

Swansea Bay University Health Board

Unconfirmed

Minutes of a Meeting of the Workforce and Organisational Development Committee held on 13th November at 9.00am via Microsoft Teams

Present	
Tom Crick	Independent Member (in the chair)
Jackie Davies	Independent Member
Nuria Zolle	Independent Member
In Attendance:	
Kathryn Jones	Director of Workforce and Organisational Development (OD)
Richard Evans	Medical Director (from minute 48/20)
Louise Joseph	Assistant Director of Workforce and OD
Julian Quirk	Assistant Director of Workforce and OD
Sharon Vickery	Assistant Director of Workforce and OD
Joanne Gubbings	Assistant Director of Workforce and OD
Paul Dunning	Head of Occupational Health and Wellbeing
Claire Mulcahy	Corporate Governance Manager

Minute	Item	Action
44/20	WELCOME	
	Tom Crick welcomed everyone to the meeting.	
45/20	APOLOGIES	
	Apologies were received from Christine Williams, Interim Director of Nursing; Chris White, Chief Operating Officer, Director of Therapies and Director of Primary Care, Mental Health and Learning Disabilities; Christine Morrell, Assistant Director of Therapies.	
46/20	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
47/20	MATTERS ARISING	

	There were no matters arising.
48/20	WORFORCE AND OD UPDATE - QUARTER THREE AND QUARTER FOUR PLAN UPDATE
	A presentation providing an update on the Workforce and OD element of the Quarters three and four Plan was received.
	Kathryn Jones advised that this was an integrated approach with finance and planning and was changing rapidly to meet the demands of the system.
	Julian Rhys Quirk highlighted the following points in relation to Workforce Modelling;
	 A tool has been developed locally to validate and inform bed capacity planning;
	 The converts the budgeted establishment into the likely number of staff. Work is underway with finance so that the tool can be adapted to be used down to cost centre level;
	 The tool factors in turnover/vacancy rates and sickness absence, COVID related absence, leave and additional workforce available following recruitment. It has also been developed to take account of winter flu outbreak and changes in the impact of COVID-19;
	Joanne Gubbings highlighted the following points in relation to Workforce Plans;
	 A demand and capacity template had been completed based on all areas for staffing, the template takes account of both surge and super surge;
	 Unit plans have assumed a flex of the Nurse Staffing Act and currently maintaining all services which will need to be reviewed;
	 The tool is also based on the assumptions of further recruitment and the re-purposing of staff;
	 For surge, additional capacity of 261.66wte would be required and the health board are confident this can be staffed;
	 For Super Surge, which links to the use of the field hospital, this would be set in two phases, phase 1 can be achieved by the plans to step back services and re-purposing of staff;
	 Phase 2 would remain the deficit in the overall plans and will be significantly challenging for the health board

-	
	on Vickery highlighted the following points in relation to Medical force plans;
-	Supporting the re-deployment of doctors into different rota plans; and currently working with HEIW to with regards to changes in rotas;
-	The health board was resourcing as many doctors as possible including overseas which will required 14 days quarantine and hotel and food and drink;
-	The aim is to over- establish locums in areas such ITU and medicine and anesthetics but this is proving challenging as all health boards in Wales are doing the same;
-	Resourcing how the field hospital are staffed via locum medical bank and GP provision;
	ne Gubbings highlighted the following points in relation to litment Activity;
-	There continued to be a recruitment campaign for the nursing, health care support workers and bank nurses and most recently a social Media campaign to recruit recently retired / registered healthcare professionals;
-	The bank team were in a good position with a high number of bank staff, fixed term contracts were being offered;
-	Fixed term contracts were being offered to administration staff;
-	The was continued utilisation of medical and nursing agencies with Block bookings being undertaken;
-	The health board were recruiting to Field Hospital with the adhoc medical locum bank and GP clusters;
-	The aim was to over establish locums in Medicine, ITU and Anaesthetics but other health boards were also doing the same;
	on Vickery highlighted the following points in relation to mmodation
-	The health board was currently providing hotel accommodation to a range of staff who do not want to risk transmitting the virus at home but this had been overproviding during the first wave;
-	There was work underway with Finance and Procurement to effectively procure a range of different provisions and the consideration of using the CTM platform which would provide a broader range of hotels;

