

Swansea Bay University Health Board

Unconfirmed

Minutes of a Meeting of the Workforce and Organisational Development Committee held on 10th December at 9.30am to 11.00 am 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
Pam Wenger	Director of Corporate Governance
Christine Williams	Interim Director of Nursing and Patient Experience (from Minute 58/20)
Louise Joseph	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
Kay Myatt	Head of Learning and Development
Claire Mulcahy	Corporate Governance Manager
Paul Stuart Davies	Interim Assistant of Nursing and Patient Experience (Observing)

Minute Item

Action

52/20 WELCOME

Tom Crick welcomed everyone to the meeting.

53/20 APOLOGIES

Apologies were received from Chris White, Director of Therapies and Health Science/Chief Operating Officer/Director of Primary Care and Mental Health.

54/20 DECLARATIONS OF INTEREST

There were no declarations of interest.

55/20 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 10th July 2020 and 13th November 2020 were **received** and **confirmed** as a true and accurate record.

56/50 MATTERS ARISING

There were no matters arising.

57/20 ACTION LOG

(i) Action Point 1

Kathryn Jones advised that she had liaised with the Chief of Staff and the Communications team were working on the communication with the public with regards to telling the staff story.

58/20 ATTENDANCE MANAGEMENT

A report providing an update on attendance management was received.

In introduction, Joanne Gubbings highlighted the following points;

- Since February 2020, monthly absence increased to a peak of 9.72% in April 2020 but has been improving month on month with September's position at 6.23%;
- Stress related absence was becoming the biggest concern as was staff wellbeing;
- As at September 2020, 38% of absences were stress related, with Neath Port Talbot with the highest figures;
- The health board had recognized that focus needs to be given to these areas;
- With regard to COVID related absence, the way in which this is reported has changed and was now classified separately;
- The number of long term absences appeared to have decreased but it was important to note this has been due to the staff falling into the shielding category which sits under COVID related absence;
- The health board has been supporting absence across the units with sickness absence panels but the number of sickness absence reviews taking place has been impacted due COVID pressures in the Units;

- There had been a significant increase in referrals to the Wellbeing Service for stress and anxiety and it was expected to see this increase in the new year due impacts of the 2nd wave;
- There were a number measures in place to support which included; TRIM training, the Staff Trauma pathway, the Winter resilience initiative and online Cognitive Behavourial Therapy (CBT) programme;
- Staff were reporting stress related to demand on the wards, difficult social pressures in particular within the home with children and dependents;

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

Tom Crick queried what could be done in preparation for Quarter 1 and 2, there needed to be consideration and focus on both the short and long term COVID-19 impact. There would be down time for those staff who have worked continuously and health board would need to be prepared for that in 2021-22. He added that the issue should be considered at Board level. Joanne Gubbings agreed adding that the effects of this will be felt for a long time, staff were tired and our workforce was fragile.

Kathryn Jones stated that work would need to be undertaken to understand what was driving sickness absence; a development of programme and focus on the health and wellbeing element in order keep our staff healthy and in work. She reiterated the great service the health board has in the Wellbeing Service to support out staff.

Nuria Zolle commented that it would be helpful for community involvement in terms of informing of what staff are going through. Tom Crick concurred, adding that the health board needed to be pro-active in letting the public know about the impact on staff wellbeing.

Jackie Davies added that at a recent visit to the Bay Hospital, she was pleased to see a calmness and wellbeing area, and there was good staff recognition of the support they were receiving in terms wellbeing.

Pam Wenger added that it within the report, it was important to include the figures for Corporate directorates, pressure was different these areas but the pandemic was still having a significant impact on those staff.

Pam Wenger highlighted the good support for staff wellbeing being provided through the health board charitable funds, significant investment had been provided. Given the fragility and the moral of staff, funds from NHS Charities Together had been provided. She encouraged members to consider areas where further support may be needed. Tom Crick added it was great to see the money used effectively.

With regards to board awareness of staff experience, Kathryn Jones undertook to speak with Pam Wenger about including a staff story on the health board meeting agenda. Christine Williams informed that a senior member of palliative care team had offered to share their staff story of experience and impacts of COVID-19.

- **Resolved:** Kathryn Jones to speak with Pam Wenger about including a staff **KJ** story on the board agenda.
 - The report be **noted.**

59/20 COVID-19 WORKING FROM HOME, AGILE WORKING AND WELLBEING SURVEY HIGHLIGHTS

A report providing an update on Covid-19 Working From Home, Agile Working And Wellbeing Survey Highlights was received;

In introduction, Sharon Vickery highlighted the following points;

- The purpose of this report was to provide assurance to the Committee on how the information collected via the COVID-19 Working from Home & Wellbeing survey has informed and would continue to inform how we improve and change ways of working going forward;
- Key highlights of the survey had been published 7th September 2020 via an intranet bulletin;
- Overall, the comments made by staff were positive, with many expressing their wish for the organisation to support flexible working beyond the pandemic. Although, some staff did highlight how they felt socially isolated and not part of a team;
- The report also provides an update on the work progressed on the Home Working Policy and Agile Working Framework;
- The Home Working policy (Appendix 3) was issued in early September 2020 and provided information on the benefits, types and suitability of home working.
- The aim of the Agile Working framework was to provide the tools, knowledge and skills to establish whether agile working is suitable for staff;

- The draft framework would be submitted to Senior Leadership Team in January and launched following this. The home working policy would become an appendix of the Framework;

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

Jackie Davies made reference to 4.2 within the policy and suggested that a question be added surrounding the benefits of home working on wellbeing of staff.

