

**Swansea Bay University Health Board**

**Unconfirmed**

**Minutes of a Meeting**

**of the Workforce and Organisational Development Committee**

**held on 13th April 2021 at 9.30am to 11.20am**

**Microsoft Teams**

**Present**

Tom Crick	Independent Member (in the chair)
Jackie Davies	Independent Member (from Minute 33/21)
Nuria Zolle	Independent Member

**In Attendance:**

Kathryn Jones	Director of Workforce and Organisational Development (OD)
Richard Evans	Medical Director
Christine Williams	Interim Director of Nursing and Patient Experience
Louise Joseph	Assistant Director of Workforce and OD
Sharon Vickery	Assistant Director of Workforce and OD
Joanne Gubbings	Assistant Director of Workforce and OD
Julian Quirk	Assistant Director of Workforce and OD
Kay Myatt	Head of Learning and Development
Alison Clarke	Assistant Director of Therapies and Health Science
Claire Mulcahy	Corporate Governance Manager
Hazel Lloyd	Head of Risk (Minute 32/21)

<b>Minute</b>	<b>Item</b>	<b>Action</b>
<b>24/21</b>	<b>WELCOME</b>	
	Tom Crick welcomed everyone to the meeting.	
<b>25/21</b>	<b>APOLOGIES</b>	
	Apologies were received from Christine Morrell, Interim Director of Therapies and Health Science; Pam Wenger, Director of Corporate Governance; Paul Dunning; Head of Occupational Health and Wellbeing.	
<b>26/21</b>	<b>DECLARATIONS OF INTEREST</b>	
	There were no declarations of interest.	

**27/21 MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting on the 9<sup>th</sup> February were **received** and **confirmed** as a true and accurate record.

**28/21 MATTERS ARISING**

(i) Domestic Recruitment Turnover

Tom Crick advised that this was a referral from the Quality and Safety Committee in which concerns had been raised with the high turnover of domestic staff. It had been discussed that this was a national issue and not just within the health board. Members of the Health and Safety Committee had suggested that staff are to spoken to in order to understand the rationale and motivation. Kathryn Jones advised that there was a recruitment campaign for Domestics underway and suggested that the Head of Support Services is invited to next committee to discuss. This was agreed. CM

(ii) Statutory and Mandatory Training

Tom Crick advised that this item had been referred from the Health and Safety Committee and concern had been raised with regards to the lack of statutory and mandatory compliance, particularly within those areas which were directly linked to roles. He acknowledged the potential impact of COVID-19 on the ability to undertake statutory and mandatory training.

Kay Myatt advised that a Mandatory and Statutory Sub Group would begin next week to monitor compliance but she assured that the health board was a good a position, with levels at 81% compliance currently. Kay Myatt undertook to provide an update to Tom Crick via email for feedback to the Health and Safety Committee.

- Resolved;**
- The Head of Support Services be invited to next committee to discuss domestic turnover and recruitment. CM
  - Kay Myatt to provide an update to Tom Crick via email for feedback to the Health and Safety Committee. KM

**29/21 ACTION LOG**

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

**SICKNESS, WELLBEING AND OCCUPATIONAL HEALTH**

A report providing an update on sickness, wellbeing and occupational health was **received**.

In introducing the report , Joanne Gubbings highlighted the following points were raised;

