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Health Board



		Agenda Item
<b>Health Board Meeting – 25<sup>th</sup> July 2019</b>		
<b>Freedom of Information Status</b>		Open
<b>Reporting Committee</b>	Local Partnership Forum	
<b>Author</b>	Kim Clee, Workforce Manager	
<b>Lead Executive Director (s)</b>	Hazel Robinson, Director of Workforce and OD	
<b>Date of meeting</b>	03 June 2019	
<b>Summary of key matters considered by the committee and any related decisions made.</b>		
<p><b><u>Organisational Strategy and Clinical Services Plan</u></b></p> <p>A presentation was received on the Organisational Strategy and Clinical Services Plan. The two overarching strategic aims of the organisational strategy is to support better health and wellbeing by actively promoting and empowering people to live well in resilient communities and to deliver better care through excellent health and care services achieving the outcomes that matter most to people.</p> <p>the planning principles underpinning the Clinical Service Plan were set out as follows:</p> <ul style="list-style-type: none"> <li>• One system of Care</li> <li>• My Home First</li> <li>• Right Place Right Person, Right time</li> <li>• Better Together.</li> </ul> <p>It was reported that the Clinical Service Plan will radically change the approach to care through the adoption of an Integrated Cluster approach to enable a more integrated approach to care, and where possible care being delivered closer to home to improve the patient experience. There will be a greater emphasis on supporting whole populations to develop healthy lifestyles, and supporting the transition of care out of hospital and into the community.</p> <p>The Clinical Services Plan set out clearer descriptions of the role of each major hospital site in moving towards a more integrated approach. It was emphasised that the purpose of intermediate care is to prevent people going into hospital and thus the emphasis of the plan is on primary and intermediate care.</p> <p><b><u>Transformational Change</u></b></p> <p>A presentation was received on the Transformational Change programme the purpose of which is to identify ways in which service delivery can be improved, as this is integral to the Health Board achieving its organisational objectives. It was acknowledged that improvements to patient pathways and systems of care must be underpinned by the proper infrastructure in terms of skills, a robust workforce and OD framework and digital systems, and effective change can only be achieved by working in partnership.</p>		

It was reported that there would be clinically led, multi-disciplinary clinical redesign groups to support the 3 programmes of change and improvement.

It was confirmed that there had been engagement with staff, though team briefings and information had been made available in canteens and on the intranet. Staff representative were invited to suggest other ways of engaging and communicating on this issue if they wished as good communication and staff engagement is key to this process.

### **Managing Attendance at Work**

A report was received on the action plan relating to the implementation of the Managing Attendance at Work Policy. It was reported that to date there had been 24 training sessions for 159 attendees, with additional dates planned.

### **Living our Values**

A report was received on the Living our Values programme, which has been, developed in response to a number of staff engagement events which identified three broad areas for the improvement of staff experience. These are Healthy Workplaces and Wellbeing, Great Leaders, Great Managers and Innovation, Learning and Development.

The Living Our Values campaign is based on a no bystander/zero tolerance approach to bullying within the organisation, as a way of challenging behaviours and encouraging staff to be more aware of their own behaviour and use of language. Teams, departments and individuals can sign up to the pledges, and departments can add more personalised pledges if they wish. It was acknowledged that the issue of bullying was very challenging to address and work must continue to bring about the necessary change in culture.

### **Workforce Metrics**

A workforce metrics paper was provided giving information on a range of matters, including sickness rates, mandatory and statutory training, operational casework and PADR rates.

### **Nursing and Midwifery Update**

An update report was received on issues relating to Nursing and Midwifery staff, including work on the Nurse Staffing Act, E-Rostering and recruitment initiatives. It was reported that funding had been identified to support three Health Board nurses to undertake PhD qualifications, which will qualify these individuals to undertake research.

A report was received confirming the process to be adopted when a lapse in registration is identified, although it was reported that incidences had reduced significantly in recent months. The process had been developed in line with other Health Boards across Wales to ensure greater consistency when dealing with such incidents.

### **Disclosure and Barring Service**

A report was received on the review of the Disclosure and Barring (DBS) process. A programme was being developed to ensure an appropriate DBS check is in place and properly recorded for all staff in roles that require one. This is a significant piece of work and will be rolled out by identified priority areas. Shared Services will be helping to support this work.

### **Enhanced Shared Parental Leave**

A report was submitted bringing to the attention of staff two changes to the terms and conditions of service. One relates to the introduction of enhanced shared parental pay for both parents, and the other relates to the introduction of a two-week period of bereavement leave in circumstances of the death of a child.

**Financial Position**

A report on the Health Board's financial position was received.

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

None identified.

**Delegated action by the committee:**

None.

**Main sources of information received:**

- Presentation on Organisational Strategy and Clinical Service Plan
- Presentation on Transformational Change
- Update on Managing Attendance at Work.
- Report on Living Our Values
- Report on Disclosure and Barring Service Checks
- Update report on Nursing issues
- Monthly finance report.
- Workforce metrics report

**Highlights from sub-groups reporting into this committee:**

None received.

**Matters referred to other committees**

None identified.

**Date of next meeting**

22 July 2019