be one of blame, with the process tending to cause harm for those involved;</li> <li>- Adopting a 'just culture' would look at why the rules were broken and what needs that person may have in-line with the values and promoting fairness;</li> <li>- The process had been developed by Mersey Care who had spoken at the recent leadership summit, which had been well received;</li> <li>- A four day training programme with 30 places was to take place in March 2020 through funding from Welsh Government but investment would be needed to roll the system out more widely;</li> <li>- An action plan was in development.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle stated that she felt it was an excellent course and a brave decision from the health board to work in this way. She added that it would be important to change the system as well as the culture in order to enable staff to work in this way.</p> <p>Jackie Davies commented that it was an exciting development and challenge to work differently but the priority should not be the process but instead, listening.</p>	
<b>Resolved:</b>	The report be <b>noted</b> .	

<b>22/20</b>	<b>COACHING AND MENTORING POLICY</b>	
	<p>The coaching and mentoring policy was <b>received</b>.</p> <p>In introducing the report, Kathryn Jones highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Following the ‘Trusted to Care’ review, it had been recommended that the health board use a coaching model;</li> <li>- The demand had been too significant for the health board to meet so following receipt of targeted intervention monies, a pool of coaches was trained;</li> <li>- A framework had since been developed to support this work but there were some challenges in gaining the release of staff to coach, especially those within clinical roles.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle stated that one of the biggest challenges would be helping people to understand the benefits of coaching. Kay Myatt responded that it was to be aligned with the compassionate leadership programme.</p> <p>Hazel Robinson commented that an escalation process was needed to address the issues of staff not being released.</p> <p>Richard Evans queried whether staff were recommended coaching as part of performance monitoring. Kay Myatt responded that there were some referrals in relation to this but staff would only be accepted for coaching if they wanted to be coached, which was not always the case when it was performance related.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> <li>- The coaching and performance framework be <b>endorsed</b>.</li> </ul>	
<b>23/20</b>	<b>SAFEGUARDING TRAINING</b>	
	<p>A report providing an update on safeguarding was <b>received</b>.</p> <p>In introducing the report, Nicola Edwards stated that following the introduction of the NHS Wales safeguarding training framework (2019), the safeguarding team was undertaking a training needs analysis to map the requirements.</p> <p>In discussing the report, the following points were raised.</p> <p>Jackie Davies stated that the level of compliance with safeguarding training by units was disappointing and needed to be addressed.</p>	

	<p>Nuria Zolle queried to what extent managers were aware of their teams' requirements in terms of safeguarding training. Nicola Edwards stated the level needed for each role was clearly stated and the safeguarding team had explained the mapping process to each of the units. She added that the latest exercise enabled the data to be broken down by area or ward but few returns had been received therefore it was difficult for the team to know who required what level of training. Nuria Zolle suggested that the issue be raised at board level by the committee. This was agreed.</p> <p>Craige Wilson sought clarity, while recognising the safeguarding team's capacity, the priority areas. Nicola Edwards advised that the requirements for staff working for children had not changed under the new framework but more staff working in adult services now needed level three training.</p> <p>Tom Crick stated that the committee was not in a position to agree that level two safeguarding training be mandatory as per the recommendations. Hazel Robinson concurred, adding that the health board did have a group at which requests to make particular training mandatory could be received at which it had been agreed that the final decision lay with the executive board and senior leadership team. She suggested that the report be received by one of these fora as the next step. This was agreed.</p>	<p><b>TC</b></p> <p><b>GH</b></p>
<p><b>Resolved:</b></p>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> <li>- A report seeking agreement for level two safeguarding training to be mandatory be received by the executive board or senior leadership team.</li> <li>- The low level of returns from units be reported to the board.</li> </ul>	<p><b>GH</b></p> <p><b>TC</b></p>
<p><b>24/20</b></p>	<p><b>WORKFORCE AND OD RISK REGISTER</b></p>	
<p><b>Resolved:</b></p>	<p>The workforce and OD risk register was <b>received</b> and <b>noted</b>.</p>	
<p><b>25/20</b></p>	<p><b>NURSING AND MIDWIFERY BOARD</b></p>	
	<p>A report setting out the key discussions of the nursing and midwifery board was <b>received</b>.</p> <p>In discussing the report, Jackie Davies queried if there were any themes in relation to the referrals for staff for substance misuse. Lynne Jones</p>	

	<p>advised that there were not and each one was dealt with on a case by case basis.</p> <p>Jackie Davies referenced the 11 lapsed professional registrations, nine of which related to fee paying issues, and queried if there was more the health board should be doing. Lynne Jones responded that each one was considered by the Nursing and Midwifery Board and reminders were sent to staff, but it tended to be the ones who split the payment into four rather than one annual payment that lapsed.</p>	
<b>Resolved:</b>	The report be <b>noted</b> .	
<b>26/20</b>	<b>MEDICAL WORKFORCE BOARD</b>	
	<p>A report setting out the key discussions of the medical workforce board was <b>received</b>.</p> <p>In discussing the report, the following points were raised:</p> <p>Richard Evans suggested that the committee receive a report at the next meeting in relation to Hallett vs Derby which saw a junior doctor receive a £250k payment following a software glitch. He added that the same software was used within NHS Wales.</p> <p>Tom Crick referenced the new immigration points system and queried the potential impact on the health board. Julian Quirk state that there were some discussions ongoing as to whether certain clinical specialists would be exempt as they would gain points in all areas anyway but it was encouraging to see the concerns raised about the original £30k salary threshold being too high had been addressed. Richard Evans concurred, adding that the bigger concern for the health board would be care home staff.</p>	
<b>27/20</b>	<b>VACANCY CONTROL PANEL DECISIONS</b>	
	A report setting out the decisions made by the vacancy control panel was <b>received</b> and <b>noted</b> .	
<b>28/20</b>	<b>ANY OTHER BUSINESS</b>	
	There was no further business and the meeting was closed.	
<b>29/20</b>	<b>ITEMS TO REFER TO OTHER COMMITTEES</b>	

	There were no items to refer to other committees.	
<b>30/20</b>	<b>DATE OF NEXT MEETING</b>	
	The date of the next meeting was noted to be 18 <sup>th</sup> April 2020 at 9.30am.	