

Swansea Bay University Health Board

Unconfirmed

**Minutes of a Meeting
of the Workforce and Organisational Development Committee
held on 12th April 2022 at 9.00am
Microsoft Teams**

Present:

Tom Crick Independent Member (in the Chair)
Jackie Davies Independent Member
Steve Spill Independent Member

In Attendance

Debbie Eytayo Director of Workforce and Organisational Development (OD) (from minute 26/22)
Richard Evans Executive Medical Director (from minute 27/22)
Alison Clarke Assistant Director of Therapies and Science
Julian Quirk Assistant Director of Workforce and OD
Kay Myatt Acting Assistant Director of Workforce and OD
Sharon Vickery Assistant Director of Workforce and OD (from minute 28/22)
Guy Holt Associate Head of Human Resources (minute 28/22)
Paul Dunning Professional Head of Staff Health and Wellbeing
Liz Stauber Head of Corporate Governance
Christine Williams Deputy Director of Nursing and Patient Experience
Leah Joseph Corporate Governance Manager
Emma Thomas Just Culture Project Lead (to minute 27/22)
Neil Thomas Deputy Head of Risk (minute 26/22)
Sara Utley Audit Wales (observing)
Rhian Lewis NWSSP (observing)

Minute	Item	Action
18/22	WELCOME	
	Tom Crick welcomed all to the meeting and thanked Steve Spill for strengthening Independent Member attendance.	
19/22	APOLOGIES	

	Apologies were received from Nuria Zolle Independent Member, Hazel Lloyd, Acting Director of Corporate Governance, and Christine Morell, Director of Therapies and Science.	
20/22	DECLARATIONS OF INTEREST	
	There were none.	
21/22	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the meeting on the 8 th February 2022 received and confirmed as a true and accurate record.	
22/22	MATTERS ARISING	
	There were no items raised.	
23/22	ACTION LOG	
	<p>The action log was received.</p> <p>i. <u>83/21 Risk Register – Workforce Recruitment Risk</u></p> <p>Tom Crick advised that a discussion would take place outside of the committee surrounding deep dives on challenges within post-graduate medic allocations from Health Education and Improvement Wales.</p> <p>ii. <u>86/21 Workforce Metrics</u></p> <p>Tom Crick noted that the metrics report previously received to committee meeting were valuable, however new ways of working needed to be incorporated into the reporting mechanism. Challenges remains ongoing to look and scrutinize trends in the two-monthly snapshots, and discussions remained ongoing outside of the committee meeting.</p>	
Resolved:	The action log was noted .	
24/22	WORK PROGRAMME 2022/23	
Resolved:	The work programme was received and noted .	
25/22	PERSONAL INJURY FILE REVIEWS	

	<p>A report on personal injury file reviews was received.</p> <p>In discussing this item, Liz Stauber suggested that committee members forwarded their queries via email to her outside of the committee and she would contact the legal team directly.</p>	
Resolved:	The personal injury file reviews report was noted .	
26/22	HEALTH BOARD RISK REGISTER	
	<p>The Health Board Risk Register (HBRR) relating to the Workforce and OD Committee was received.</p> <p>In introducing the report, Neil Thomas highlighted the following points:</p> <ul style="list-style-type: none"> – The HBRR was last received by the Board in March 2022; – Since then risks have been subject to Executive review and updates; – The HBRR currently contains 39 risks, of which four have been allocated to the Workforce and OD Committee for oversight, and two are overseen by other Committees, but reported to Workforce and OD Committee for information; – The four risks for oversight are: workforce recruitment of medical and dental staff; Nurse Staffing Levels Act; partnership working; and workforce resilience; – The two risks for information are: midwifery critical staffing levels; and closure of burns service; <p>In discussion of the report, the following points were raised:</p> <p>Tom Crick queried whether the nursing workforce recruitment challenges were specific to the Health Board, or were they being felt across Wales. Julian Quirk advised that there would always be workforce issues due turnover. There are seasonal periods that effect the turnover position, and there are currently 70 people waiting to begin their employment with Swansea Bay University Health Board (SBUHB). The nurse staffing group is due to review hot spots in turnover. Christine William advised that due to seasonal trends, vacancies were higher than they had been, however that was expected to reduce due to the overseas recruitment and the next tranche of starters due to begin. The hotspots would be reviewed to understand the effect of vacancies within specific areas.</p> <p>Tom Crick queried whether the establishments in place were appropriate. Julian Quirk stated that the nurse complements and budgets had been changed to affect establishment, however further work was needed to strengthen the stream of recruits to fill junior vacancies. The challenges were interlinked with recruitment, retention, turnover and retirement.</p>	