- i. Sickness Absence
  - The in-month absence for January 2021 reduced by 1.71% but it remained high at 8.05% with COVID related absence totalling 2.33%;
  - The graph highlighted the increases during the peaks of COVID during April and December 2020, but taking these out January 2021 is lower than January 2020;
  - Stress and Anxiety are the key reasons with increase in stress related absence in March 2020 to 31% ,and August 2020 at 42%, few months after the peak and it was important to highlight that another peak in stress related absence may be occur during the Summer of 2021;
  - The graphs for short term and long term absence show performance following the COVID waves;
  - In terms of staff group , the highest figures sit within Estates and Ancillary, Additional Clinical Services and Nursing and Midwifery;
  - Higher sickness levels have been seen in Estates and Facilities and this will be investigated further;
  - All service groups saw the in-month performance for January 2021 improved compared to the previous month;
  - In terms of COVID related absence, the largest effect was seen in Estates and Facilities and Neath Port Talbot with the least affected group being Corporate;
  - Stress related absence has increased since pre-COVID within Morriston, Neath and Corporate Groups and this would need to be looked into further;
  - SBU has the highest average sickness rate at 6.33% which is higher than other health boards, there is work to do to bring that down to 5%;
  - In terms of sickness management, the pandemic has impacted but sickness panels and grip and control groups have commenced with Human Resource operational teams aligned with sickness hotspots;

## ii. Wellbeing

- There has been 49% increase in more self-referrals to the wellbeing service compared to the same period last year;
- The service is supporting staff with Long Covid and has been heavily involved in the Long Covid group;
- Also supporting the All Wales Workforce risk assessment providing advice and support for returning to work for those with underlying health conditions and pregnancy during the pandemic;
- The Staff Wellbeing Service has seen a number a high number of
- A Post-Covid Staff Wellbeing Strategy is being developed
- There is a three phased approach to the implementation of TRIM, and additional resource has been received for the roll out to priority areas;
- The service will continue to take forward the partnership working with areas such as psychology and chaplaincy;
- A staff suicide awareness and prevention campaign is being developed with the involvement of key charities;
- 140 colleagues have received training for the Taking Care Giving Care Mine Rounds;
- The health board has made a significant contribution of referrals to 'SilverCloud' with the highest number in Wales;

In discussion of the report, the following points were made;

Alison Clarke advised she was leading on the Long COVID work for the health board, with the aim of supporting staff coming back to work via the return to work process. Fatigue is the common symptom and the current policy may not support these staff with symptoms. She commented on the use of the SilverCloud, stating it was encouraging to see self-management is built into our annual plan.

Tom Crick queried in terms of the vaccine whether the health board had seen any reluctance or hesitancy in staff for vaccinations, acknowledging some of the challenges that have been apparent in other parts of the UK. Julian Quirk assured that immunisation take up in the area was high and higher than anticipated. Richard Evans added he had queried whether there had been reluctance within the BAME workforce and assured there had not. The public have been anxious to receive their vaccine and this was positive.

With regards to sickness figures, Nuria Zolle queried whether there was an understanding of what other health boards were doing to manage sickness. Kathryn Jones informed that managing sickness had been difficult and in the next quarter the data and the drivers would be looked into in detail. She

added that a lot of work had already been undertaken but an absence management plan would be established.

Nuria Zolle made reference to staff wellbeing and support, commenting that the work undertaken was welcomed and appreciated. It was great that 140 staff had been trained in the Taking Care Model.

Tom Crick referred to the end of ESF funding 'In Work Support' Service. Louise Joseph informed there was only 18 months left and needed a contingency plan as the health board relied on that support. Alison Clarke highlighted that the 'In Work support' Service was an important part of response to Long COVID.

Tom Crick reflected that as the health board was an outlier in terms of others health board and sickness absence, we would need to be mindful of the increased scrutiny following the pandemic, therefore sickness absence would need to stay on the agenda for this committee and reported into Board.

Nuria Zolle referred to the levels of stress reported in Corporate areas and Estates and requested further information on trends and drivers. Kathryn Jones took an action to look into a response on this. Julian Quirk highlighted that the figures for Estates and Facilities sat under the Corporate heading. Tom Crick added it was therefore important to have the granularity of data.

- Resolved**
- Kathryn Jones to provide further information on the trends for stress related absence in corporate areas. KJ
  - The actions that have been taken especially throughout the Covid-19 pandemic as well as the actions we plan to take in relation to supporting sickness absence reduction across the Health Board were **endorsed**.
  - The report be **noted**.