-	Hospital accommodation has been assessed so that it is safe and appropriately socially distanced;
-	The health board are working with Health & Safety to provide advise hotels to ensure they have safe systems of work in place;
-	The heath board are in the process of the development of a policy to ensure that clear criteria is in place;
The fo	blowing points were highlighted in relation to Immunisation;
-	Immunisation plans were being refined due to the recent announcement;
-	Issues surrounding the storage and mobilization of the vaccine are being worked through;
-	A key challenge was the getting to outreach teams and care home staff but the health board initiative of the ' <i>immublance</i> ' in which a vehicle converted from a mobile library will be able to store and deliver the vaccines was underway;
-	In terms of the plan, there was a focus and prioritisation on phase 1 of the plan of the programme in the immediate priority groups; out- reach programme, NHS Staff and Social Care Staff;
-	Recruitment and workforce were being addressed to ensure the health board have the requirements for subsequent phases;
-	Recruitment was already underway to secure the administration and clerical staff. Recruitment will be ongoing through 2021;
Louise	e Joseph highlighted the following points in relation to Training;
-	A multi-disciplinary training Cell had been operational since October to provide central coordination of workforce training needs and delivery for COVID-19 2 nd wave response;
-	Examples of the key actions undertaken were; the Support Services Assistant training programme; Support and training for newly appointed ward clerks in the Bay Hospital and the increased Manual Handling Training capacity;
-	The Healthcare Support Worker induction and training plan was in place up to December 2020 for up to 120 new recruits;
-	All training for any new recruitment in relation to COVID-19 will be picked up by the Training Cell;

-	Additional surge and super surge capacity is accepted as a Health Board resource so deployment will occur across all units;
-	The Health Board has an agreed deployment protocol and risk assessment which will be carried out for all staff who may be deployed. A register is kept for all staff deployed;
-	A Workforce Information cell is currently being set up to centrally pull all data on nursing ratios, off ward nursing and staffing WTE in specific areas which can be released;
-	A central Deployment Hub is being set up which will consider the information from the workforce cell to make informed decisions when it is agreed that it is necessary to scale back or step down services.
Sharc Prote	on Vickery highlighted the following points in relation to Track, Trace, ct,
-	There were two drive in lanes at Margam and the Liberty Stadium of which not all were staffed at the moment;
-	There were four mobile testing units for deployment for care home testing and outbreaks and mobile local testing pop-up service provided by MITIE (Management Incentive Through Investment Equity);
-	The service at the Grand Theatre in Swansea was open for the student population and general public. This was previously staffed at 60% now in the process of moving to 100%;
-	Some improvement had been seen since the fire-break but teams had been overwhelmed by the number of cases and increasing positivity rates;
-	The aim was to doubling the size of the teams by the end of November using mutual aid from North Wales colleagues. The Local authority going at risk financially to do this;
-	There have been some practical issues in terms of the interface between Occupational Health, Track and Protect Teams and the new App;

	· · · · · · · · · · · · · · · · · · ·
	unning highlighted the following points in relation to Staff Wellbeing cupational Health;
	There has been the agreement to permanently fund Wellbeing staff from Nov 2020 which gives stability to the team;
- 7	There had been an 20% increase in referrals to service since June;
	Additional Counselling support gained with support from Charitable funds
- /	A total of 240 staff had received TRiM training;
(5	Winter Wellbeing Communication presentation in development to communicate support for staff during 2 nd Covid-19 wave and the service was supporting health board wide wellbeing days with Senior Nursing colleagues for 2 days monthly for next 12 months;
	There were currently 387 Wellbeing Champions in the organisation;
5	The Occupational Health department had received resource to support the 78% increase in management referrals related to Covid-19;
١	n relation to the Staff Flu campaign – 56.2% frontline staff vaccinated at week 6 and 9384 staff vaccines administered so far. A further campaign in development to promote further;
	A Fixed term B7 'Staff Vaccine Coordinator' had been appointed to support staff Covid-19 vaccine programme;
l H	The health board Occupational Health Team were the winners of JK wide 'Multidisciplinary Initiative of the Year' in Occupational Health & Wellbeing Awards, Personnel Today based on Covid-19 response
Kathryr Risks;	a Jones highlighted the following points in relation to Workforce
	The 'Surge' was ahead of where anticipated so not all recruited staff were available yet;
١	There were approximately 500 staff symptomatic / asymptomatic, which was below the first peak but local outbreaks were causing significant operational pressure;
	Consideration would need to be taken on the ability cover all priorities in terms of services;
	The pool of candidates and quality of potential staff was reducing for many roles after a period of sustained recruitment;

