

Swansea Bay University Health Board
Unconfirmed
Minutes of a Meeting
of the Workforce and Organisational Development Committee
held on 27th August 2019, Health Board HQ, Baglan

Present

Tom Crick Independent Member (in the chair)
 Reena Owen Independent Member
 Jackie Davies Independent Member

In Attendance:

Hazel Robinson Director of Workforce and Organisational Development (OD)
 Richard Evans Medical Director
 Gareth Howells Director of Nursing and Patient Experience
 Kay Myatt Head of Learning and Development
 Mike Dunnage Assistant Manager of Learning and Development (until minute 190/19)
 Sarah Hatfield Occupational Health Service Support Manager
 Carol Moseley Wales Audit Office
 Delyth Lewis Wales Audit Office
 Chris Morrell Deputy Director of Therapies and Health Science
 Sharon Vickery Assistant Director of Workforce and OD
 Kathryn Jones, Assistant Director of Workforce and OD
 Julian Quirk Assistant Director of Workforce and OD
 Louise Joseph Assistant Director of Workforce and OD
 Liz Stauber Interim Head of Corporate Governance
 Lynne Hamilton Director of Finance (for minute 190/19)
 Joanne Jones Head of Support Services (for minute 180/19)

Minute	Item	Action
178/19	WELCOME Tom Crick welcomed everyone to the meeting.	
179/19	CHANGE IN AGENDA ORDER	
Resolved:	The agenda order be changed and item 2.1 be taken next.	
180/19	COMPLIANCE WITH PADRS AND STATUTORY AND MANDATORY TRAINING	

A report setting out compliance with personal appraisal and development reviews (PADRs) and mandatory training within hotel services was **received** with the equivalent report for estates **deferred**.

In introducing the report, Joanne Jones highlighted the following points:

- Hotel services had a diverse portfolio including catering, pottering and domestic services;
- As well as supporting the main sites, services were also provided at community services, and as some staff worked an hour a day, it was challenging providing the time for PADRs and training;
- Compliance with statutory and mandatory training was 54.2% compared with 18% the previous year;
- An improvement had also been evident for PADRs from 18% to 36%;
- There were more than 1,000 staff within the department, most of whom were band ones and there were some challenges in relation to IT access and literacy;
- The staff had task-orientated roles so if they were released to complete training, specific jobs would not be done that day;
- The recommended number of PADRs per supervisor was eight but given the current management structure, each one would need to complete 30, which was too many, particularly as they were band three level.

In discussing the report, the following points were raised:

Reena Owen commented that more assurance was needed that compliance would reach 100% and queried how the relevant targets would be met. Joanne Jones responded that the area which was most challenged was Morriston Hospital as it was behind targets in all areas of training, and given the limited resources, staff could not be moved around easily to cover for others to be released to complete their training. She added that a focus was being given to providing PADRs and mandatory and statutory training together which was working in Singleton Hospital but less so in Morriston Hospital.

Tom Crick sought clarity as to whether staff found PADRs and training useful, or whether it was perceived as burdensome. Joanne Jones responded that feedback was mixed; some staff enjoyed the opportunity whereas others did not.

Gareth Howells commented that hotel services needed to have its own safer staffing review to ensure the right establishment was in place to support staff being released for training and PADRs. Hazel Robinson

concurrent, adding that other initiatives, such as group sessions and paid overtime in which to complete the processes, could be considered. Tom Crick stated that the issue was a potential reputational risk and learning could be taken from other health boards as this was a tier one target.

Hazel Robinson suggested that a report be submitted to the executive board outlining the expected rate of progress as well as the associated risks and potential opportunities from investment. This was agreed.

JJ

- Resolved:**
- The report be **noted**.
 - Report be submitted to the executive board outlining the expected rate of progress as well as the associated risks and potential opportunities from investment.

JJ

181/19 APOLOGIES

Apologies for absence were received from Emma Woollett, Interim Chair; Chris White, Chief Operating Officer/Director of Therapies and Health Science.

182/19 DECLARATIONS OF INTEREST

There were no declarations of interest.

183/19 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meetings held on 23rd July 2019 were **received** and **confirmed** as a true and accurate record.

184/19 MATTERS ARISING

There were no matters arising.

185/19 ACTION LOG

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

186/19 COMMITTEE WORK PROGRAMME

The work programme for the committee was **received** and **noted**, with quarterly high value opportunities updates to be added and the meeting frequency changed to bi-monthly.

187/19

WORKFORCE METRICS

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

In discussing the report, the following points were raised:

Tom Crick queried if there was uncertainty around international recruitment as a result of Brexit (Britain's exit from the European Union). Julian Quirk responded that this was not affected by Brexit, the more pressing issue was the potential salary cap as it was too low and a more tailored approach was needed.

Tom Crick sought an update as to the impact of the investigating officers now that they were in post. Kathryn Jones responded that they had just been assigned their first cases and had spent time meeting the necessary people, so now they were ready to get started. She added that the trend of new cases being reported was also decreasing and all the relevant cases had been transferred to Cwm Taf Morgannwg University Health Board following completion of the investigations.

Hazel Robinson stated that while sickness absence rates were stabilising, they remained high, particularly the long-term cases. Tom Crick queried as to whether there was anything proactive that the wellbeing champions could do to support staff. Hazel Robinson advised that more than 60% of the referrals to the service were from staff still in work needing support to remain as such and more work was needed to make the referral process to occupational health more timely to enable others to return to work.

Reena Owen queried if staff returning from long-term sick leave were asked about what the keys things were which helped them return. Kathryn Jones responded that a process had been tested at Morriston Hospital which had identified that regular contact with line managers had been of benefit.