## 31/21 COVID-19 WORKFORCE UPDATE

A presentation providing an update on COVID-19 in relation to workforce was **received**.

The following points were highlighted;

- (i) Immunisation
  - The immunisation programme is steady and this is a credit to the those involved in the set up and organization of the programme;
  - Over 200,000 vaccines have been administered;

- There is a steady workforce supply and the health board has all the staff that is required;
- In terms of registrants, through bank, agency and those recruited there are seventy staff with seventy in the pipeline;
- With regard to Administration Staff, 80 staff have been recruited via Job Centre Plus. These staff will be potentially be utilized for the backfill in other roles throughout the organization;

(ii) Workforce Information

- There was now below 200 staff absent for COVID-19 reasons;
- Primary Care and Community had no asymptomatic staff absent at the moment;
- Work was underway on an all-Wales basis with regards to Long Covid and the long term position of staff shielding;

(iii) Recruitment and Deployment

- There are 1876 additional bank staff added to the system since April 2020 in a mixture of COVID-19 and non-COVID-19 related roles;
- There continues to be a rolling advert for bank Healthcare Support Workers and Registered Nurses;
- The campaign to recruit up to an additional 88 wte Domestic on to the domestic bank has commenced with 183 application received in the first round;
- Enhance overtime rates introduced in January 2021 have now ended;
- There would now be a focus on the re-start of services and to staff that have been shielding;

(iv) Training

- Work within the training cell is steady and reducing with only some training continuing. Meetings now take place on a monthly basis;
- There is an evaluation process underway in terms of what has been learned during the models of training;

The venue for Health Care Support Workers (HCSW) Induction is still a risk work underway to locate an alternative;

(v) Test, Track and Protect (TTP)

- Test, Track and Protect is currently stable;
- Funding for testing has been extended to September 2021 and confirmation was needed for track and protect;

- Clarification from Welsh Government was need in terms of a TTP Strategy for the rest of year;
- (vi) Accommodation
  - There are now far less staff in hotels but due to the need for physical distancing in NHS accommodation, hotel accommodation is still required;
  - Hotel accommodation is also needed for some overseas doctors and nurses who are required to quarantine and also some radiotherapy patients;
  - The health board is firming up the approach through the agreement of a policy so clear criteria is in place and is reviewing on a month-by-month basis;

**Resolved** The report be **noted**.

### **32/21 WORKFORCE RISK REGISTER**

Hazel Lloyd was welcomed to the meeting.

A report informing the committee of the risks from the Health Board Risk Register assigned to the Workforce and OD Committee was **received**.

In introducing the report, Hazel Lloyd highlighted the following points;

- There were three risks on the Corporate Risk Register assigned to the Workforce and OD Committee;
- *Workforce Recruitment* which had a risk rating of 20;
- *Nursing Staffing (Wales) Act* in which the risk rating had been reduced from 25 to 20;
- Discussion had taken place with the Chief Executive on the *Sustainable Corporate Services* risk and this had been closed;
- The COVID risk register had two risks assigned to the Workforce and OD Committee; *Partnership Working* rating of 20 and *Workforce Resilience* with a rating of 25;
- Page 5 of the report highlighted the changes to lower level risks;

In discussion the following points were raised;

Nuria Zolle made reference to the *Partnership Working* risk. Kathryn Jones informed that the score was still under review. She advised that that there was still some challenges with Trade Union colleagues therefore the risk would remain at a high level. She advised that there was some national

work underway in terms of partnership working and an offer had been made to do some work with the health board during the Summer 2021. Members queried whether the issue of supply of PPE was still apparent. Kathryn Jones advised that it was at the time but not any longer, there was now a better understanding and awareness of the supply of PPE.

With regards to the *Workforce Resilience* risk, Kathryn Jones advised that this risk was difficult to predict as we move out of the pandemic but this would be reviewed on an ongoing basis. Tom Crick commented that this risk was not going away and should be highlighted to Board at next meeting.