With regards to the policy and framework, Nuria Zolle made reference to the culture of the organisation and how it would be good see how culture and values are embedded within the policy.

Jackie Davies made reference to feedback she had received from employees with regards to sickness reviews and how they felt remote sickness interviews were less stressful and had benefitted them. She felt that it was an important point to raise in relation to staff wellbeing. Tom Crick agreed, adding how it linked to the overall picture of switching to virtual meetings in general.

Kathryn Jones stated that the policy was fluid document and was being developed and changed as the organisation goes along. She stated that in terms of survey results, some staff found home working isolating and it did have an effect mental health. It was felt that a blended approach to home working would be more beneficial to staff. Pam Wenger concurred, adding that it was important for staff to have the option of both and it shouldn't be underestimated the importance of face to face contact and team dynamics.

Kathryn Jones stated that it needed to be borne in mind that front line staff were unable to work from home and the health board needed to provide support to them.

Tom Crick stated it would be interesting to see what a future model for this would be, from a Digital perspective, this organisation has made significant progress over the last six months in this space and it would be interesting to see how this could be made to work in the evolving landscape.

Resolved: - The report be **noted.**

60/20 MEDACS MANAGED CONTRACT

An update on the extension of the Medacs managed contract was received.

Sharon Vickery highlighted the following points;

- The report provided the committee with an update on the matters approved by the Board and to inform that due diligence had been applied to the extension of the Medacs contract;
- The Board were requested to retrospectively approve chairman's action in approving the 2 months extension and were also requested to approve the recommendation to award a new 1 year agreement plus option to extend for up to 12 months;
- Colleagues worked closely with procurement and conversations were undertaken on an All-Wales basis but time was required to establish what solution would be best for the health board, therefore the request to further extend the contract was put forward.
- **Resolved** The committee **noted** the matters approved by the Board in relation to this matter.

61/20 COVID-19 WORKFORCE UPDATE

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

Kathryn Jones highlighted the following points;

- The presentation highlighted the key areas of work being undertaken within Workforce during COVID-19;
- Maintaining staff levels across the board and staff resilience in short and long term was a key risk;
- There were around 700 staff off work both symptomatic and asymptotic;
- The health board is heavily reliant on the deployment of staff to cover staff levels on the wards;
- Consideration was needed in the deployment of staff, with some staff happy to switch roles but also recognising the anxiety of other staff members;
- Recruitment continually takes place the health board needs to be mindful this was not a quick solution and maintaining the quality of staff was a priority;
- Medical students would be contacted shortly for the availability over the Christmas period;

- The workforce plan for immunisation was in place and included a deployment model of using existing staff to support multi-site immunisation and aims to avoid the use of front line staff.

In discussion, the following points were raised;

Christine Williams informed committee members of the current challenges within in Morriston Hospital. She informed that escalation levels were high, and there was high pressure with both unscheduled care and COVID-19. She added that Singleton was also seeing similar pressures on site. The workforce was fragile and nurse staffing levels were low and there was the need to remain flexible. Within twenty or more areas there was around 40% -50% of staff unavailable and this was extremely challenging. The next step would be the utilisation of the Bay Hospital and Primary Care and Community colleagues were looking at staffing levels and whether this was possible. The health board would need to look at a revised staff model to ensure the nursing workforce is sustainable. She assured this would not be acted upon unless the health board were confident it was safe.

Richard Evans informed from a medical workforce perspective that there were also significant challenges. He advised that within one directorate, due to staff sickness, they were working with three out of twelve junior doctors. Staff were very tired but were pulling together and supporting each other by undertaking additional shifts. It was important to ensure they stay safe and well.

Tom Crick raised his concerns for the ramifications of these points and what this would that mean for our workforce. Pam Wenger advised that a board briefing session would take place next week which would inform members of the current situation as described above.

Jackie Davies praised the work undertaken within the Primary Care and Community Unit within the field hospitals in terms of staffing. She advised that they had handled it really well, with continued communication with Staffside and pro-active approach.

Resolved - The report be **noted**.