- There was no access to medical and nursing students this time;	
- Staff resilience and wellbeing was a continued concern and risk;	
In discussion, the following points were raised;	
Jackie Davies made reference to the flexing of the Nurse Staffing Act and queried whether there was guidance on this and what process was in place. She was concerned that as this was a legislative function, the health board needed to have protection. Helen Griffiths replied a silver cell had been set up led by the Interim Director of Nursing and Patient Experience, with a series of daily unit discussions and meetings with unit nurse directors on a weekly basis. Staff were relocated in order to maintain staff levels on the wards and risk assessments were in place.	
Jackie Davies queried how front line staff were guided in terms of managing the staff levels and whether there are protocols in place for protection. She highlighted that nurses had raised concerns about their nurse Pins and compliance with the Nurse Staffing Act. Helen Griffiths informed that rosters were up to date and developed daily and a staff tool was completed by Matrons. She assured that there was a clear escalation process in place and all decisions were documented.	
Jackie Davies made reference to the stepping back of services and queried what these would be. Kathryn Jones replied that these decisions were overseen by a clinical group, chaired by the Medical Director. She advised that currently there would not be the stepping down of services. The health board had the provision to staff up to the first level of the field hospitals but as the situation with COVID-19 progresses, a decision would need to be made to enabling the staffing for super-surge.	
Concerning staff resilience, Nuria Zolle queried whether more could be can at Board level to help. Paul Dunning assured that the Board had been supportive in this area, in particular with the communication from the Chief Executive in weekly blogs and videos.	
Kathryn Jones added that staff engagement was crucial and how we engage with staff in terms of re-location was key. Good engagement with staff helps within the in the resilience space also. Tom Crick added that the reinforcement of the importance of staff flexibility for the health board was also important. Nuria Zolle queried whether consideration could be undertaken on the public perception and how the message was relayed to the public. Kathryn Jones undertook to raise this with Chief of Staff in terms of how we tell the staff story.	
With reference to the overseas recruitment, Nuria Zolle requested further information in terms of volume and costs. Sharon Vickery informed that overseas recruitment for nurses was undertaken via an approved business case. Costs sat at around £10k per nurse to go through the	

	 necessary processes. She assured these costs were worthwhile as this was a very stable recruited workforce. In terms of overseas doctors, this was not a business case but 'business as usual' and the costs associated sat at around £5k per doctor. There was also the added cost of the £1.5k per month the staff member to self-isolate in hotel beforehand. Nuria Zolle queried in terms of re-purposing staff , at what stage would 	
	staff become more useful within the services rather than within the within Test, Track, Protect (TTP). Sharon Vickery replied that there approximately 60 staff employed in <i>Track and Protect</i> and majority of which were local authority staff, there was one clinical lead which was provided by the health board.	
	Nuria Zolle queried whether Brexit had affected the ability for the health board to recruit. Sharon Vickery replied as the health board had not gone to Europe to recruit, there were not many staff from within the European Union but there would be a meeting in November to assess the position. Tom Crick commented that he felt pleased that this was not a big risk for the health board in terms of recruitment but the ramifications for the wider public sector was concerning.	
	Members congratulated the team the Occupational Health Team for their success in gaining the UK wide award.	
Resolved:	 Kathryn Jones to raise with the Chief of Staff the point of communication with the public and how we tell the staff story. The report was noted. 	KJ
49/20	ANY OTHER BUSINESS	
	i. <u>Guardian Service</u>	
	Kathryn Jones highlighted the following points;	
	 A decision had been taken for the contract to be renewed for a 12- month period with a 9-month check point; 	
	 This had been agreed at the Senior Leadership Team by recommendation of herself and it was felt it was not the right time to take away the service from staff; 	
	 This decision had gone against the advice of the Trade Unions as they had some concerns; 	
	 To address the concerns, work was underway to improve the partnership working with Trade Unions; 	

	 This was being undertaken within the following areas; the assignment of an Executive Lead; the promotion of Trade Union membership to staff; the attendance of Trade Unions at some management meetings and the development of a memorandum of understanding between the Guardian Service and the Trade Unions; In discussion, the following points were raised; Jackie Davies commented that she fully supported the provision of the Guardian Service and any additional support that could be offered to employees was always positive. Nuria Zolle concurred with her comments. Tom Crick added that this was a discussion at the Audit Committee on the previous day and members agreed that the benefits of the Guardian Services had been seen by all. Jackie Davies queried the progress on the 'Just Culture' programme. Kathryn Jones replied that this would be carried out virtually in April to May 2021; there would a two-day programme and a presentation at board development session in February 2021. 	
50/20	ITEMS TO REFER TO OTHER COMMITTEES	
	There were no items to refer to other committees.	
51/20	DATE OF NEXT MEETING	
	The date of the next meeting was noted as the 10 th December 2020.	