	<p>Christine Williams assured committee members that the nursing establishment review was a robust process for 25B and 25A ward areas. The reviews take place twice-yearly and the Nurse Staffing Levels Act has been extended to Primary, Community and Therapies Service, Mental Health and Learning Disabilities and Children’s Service. She noted that work was ongoing, and the position was positive.</p> <p>Tom Crick noted the importance of evolving processes to satisfy criteria to ensure appropriate staffing levels to enable good and safe patient care. He noted that it must be challenging to satisfy the legal requirements of the levels, and queried how resilient the all-Wales process was. Christine Williams stated that there was a national problem around retirement and recruitment, and both have been discussed nationally and remain part of the Chief Nursing Officer’s priorities for a more sustainable nursing workforce.</p> <p>Tom Crick queried whether there were enough funded places for nursing at Universities. Christine Williams advised that Health Education Improvement Wales (HEIW) have increased the amount of places available, but there was a need to think differently around the type of routes of entry. Retention was serious issue, and turnover was concerning. The student nurse experience had been different due to the COVID-19 pandemic and more funding was needed to enable HEIW to increase the amount of places further. Jackie Davies advised that there was a restructure of nursing proposals surrounding Band 4 posts for registered nurses, and she queried whether the mitigation actions should be detailed on the HBRR. Christine Williams advised that the risk was detailed on the corporate risk register which included an explanation around the workforce mitigation assessment of risk.</p> <p>Julia Quirk highlighted that SBUHB does not have a robust temporary workforce supply. Turnover had increased over the past 12 months and deep dives across the whole of the workforce would be undertaken to understand issues from managing expectations, to employment reviews after 12 months. Tom Crick supported the deep dives, and noted that Board level discussions had taken place and the actions were agreed in principle. He noted that that it could be problematic for SBUHB to reconcile deliverables.</p> <p>Steve Spill queried that as COVID-19 gold command meetings were being stood down, were the risks on the COVID-19 register being transferred to the HBRR. Neil Thomas advised that discussions were ongoing, but there were expectations that gold command risks would be reviewed and decisions would be made to either escalate to HBRR or transfer to the Service Group Risk Register. Neil Thomas undertook to discuss the COVID-19 gold command actions with colleagues.</p> <p>Tom Crick highlighted that critical staffing levels were being seen and there was a need to support services in general. Christine Williams noted that</p>	<p>NT</p>
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	<p>there were ongoing issues within the maternity services. The risks had slightly decreased as services were being recommenced. There was a national problem and had been reported by every Health Board In Wales. She noted that SBUHB had never had a staffing issues within maternity before, however the impact of COVID-19 has effected the workforce.</p> <p>Tom Crick stated that staffing within the burns service had been discussed at Quality and Safety Committee and Board, and further discussions would be ongoing to ensure the continuation of services.</p> <p>Alison Clarke advised that correspondence had been received from Welsh Government which confirmed that the long covid-19 service would only be funded for the coming year, and the Health Board needs to be mindful as there could be difficulties to recruit into the service due to the lack of continuing funding. Approximately £500k had been released for SBUHB, however difficulties could be created as the need for the service may go past the 12 month funded period. Tom Crick noted that he and Debbie Eytayo would discuss the workforce issues raised at May’s Board meeting.</p>	
Resolved:	<ul style="list-style-type: none"> – Discussions to take place outside of the committee regarding the process around documenting the remaining COVID-19 risks as gold command meetings were being stood down. – Updates to the HBRR relating to risks assigned to the Workforce & OD Committee were noted. 	NT
27/22	PRESENTATION ON ORGANISATIONAL CULTURE PROGRAMME	
	<p>A presentation on Organisational culture programme was received.</p> <p>In introducing the presentation, Debbie Eytayo and Emma Thomas highlighted the following points:</p> <ul style="list-style-type: none"> – The organisation has undertaken a significant piece of work around quality improvement and the quality management system. Culture was foundational to this work. A Board Development session had been scheduled to discuss the needs in more detail; – A focus has been on the <i>Just Culture</i> objectives which gives a description of how employee relations processes should take place at SBUHB; – The just culture principles are fair treatment of staff; supporting staff to be open about mistakes; supports existing values and behaviours; – The presentation included the SBUHB values, benefits of a great culture to improve patient safety and reduce adverse patient outcomes. 	