62/20 NURSE STAFFING ACT (WALES) 2016 LEVELS

The Annual Assurance Report and Annual Presentation of Nurse Staffing Levels were **received.**

In introducing the report Christine Williams highlighted the following points;

- The bi-annual calculation took place in July 2020 and no further update was required. A letter was issued in October clarifying the position around section 25b wards and the impact of COVID-19;
- To Board had agreed the changes to the funded establishment in September to ensure the health board remained compliant with the Nurse Staffing Levels (Wales) Act;
- During the 1st wave it was demonstrated that nurse staffing levels did vary. The challenges of the1st wave have differed to those in 2nd Wave where decreasing staff availability has been the key challenge;
- A number of mitigating actions have been carried out during the 2nd Wave; the re-establishment of Silver Cell to monitor and manage risk; the redeployment of staff and adapted models of care; daily nursing workforce meetings and the daily recording and monitoring corporately;
- The Health Board's risk register had been updated with the risk increased from 20 to 25.
- The report demonstrated what a significant challenge this year had been and continues to be with the impacts of COVID-19 on nurse staffing levels across the organisation;

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

Jackie Davies commented that it was helpful for the Board to have staffing levels data on shift by shift ratio basis. She queried how the health board could feed its data into the All Wales group to inform our compliance levels. Christine Williams advised that the health board do follow the formal process and the use all Wales template, there was an internal process of pulling all the information together but were always mindful of the All Wales solution.

Nuria Zolle advised this item had recently been received at Quality and Safety Committee and Independent Members were keen to keep a close eye on it. One particular point that was raised was how the staff felt about the staffing levels and whether they felt safe. Christine Williams stated that in terms of staff experience, the health board were aware that they were finding it challenging and were concerned with staff experience and the risks. She advised that were being supported as much as possible. She informed that a further report would was due Quality and Safety Committee in new year which would cover these impacts.

Christine Williams further added that it was important for the Board to acknowledge that were going be risks in this area. The heath board were facing significant pressures and more so now with the vaccination programme and the opening of the field hospital, therefore it was important to be realistic in terms of the risk. She assured that the board were monitoring the factors of harm, patient and staff experience. Tom Crick stated it was good to coverage of this issue over a number of committees as it gives the confidence that this issue is being taken seriously. As members we acknowledge the risk here but feel assured that it being monitored carefully.

Nuria Zolle thanked Christine Williams for her honest account of current challenges the health board was facing in terms of nurse staffing levels.

- **Resolved** The committee **noted** the changes in funded establishments to ensure the Board remains fully compliant with the Nurse Staffing Levels (Wales) Act;
 - The committee **noted** the actions undertaken to ensure appropriate staffing levels during the COVID-19 pandemic.

63/20 ALL WALES APPRAISAL POLICY

A report informing the Workforce and OD Committee of the revised All Wales Appraisal Policy was **received.**

Richard Evans highlighted the following points;

- The Annual appraisal ensures that medical colleagues remain up to date with their continuing professional development, and are safe to practise in line with General Medical Council (GMC) requirements for doctors;
- The appraisal sets out the requirements for doctors to remain up to date and proficient within their clinical practice in line with GMC requirements;
- This gives assurance to the health board, staff and public. The national appraisal policy is aligned to GMC revalidation and requires regular 360-degree feedback from peers and patients, and discussion of all complaints and compliments with the appraiser;
- The GMC were remaining flexible within the current challenges with COVID-19 and non-completion of an appraisal would not hold staff back from practicing, as long as the quality of those undertaken were up-kept;
- **Resolved** Members **endorsed** the All Wales Medical Appraisal Policy;
 - The report be **noted**.

64/20 COMMITTEE'S ANNUAL REPORT 2019.20

The Committee's Annual Report for 2019-20 was **received** and **approved** for submission to Board.

65/20 WORKFORCE RISK REGISTER

The workforce risk register was **received**.

Kathryn Jones advised the risk register had not progressed as much as hoped, therefore would be a review and it would be brought back to committee in quarter 1. Members were content with this approach.

Resolved; - Risk Register to be agenda item at the start of Quarter 1;

KJ

- The risk register was **noted**.

66/20 MEDICAL AGENCY CAP

A report providing an update on the medical agency cap was received.

Sharon Vickery highlighted the following points;

- The report provided a snapshot of locum and agency utilisation during 2020;
- Due to the pressures of the pandemic it was difficult to draw conclusions from the data;
- For the purposes of the report, April and October 2020 had been selected to track if there was any correlation in terms of utilisation and cost given both months have fallen in COVID periods;
- During 2021, work to implement the Medical Rostering Module will continue and this will enable E- job planning, Locum on Duty and Medic on Duty to work together to allow greater insight into the management of the medical workforce;

In discussion, the following points were raised.

Tom Crick referred to ESR and its capability in terms providing enough information on our workforce. There needs to be the capability to manage the amount of staff in an organisation of this size. Kathryn Jones agreed, adding that the lack of information available from the system had impacted us and getting ESR would be a priority for the 2021. **Resolved**; - The report be **noted**.

67/20 ANY OTHER BUSINESS

i. Guardian Service

Jackie Davies advised that she was happy with the health board's decision to extend the contract for the Guardian Service and she would fully support this being a permanent arrangement. Kathryn Jones concurred adding she would be making this request to the Board.

Tom Crick advised that he would be the Independent Member link for the Guardian Service. He would be attending the trade union meetings and the aim would be to build the relationship further.

68/20 ITEMS TO REFER TO OTHER COMMITTEES

There were no items to refer to other committees.

69/20 DATE OF NEXT MEETING

The date of the next meeting was noted as the 9th February 2020.