## Resolved

- The updates to the Health Board Risk Register and seek assurance on specific risks and/or process as appropriate were **noted**;
- The updates to the Covid-19 Gold Command risk register were **noted**;
- The risks assigned to the Workforce & OD Committee and the mitigating action being taken to manage the risk were discussed and **endorsed**;

## 33/21

### NURSING WORKFORCE ANALYSIS

A report providing an analysis of the current nursing workforce was **received**;

In introducing the report, Christine Williams highlighted the following were points;

- The report provides a comprehensive analysis of the registered nursing workforce within the organisation;
- The health board had an aging workforce with the largest number of 46-60 year old staff. This was concerning with approximately 428 over 55 can retire at any point, the majority of which are within the band 5 workforce;
- There are currently 4053 registered nurses and a turnover rate of around 8%;
- The vacancy rate is 264 wte which is slightly better than the figures 3-5 years ago. There are more than 200 nurse vacancies in Morriston Hospital;
- In Singleton, they have overly recruited within Neonatal and Maternity but there is a high vacancy rate within Medicine;

- There was local and overseas recruitment underway. The European campaign was not successful due to a low retention rate;
- Recruitment from the Philippines and India has a better retention rate and the plan is to return for 120 nurses over 2 years;
- There has been a request to increase this number although costs are significant at £690k for 120 nurses;
- The aim to increase nurses via Return to Practice , the flexible route into nursing, the apprentice scheme 2021-22 and student streamlining. Universities have increased their commissioning numbers;
- As the Nurse Staffing (Wales) Act (NSA) is implemented the requirement for registered nurses will increase;
- During the response to COVID-19, at the peak there was a 40% unavailability rate within 30 clinical environments and the bank and agency usage during that period will correlated with this;
- In terms of the use of non-contract agency, there was a need to mitigate the risk in order to provide safe care;
- During phase one of pandemic, large of staff were deployed out, this was not the case in phase two;
- Since February 2021, the position in clinical areas has improved with very few with an unavailability rate of 40%;
- The health board now have to re-commence grip and control in terms of the nursing workforce by utilising the e-roster system efficiently and effectively across the organisation;
- The key priorities for 2021-22 included the development of a recruitment and retention strategy with an 8A matron to support the programme and target hotspot areas;
- Focus on new registrants and build upon the HCSW's career framework;

In discussion of the report, the following points were raised;

Tom Crick raised his concern surrounding the health board having a higher level nursing staff within the age demographic of 46-60. Christine Williams replied that this was the natural position, this was a national issue and there was the need to mitigate against it across the sector. She assured that the health board is in a similar to position other health board's in Wales and was not an outlier. She advised that the NSA had impacted, and whilst it protect patients and provides safe care and is funded appropriately, the recruitment of staff is a challenge. Concerning those staff due to retire,

Nuria Zolle commented that it would be beneficial to gain a clear understanding of the intention of staff.

Tom Crick queried whether there appeared to be uneven distribution in terms of demographic for the graduate profession. Christine Williams replied that the graduate profession was totally imbedded and the requirement for degree was not deterring applicants but there was the need to make it more appealing. She further advised that the courses were receiving sufficient applications.

In terms of the turnover rate of 8%, Julian Quirk advised that this was very low compared to other big cities. There is difficulty in establishing reasons for the turnover. In terms of vacancy rate of 6%, he added that the health board would always be in that position until an excess amount of nurses are trained.

Nuria Zolle queried whether there was a collective approach across all health boards in terms of recruitment of nurse registrants. Christine Williams advised that was the aim with student streamlining, with one application for all health boards in order to stop direct competition.