	<ul style="list-style-type: none"> - The key priorities were: ‘understanding culture, improving conversations and seeing values and behaviour in everything ‘we do’ - Work was ongoing with Trade Union colleagues and HEIW around the priorities, and incivility/ witnessing incivility work remained ongoing. <p>In discussion of the presentation, the following points were raised:</p> <p>Tom Crick found the presentation a useful summary of aspirations. He highlighted that the lived experiences of staff was helpful, and queried the timeline for the next steps. Emma Thomas advised that conversations of lived staff experiences were changing the narrative of the story and the awareness of civility within the workforce. Debbie Eyitayo noted the good work between human resources operations team and business partners in terms of managing formal cases with compassion. The work had reached a point where it would be helpful to carry out a culture audit, but this needs to be linked with quality management to ensure one Health Board approach. The Health Board’s quality, culture and diversity all need clear plans in order to proceed with the next steps.</p> <p>Jackie Davies found the presentation and work excellent, and was pleased to hear that lived experiences would be used. She noted the importance of listening at the beginning of the process to highlight any inconsistencies of approach.</p> <p>Steve Spill noted that this item was important to the Quality and Safety Committee, as staff need to feel comfortable to highlight errors, and a mechanism needed to be in place to ensure no criticism. Tom Crick commented that it was a good opportunity to review the work ethos and relationships. He queried the reporting period to monitor progress and increase visibility as the Board would be interested in the wider work. Debbie Eyitayo stated that regular updates would be received as it was not solely a human resources piece of work.</p>	DE
Resolved:	<ul style="list-style-type: none"> - Work programme be updated to ensure regular updates to committee members. - The presentation on organisational culture programme was noted. 	DE
28/22	WORKFORCE RETENTION AND RECRUITMENT	
	A report and presentation on workforce recruitment and retention was received .	

In introducing the report, Guy Holt and Sharon Vickery highlighted the following points:

- The presentation included updates on:
 - Attraction and Branding Campaign – SBUHB is working with creative marketing and advertising agency ‘SBW’ to promote the Health Board as an employer of choice and promote career opportunities;
 - Central Resourcing Team – formed in October 2021 to support areas of high-volume recruitment needs where vacancies lead to bank, agency and over-time costs;
 - Medical On-Boarding Website was being developed to support medical staff with their recruitment journey from point of appointment through to commencing employment;
 - Fatigue and Facilities Charter has been developed in partnership with BMA Cymru Wales, NHS Employers and Welsh Government to provide an enhanced environment for doctors working in Wales. The implementation would support and improve the overall experience of doctors working within SBUHB;
 - Recruitment and Retention Group has been developed to support the Health Board’s recovery and sustainability plan 2022/23. The group will have opportunities to understand the needs of the organisation in greater detail and will become a forum to develop new ways of working and the design of new roles.

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

Tom Crick found the report and presentation helpful and highlighted that it was good to see external advice being taken for valuable input. He noted that the retention and development pieces were pleasing to see, and that the work continued to evolve. Jackie Davies found the presentation and report comprehensive and felt that the work ongoing was innovative.

Steve Spill observed that retention is key and surveillance of individuals with a high risk of leaving shortly after starting would be helpful. He queried whether succession planning was as good as it could be, and suggested a presentation focused on this at a future Workforce and OD Committee. Tom Crick supported Steve Spill’s comments and noted that secondments are frequent, and gaps should not be developing with maternity leave and retirements.

Debbie Eyitayo acknowledged and recognised the teams work and achievements over the last six to seven months. The aim around innovation

