



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



		Agenda Item	2.4 (iv)
Freedom of Information Status		Open	
Reporting Committee	Workforce and OD Committee		
Author	Claire Mulcahy, Corporate Governance Manager		
Chaired by	Tom Crick, Independent Member		
Lead Executive Director (s)	Debbie Eytayo, Interim Director of Workforce and OD		
Date of last meeting	13 December 2021		

Summary of key matters considered by the committee and any related decisions made.

• **Sickness, Wellbeing and Occupational Health including update on TRIM**

Sickness levels stood at 8.34% for September 2021 and all health board's in Wales were reporting a similar position. Anxiety and Stress related sickness had slightly improved during September 2021. Morriston service group had the highest level of sickness at 8.46% and the areas of highest rates were subject to action plans to address. The 12-month rolling performance to the end of September 2021 was 7.23%. If COVID-19 related reasons were discounted from September's overall absence performance, there would be an absence percentage of 6.23% for the month. Currently there were 150 staff absent due to COVID-19 shielding and isolation. The Occupational Health and Wellbeing service received the highest number of referrals in November 2021. Waits for Occupational Health appointments had been longer than anticipated due workforce shortages and an increase in complex cases. Income generation plans are being considered. The European Social Fund (ESF) project *In-Work Support Service* would come to an end in December 2022 and discussions are underway with Welsh Government around next steps.

The aim was to increase TRiM (Trauma Risk Management) trained personnel to 60 staff from the current total of 45 and alongside TRiM, REACT Mental Health training had been rolled out across the health board and positive feedback received. Over 1,000 staff had been trained so far. There had been four TRiM incidents to date. Primary Care and Community Service Group were now engaged fully in the training package.

Key Matters raised by members;

- *Estates sickness levels*; further information sought on actions undertaken to address.
- *Income Generation*; assurance sought than plans were in line with demand and pressure already on the service and staff support would not be compromised.
- *Resource into Wellbeing service*; further resource was required to support the increase in referrals to the service particularly for psychological support for staff.
- *Quality assurance for the triaging process for occupational health*;
- *Funding to maintain TRiM*; further funding required to continue to support staff in this way. Request to be submitted via the Recovery and Sustainability Plan.

• **Electronic Staff Record Self Service Project**

The current ESR system will be replaced in 2032 and the procurement process was underway on a UK basis and would be completed by 2025. The project aim was to increase and utilise the functionality of the current system in the meantime. The system allows employees and managers to take control of their records without requiring third party intervention. It streamlines the processing of transactions e.g., absence, assignment changes, by simplifying the process and empowering managers and staff to own their records and to links up with systems such as Health Roster and Kronos. It optimises insights into our Workforce allowing strategic decision-making. The current data flow is approximately 1800 manual transactions per month with input from TRAC, Allocate, Kronos, Payroll and Oracle but with limited manager input. The aimed future state is for daily links to and from ESR from all the above systems, with users providing daily/live information input into the system. There were a number of benefits of self-service. The committee would receive regular updates on the progress of the project.

Key Matters raised by members;

- *Error rate*; members were assured that a testing process was underway looking at the level of risk and mitigating actions including user guidance and system warnings.
- *Resources to deliver functionality*; the size of the current team would need to double in order to deliver the increased functionalities.

- **Medical Workforce Efficiencies**

Locum usage has increased slightly in October 2021 and this could be attributed to the implementation of *Medic on Duty*. Whilst there was an increase in hours booked, there had been a reduction in cost. There had been a reduction of shifts negotiated above Welsh Government capped rate. *Medic On Duty* programme update was to be presented to the Morriston Service Group with the aim to roll out to junior doctors and paediatrics.

Key risks and issues/matters of concern of which the board needs to be made aware:

- **Workforce and OD Committee Risk Register**

Currently, there were four risks assigned to the Workforce and OD Committee, of which three were risk scored at 20; *Workforce Recruitment*; *Nurse Staffing Levels Act (NSA)* and *Workforce Resilience*. *Partnership Working* was at risk score 15. A fifth risk was to be added to the report *Midwifery Critical Staffing* at a risk score of 25 and would be overseen by Quality and Safety Committee. There were four risks on the COVID-19 risk register of which scores were increased to 20 and were overseen by Gold Command.

Key matters raised by members;

- *Risk tolerance*; how long can these levels of risk be tolerated and how much variance is acceptable.
- *Nurse Staffing Act Risk*; work was required on the assessment and formal recording of *compliance levels*.
- *COVID-19 Risk, workforce shortages with staff released to Vaccination Centres*; members queried whether the risk score should be increased to 25 due to the risk of compromised patient safety.
- *Workforce re-design*; concerns for the replacement of qualified nurse staff with unqualified to fill nurse vacancies and the risk posed to patient safety. With 1800 unfilled shifts per week, a different approach was required in addition to the recruitment initiatives. The aim is to develop and a skilled unregistered workforce to support clinical teams and to make the best use of vacancies to keep patients and staff safe.
- *NHS recruitment of staff from social care*; concern raised of the gaps left in the sector. A joint recruitment campaign was trialled and some strategic planning was underway with Health Education and Improvement Wales. A joint approach with local authorities and health boards was required to prevent the unqualified staff from leaving the sector.

- **Annual Presentation of Nurse Staffing Levels (Wales) Act 2016**

The report had been presented at the Health Board meeting in November 2021 and provided the committee with the nurse staffing levels calculation on all acute medical and surgical inpatient wards under section 25B. It also provided an overview of the actions taken to ensure appropriate staffing levels have been maintained during October 2020 and September 2021.

Key Matters raised by members;

- The delivery and sustainability of the required nurse levels across the system should to be considered in line with the challenges faced in recruitment and retention locally and more broadly across Wales.
- *Sustainability of the requirement*; needed to be evidenced as well as compliance levels and work was underway in terms of reporting this within Safe Care Rostering Module and via the scoping of KPI's.
- *Recruitment and retention*; A recent all-Wales Workforce summit took place highlighting the overall aim should be to work together in a whole system approach. All-Wales International recruitment would take place next year and a review of the flexibility of the 'Act'

• **COVID-19 Workforce Update**

The situation with COVID-19 was fluid with the pressures of Omnicron and commitments had been made to deliver booster vaccines to all adults by the end of 2021. Currently 20k vaccinations were undertaken each week and this needed to increase to 58k per week. The issue of physical space to deliver this was a challenge and all options were being explored. Staffing was a challenge and the options of using existing substantive staff was being considered as well as the use of bank and agency staff and medical students. Risk assessments were being undertaken to identify the gap for staff and service users.

Delegated action by the committee:

None identified.

Main sources of information received:

- The **Management Response following the Audit Wales Report 'Taking Care of the Carers'** was noted.
- A report on **Medical Appraisal and Revalidation** was noted.
- A report on **Workforce Metrics** was noted.

Highlights from sub-groups reporting into this committee:

- **Medical Workforce Board Update Report** was noted.
- **Therapies and Health Science Group Update report** was noted.

Matters referred to other committees

None identified.

Date of next meeting

8th February 2022