Jackie Davies made reference to the NSA, stating that the metrics were right in terms of patient care but the staffing requirement was a challenge. She advised that the requirement would be further expanding with the Welsh Government commitment and they were in the process of developing the acuity tools for this. Christine Williams added that the further information about the extension of the NSA would be coming to Board in due course. The amendment to the requirement was due to be implemented in paediatrics in the Autumn, with the aim to roll out in Mental Health and Primary Care and Community after that.

In terms of the career development for HCSWs, Jackie Davies fully supported this and also the flexibility of retire and return for registered nurses. Christine Williams added that there was further work required to develop the programme already in place, and use the lessons learned. She advised that retention was a problem, with some finding the academic aspect of the programme challenging.

Jackie Davies raised her concern for the fact the Health Education Improvement Wales did not have a Director of Nursing and advised that this had also been raised in other areas.

With reference to commissioning numbers for Therapies and Health Science, Alison Clarke advised that HEIW were currently in the process of the tenders. Swansea University were offering some courses including those within STEM (Science, Technology, Engineering and Mathematics) which was a great opportunity for our area.

In terms of student streamlining, Alison Clarke advised that within Therapies and Health Science, the first year had not been a good experience and there have been some significant issues, as well as some professions not achieving the numbers needed.

**Resolved;** The report be **noted**.

**34/21 HEALTH EDUCATION IMPROVEMENT WALES (HEIW)  
COMMISSIONING PLAN 2022/23**

A report providing an update on the health board's return to HEIW was **received**;

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

- This was an annual return to HEIW and sets out forecasts of the health board's future needs for professions that HEIW commission on behalf of NHS Wales;
- This return relates to educational commissioning for the academic year starting 2022/2023;

In discussion of the report, the following points were raised;

Alison Clarke commented that it was important to highlight that although the health board would take on the students they have commissioned, it did not mean that there were all those vacancies. There was a risk in terms of financial pressure for the Heads of Service to deliver a sustainable service and meet the commissioning needs. There was also a risk in deciding not to commission as many students due to financial pressures and this needed to be mitigated against.

With regards to some groups not graduating until 2027, Tom Crick queried whether HEIW were aware of the difficulties the health board has in matching expecting need with future requirement. Sharon Vickery advised they were but commented that we cannot base the commissioning numbers on our current financial position.

Alison Clarke advised that guidance from the independent sector would also be needed, namely within Occupational Therapy and Local authorities in terms of what posts they plan to hold within the health board.

**Resolved** - The committee **noted** the content of the report and workforce plan and **endorsed** its submission to Health Education Improvement Wales;

**PADR ACTIVITY AND COMPLIANCE**

A report providing an update on PADR compliance was **received**.

In introducing the report, the following points were highlighted.

- The health board averaged PADR compliance rate for February 2021 stood at 51.17%;
- The figures for March 2021 show a very different picture to that of March 2020 where the health board average was 71.86%;
- In terms of national comparison, the NHS Wales average sits at 62% with Public Health Wales with highest compliance rates;
- SBU is 6<sup>th</sup> in line in terms of other health board's and has seen the greatest decline since last year;
- All health board's in Wales have seen a decrease in compliance, suggesting that COVID-19 has impacted across the board;
- The Pay Progression Policy has been paused until further guidance is given from Welsh Government;
- Although Estates and Ancillaries had previously been a red flagged area, compliance had improved prior to COVID-19 to 73.73%. The compliance has declined to 22.2% for February 2021;
- The greatest decline in compliance was within Finance at 8% and this was being investigated further;

In discussion of the report, the following points were raised;

Tom Crick stressed the importance of addressing the issue of low compliance as it was a Tier 1 target for all health boards. As part of the wider organisational values, it was important for staff to these meaningful conversations about the performance and development. Kay Myatt concurred, adding that that SBU performance was good prior to COVID-19, and considerable work had been done to improve the compliance rate of PADR's.