	was to attract people to work for SBUHB. The next steps were to develop a strong retention strategic plan that links with culture.	
Resolved:	The report and presentation on workforce recruitment and retention were noted .	
29/22	WORKFORCE KEY PERFORMANCE INDICATORS	
	<p>A report on Workforce Key Performance Indicators to include Sickness, Personal Appraisal Development Review (PADR) and Statutory and Mandatory compliance was received.</p> <p>In introducing the report, Kay Myatt highlighted the following points:</p> <ul style="list-style-type: none"> – Welsh Governments target for PADR compliance is 85%. Currently our overall HB compliance stands at 55.95% as of 28th February 2022, excluding Medical and Dental staff. This represents a year on year increase of 4.78% compared to 28th February 2021 (51.17%) with 620 additional PADR's completed; – Service groups are being supported around PADR compliance and discussions have taken place at Service Group meetings. They have been prioritizing staff who have not completed their PADR, along with focusing on hot spot areas to increase compliance; – Focus remains on quality and quantity of the PADRs being completed; – Reports are being disseminated to corporate directors for visibility which is available on the business intelligence dashboard; – Dedicated time-out had been incorporated into rosters to ensure PADR's are completed; – Estates and facilities have increased their Statutory and Mandatory compliance to 79.19% which is a huge increase; <p>In discussion of the report, the following points were raised:</p> <p>Tom Crick highlighted the need to ensure the PADR process was constructive and formative for staff, and that they had time to complete it effectively and that resource supported the ability for them to take time out of the working day. He noted that national discussions were good, but there was a need to be aware of the local needs. He queried whether the annual pay awards would be effected if the PADR has not been completed. Julian Quirk advise that not every PADR would trigger an increment. If the PADR has not been completed due to the individual not participating, then the increment may not be paid. If the individual was participating in the PADR process, however the manager had not completed it, then the increment</p>	

	<p>would be paid but followed up with the manager for a retrospective PADR. This was new territory for the NHS, however over time it would become part of usual practice. Tom Crick highlighted that the increment linked to PADR's were not novel for organisations to be rolling out, and there was a facet of retention around PADR's which links to infrastructure systems. Julian Quirk stated that although there was a financial implication to individuals, there was also an implication when proceeding with disciplinary processes, and Trade Union representatives flag these issues.</p> <p>Steve Spill recounted a personal experience surrounding annual bonuses being linked to PADR compliance, and queried whether compliance rates could be linked to senior management's increment. Julian Quirk advised that there was no ability to record compliance in that way, and SBUHB was only able to record individual compliance with individual increments.</p> <p>Debbie Eytayo suggested that PADR compliance should be a manager's objective to ensure staff appraisals are completed. Kay Myatt advised that it was a part of the policy. Julian Quirk noted that the pay element helped to encourage staff to chase managers, however some managers have around twenty to thirty PADR's to complete which can be difficult for individuals to manager.</p> <p>Alison Clarke highlighted the importance of PADR's as there was a focus on mortality rates and increased patient care. She agreed with the process of disseminating PADR reports to corporate directors for visibility, and synchronization to link with professional meetings for engagement.</p> <p>Debbie Eytayo noted the importance of structure and hierarchy to manager and monitor processes. Tom Crick stated that behaviour and culture could be linked to reasons why PADR's were not being completed, and highlighted it was important for staff to be concerned as to why PADR's were not being completed.</p> <p>Tom Crick queried the next steps for the reporting mechanism. Kay Myatt advised that there was a need to let the process continue for performance and results, and mentioned that PADR pilots were restarting. Tom Crick agreed that the impact needed to be seen to monitor changes made, and requested an update in six months.</p>	KM/JQ
Resolved:	<ul style="list-style-type: none"> - Workforce Key Performance Indicators update report be received in October 2022 to monitor changes and impact. - The report on Workforce Key Performance was noted. 	KM/JQ
30/22	MEDICAL WORKFORCE EFFICIENCIES	

An update report and presentation on Medical Workforce Efficiencies was **received**.

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

- During the last 24 months, SBUHB has faced an unprecedented workforce demand due to the impact of COVID-19;
- SBUHB continues to fill approximately 1,000 locum duties per month. The demand on locum usage has continued steadily during the course of the last 24 months and whilst the costs have fluctuated the demand has been relatively consistent;
- On average SBUHB continues to spend approximately £500k per month on internal locum spend. Data reflects that there has been a cost reduction, which has been a consistent trend from September 2021. These costs only capture the locum work undertaken by internal and MEDACS locums, and there are other agencies being utilised which are not captured;
- There is a piece of work ongoing to relaunch MEDACS and drive out non-contracted use of companies;
- Progress continues with the rollout of ‘locum on duty’ and ‘medic on duty’.

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

Debbie Eytayo highlighted that the recovery and sustainability plan for 2022/23 had an ambitious target to reduce agency costs by 10%, and this will continue to be monitored. Tom Crick queried what modern health and social care infrastructure looked like as a large amount of money had been spent on agency. He noted that huge changes had already been made, with clear improvements with systems in place to strengthen utilisation.