Jackie Davies noted that the external funding for the wellbeing service was to cease in 2020. Hazel Robinson stated that the time taken for the first contact after referral had reduced from five to seven weeks to five therefore it was critical that the service was continued and consideration was being given to the submission of a charitable funds bid.

Resolved: The report be **noted**.

188/19

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:

- There had been a slight reduction in performance and compliance and hours booked had deteriorated;
- Expenditure was £18k below the forecast;
- 99% of the payments above the cap were for registrars and were more than £20 over the limit;
- Neath Port Talbot Hospital was the only unit not to have overspent;
- The master vend contract had been extended until 2020 and an all-Wales workshop was to take place in the autumn to determine the future process;
- 240 staff had enrolled on the virtual medical bank.

In discussing the report, the following points were raised:

Reena Owen stated that as independent members were involved in the recruitment panels for consultants, it was encouraging to see so many scheduled for the coming weeks. Richard Evans responded that it was pleasing, but it was important to remember that sometimes it was more cost effective to use locums and the majority of the posts which were being recruited were fixed-term. He added the locum on-duty software due to be implemented would provide better intelligence as to what was being booked, worked and paid on a month-by-month basis which ensured doctors were not working close to or above their maximum hours.

Hazel Robinson suggested the next iteration include an explanation of the different doctor roles across the organisation. This was agreed.

RE

Resolved:

- The report be **noted**.
- Next iteration to include an explanation of the different doctor roles across the organisation.

RE

189/19

DEEP DIVE: USE OF THE ESR SYSTEM

A demonstration of the electronic staff record (ESR) and the way in which it should be used for access to statutory and mandatory training was **received** and **noted**.

A report setting out the workforce related high value opportunities within the financial recovery plan was **received**.

In introducing the report, the following points were raised:

(i) Medical

- Job planning and the Kendall Bluck review were the main areas of focus, and some of the required recruitment process had commenced;
- The process in relation to junior doctor bandings was being worked through;
- Consideration was being given as to how to convert long-term locums into substantive posts;

(ii) Nursing

- There were three areas of focus for nursing; working at the top of the licence, enhanced supervision and e-rostering;
- E-rostering had been launched at Morriston Hospital;
- A two week pilot for enhanced supervision was taking place at Neath Port Talbot Hospital;
- A successful recruitment process had taken place for the band four healthcare support worker roles, which was a joint process with Swansea University.

(iii) Therapies

- Baseline data was being collected as not all heads of service directly managed the associated staff;
- A proposed model structure was being developed;
- Top of licence working was under consideration.

In discussing the report, the following points were raised:

Lynne Hamilton advised that on behalf of the finance and delivery support teams, thanks were extended to colleagues for the work being undertaken as there did appear to be momentum and if £1m could be saved recurrently as planned, this would be a better position than the previous year. She added that there was a risk of double-counting, so the plans would need to be cross-referenced with those of the units but there were good foundations on which to build.

Reena Owen queried as to what action would be taken to address any gaps made by non-delivery of schemes. Lynne Hamilton responded that a

financial recovery approach was being developed through the delivery support team and units and corporate directors had been asked to submit breakeven plans, as the work was not limited to high-value opportunities. Tom Crick suggested a further update be received in October 2019. This was agreed.

HR/CW/
RE/GH

- Resolved:**
- The report be **noted**.
 - A further update be received in October 2019.

HR/CW/
RE/GH

191/19 **WORKFORCE FRAMEWORK**

A report providing an update on the workforce framework was **received**.

In discussing the report, the following points were raised:

Tom Crick suggested that an update on progress against the framework be received at every meeting. This was agreed.

HR

Reena Owen commented that it would be useful for timescales to be included. Hazel Robinson advised that these would be incorporated once the workforce structure had been confirmed, as some elements could not be delivered without resources.

- Resolved:**
- The report be **noted**.
 - Updates on progress against the framework be received at every meeting.

HR

192/19 **WORKFORCE RISKS**

The workforce risk register was **received**.

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

- A request had been made for an update on workforce capacity to the next board however this had since been deferred while the full corporate structure was reviewed;
- Consideration needed to be given to the schemes funded through temporary external monies and what would happen when these ceased;

- A new risk had been added in relation to a legal judgement in England regarding junior doctor bandings. The health board was yet to have a similar case identified but there was a risk of this occurring.

Resolved: The report be **noted**.

193/19 NURSE STAFFING ACT

A report providing an update on compliance with the Nurse Staffing Levels (Wales) Act 2016 was **received**.

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

- The health board remained compliant with the act;
- The cycle of dependency reviews was being undertaken for the next phase of the implementation, which would include paediatrics;
- The next update to the committee would be in October 2019.

Resolved: The report be **noted**.

194/19 MATERNITY SERVICES ACTION PLAN

A report providing an update as to progress against the workforce elements of the maternity services action plan was **received**.

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

- Monitoring of the action plan was being taken forward by the Quality and Safety Committee but there were some workforce components;
- There were no red actions but eight ambers and 54 green;
- A recent Healthcare Inspectorate Wales visit to the service had had positive feedback.

Resolved: The report be **noted**.

195/19 VACANCY CONTROL PANEL DECISIONS

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

In discussing the report, Kathryn Jones advised that a risk had been added to the register in relation to job evaluation as it had become apparent this was not being undertaken prior to the submission to the vacancy control panel. As this was now to be a mandatory step first, it would place more of a burden on a small team.

Resolved: The report be **noted**.

196/19 NURSING AND MIDWIFERY BOARD

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

197/19 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

198/19 ITEMS TO REFER TO OTHER COMMITTEES

There were no items to refer to other committees.

199/19 DATE OF NEXT MEETING

The date of the next meeting was noted to be 30th October 2019.