Tom Crick queried what the challenges were in those hotspots where compliance was low. Kay Myatt advised that support in PADR training would help and work is underway with managers in Estates and Ancillary to address the low compliance as part of their recovery and action plan from the staff survey. With regards to Primary Care and Community, Kay Myatt informed although a number of staff had been redeployed within the service group, they have maintained compliance. Therefore they would be looking to share best practice. Alison Clarke informed that the Allied Health Professionals sat within the Primary Care and Community group.

Tom Crick advised that he was happy to see that that the Pay Progression Policy had been paused but anticipated some challenges when it is implemented.

**Resolved;** The report be **noted**.

### **36/21 WORKFORCE METRICS**

This item was not discussed and deferred to the next meeting.

### **37/21 MEDICAL AGENCY AND LOCUM UTILISATION**

A report providing an update on the medical agency and locum utilisation was **received**.

Sharon Vickery highlighted the following points;

- The report sets out the salient information regarding the utilisation of agency and locum doctors and updates on the planned work;
- On average the health board processes 1200 shifts for agency and locum doctors as a result of deanery gaps and vacancies;
- On average the health board is spending approximately £1m to £1.4m a month on internal and agency locum costs;
- The data shows that there are still challenges due to pressure in system with compliance with the Welsh Government Agency Cap;
- It has been noted that sickness rates for medical staff has increased by 50%;
- The rollout dates for the final elements of the Allocate modules are yet to be finalised but once implemented the health board will have complete oversight of the medical workforce;
- As part of the business critical funding a Recruitment and Retention Manager has been recruited for the Medical Workforce;

In discussion of the report, the following points were raised;

Tom Crick queried what the health board best case position would be in terms of agency and locum utilisation. Sharon Vickery replied that this was difficult to answer and this was tied into both recruitment and the drive to improve internal compliance. The aim is to look at the whole of workforce and ensuring is utilised appropriately.

Jackie Davies commented that this was similar situation to the nurse rostering where there are a number inefficiencies. With the new systems in

place, in it is important that we are maximising the benefits of the systems. She raised her concern about the responsibility of which being sat with the E-Rostering Team. Sharon Vickery advised that as part of the two project, funding had been set for extra staff members, the E-Rostering Team would also be working in tandem with the Medical Workforce Team.

- Resolved;**
- The metrics and associated costs were **noted**.
  - The development of the Internal Medical Bank with over 1,200 doctors registered so far were **noted**.
  - The details of the case study in Medicine in Morriston to understand the scope of what digitalisation can mean for the management of the medical workforce were **noted**.
  - The plans for 2021, some of which are dependent on further investment were **noted**.

### **38/21 MEDICAL WORKFORCE BOARD**

An update on the Medical Workforce Board was **received**.

Richard Evans highlighted the following points;

- In relation to Physician Associates, the deadline for submission of the commissioning figures to HEIW was on the 31<sup>st</sup> March, meetings are still underway to establish interest within the different specialities;
- The health board will need to consider whether to support these as a new staff group or not;

**Resolved** The report be **noted**.

### **39/21 NURSING AND MIDWIFERY BOARD**

An update on the Nursing and Midwifery Board was **received**.

Christine Williams, highlighted the following points;

- With regards to professional issues, there is a significant backlog in Nursing and Midwifery Council which will take some time resolve;

- Good progress is being made with the implementation of the Welsh Clinical Nursing Record with an agreed go live date of 19<sup>th</sup> April 2021;

In discussion the following points were raised;

Jackie Davies advised that due to the pandemic, the NMC had given some flexibility in terms of revalidation but assured that this was being monitored very closely. Christine Williams advised that the number of registration lapses had decreased and was not a significant number.

**Resolved** The report be **noted**.

**40/21 ANY OTHER BUSINESS**

There was none.

**41/21 ITEMS TO REFER TO OTHER COMMITTEES**

There were no items to refer to other committees.

**42/21 DATE OF NEXT MEETING**

The date of the next meeting was noted as the **8<sup>th</sup> June 2021**