Sharon Vickery commented that the locum on duty data needed to be reviewed to ensure that it was credible and correct. Tom Crick queried whether resistance had been seen by clinicians. Richard Evans advised that no strong opinions had been raised and good feedback had been received from junior clinicians. The majority of consultants would be aware of gaps, but not fully sighted of the process. There has been a culture shift to elect to use non-contracted companies, and work was ongoing to increase patient safety. He noted that ‘locum on duty’ had enabled further conversations around remuneration.

Tom Crick thanked Richard Evans for his positive response, and queried if the team were finding challenges in specialisms to pay appropriately. Sharon Vickery commented that locums working in hard to fill areas and the team are trying to recruit permanently into these roles, however it was lucrative to be employed by an agency. She highlighted the need for managers to be encouraged to use and interrogate data.

Resolved:	The report was noted .	
31/22	COVID-19 WORKFORCE POSITION	
	<p>A verbal update on the COVID-19 workforce position was received.</p> <p>In introducing the update, Julian Quirk highlighted the following points:</p> <ul style="list-style-type: none"> – Staff COVID-19 related absences have plateaued to approximately 390 this week; – There has been discussion around whether measures in place to live with COVID-19 effect the figures; – SBUHB is awaiting a revision of risk assessment tool from Welsh Government to enable the deployment of staff into areas as the rules around managing COVID-19 have changed; – Changes have been made to sick absence relating to long COVID-19 which includes full pay prior to reducing to zero; – The first dismissal following long COVID-19 has taken place and the individual was pleased with the outcome; – The first formal claim injury benefit has been received which related to the period of March 2020. They have been a handful of cases across Wales. <p>In discussion of the report, the following points were raised:</p> <p>Tom Crick queried the class action piece applied to the public enquiry. Julian Quirk was not aware of a class action piece, however locally staffside had encouraged staff members to complete Datix reports if they were COVID-19 positive and around 1600 were received.</p>	
Resolved:	The verbal update was noted .	
32/22	MEDICAL WORKFORCE BOARD UPDATE REPORT	
Resolved:	The report was noted .	
33/22	THERAPIES AND HEALTH SCIENCE HIGHLIGHT GROUP	
	An update report and presentation on Therapies and Health Science Group highlight report was received .	

	<p>In introducing the report, Alison Clarke highlighted the following points:</p> <ul style="list-style-type: none"> – Student Streamlining Process have been developed. HEIW and NHS Wales Shared Services Partnership (NWSSP) together with locally determined health board planning and delivery groups have been meeting on a monthly basis to plan for recruitment of the graduates completing their course in 2022. – The Health Board has successfully appointed to the first Stroke Consultant Therapist post for SBUHB; – The Healthcare Scientist Network in Wales has published guidance on the Consultant Clinical Scientist role, recruitment, training and development of Consultant Clinical Scientists in Wales. There are six key recommendations for employing organisations; – The Advancing Healthcare Awards is a unique awards programme which crosses boundaries and fosters partnership working. It is open to Allied health professionals, healthcare scientists and those who work alongside them in support roles. The winners were announced on Friday, 8th April. SBUHB had a number of teams shortlisted for the upcoming national Advancing Healthcare Awards 2022: <i>The Cellulitis Improvement Programme; Co-designing with the end-user to develop personalised aids of daily living; Primary Care Audiology Team, Primary Care Practitioners, Swansea Bay University Health Board.</i> <p>In discussion of the report, the following points were raised:</p> <p>Tom Crick was pleased to see the national awards included in the report and the visibility for nominees and winners. He queried how medical illustration was position from a strategic commercial role and queried if any challenges were seen in other roles. Alison Clarke advised that there were huge challenges related to commissioning of education as individuals have different backgrounds. HEIW will commission courses, but no longer at Cardiff University, and Stakeholder Reference Groups are ongoing to review options of how quality would be presented.</p> <p>Sharon Vickery noted that more broadly, the commissioning of education can be problematic and the methodology for medical illustration had changed. Organisations need to be mindful of the different methods available for delivery to smaller groups or roles. Tom Crick highlighted similar challenges at Swansea University for teaching roles, which is not effective from a planning perspective and for progress.</p>	
Resolved:	The report was noted .	

34/22	ANY OTHER BUSINESS	
	There was none.	
35/22	ITEMS TO REFER TO OTHER COMMITTEES	
	There were no items to refer to other committees.	
36/22	DATE OF NEXT MEETING	
	The date of the next meeting was noted as the 14 th June 2022.	