

Swansea Bay University Health Board

Unconfirmed

**Minutes of the Workforce and Organisational Development Committee
held on 14th June 2022 at 9.00am
Microsoft Teams**

Present:

Tom Crick Independent Member (in the Chair)
Jackie Davies Independent Member
Nuria Zolle Independent Member

In Attendance

Debbie Eyitayo Director of Workforce and Organisational Development (OD)
Richard Evans Executive Medical Director (from minute 51/22)
Alison Clarke Assistant Director of Therapies and Science
Julian Quirk Assistant Director of Workforce and OD
Kay Myatt Acting Assistant Director of Workforce and OD
Sharon Vickery Assistant Director of Workforce and OD
Louise Joseph Assistant Director of Workforce and OD
Ruth George Human Resource Business Partner
Gareth Howells Interim Director of Nursing and Patient Experience (from minute 57/22 to 60/22)
Paul Dunning Professional Head of Staff Health and Wellbeing
Julie Lloyd OD and Staff Experience Manager (from minute 51/22 to 54/22)
Leah Joseph Corporate Governance Manager
Delyth Brushett Audit Wales (observing)
Donna Morgan NWSSP (observing)

Minute	Item	Action
45/22	WELCOME	
	Tom Crick welcomed all to the meeting, in particular Delyth Brushett (Audit Wales) and Donna Morgan (NWSSP) who were observing the meeting.	
46/22	APOLOGIES	
	There were no apologies received.	

47/22	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
49/22	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the meeting on the 12 th April 2022 received and confirmed as a true and accurate record.	
50/22	MATTERS ARISING	
	There were no items raised.	
51/22	ACTION LOG	
	<p>The action log was received.</p> <p>i. <u>86/21 and 23/22 Workforce Metrics</u></p> <p>Debbie Eytayo highlighted that resources had been diverted to support the Acute Medical Services Redesign (AMSR) consultation and recommended that the metrics report remained as is until sufficient resource was in place to complete the metrics review. She advised that interviews were taking place this week for additional resource, and the workforce electronic staff record information team had recently recruited into posts. Tom Crick suggested that the action remained open and an update report be received in October 2022 detailing the development of the metrics report.</p> <p>ii. <u>83/21 Risk Register – Workforce Recruitment Risk</u></p> <p>Richard Evans felt reassured with the number of the Junior Doctor deanery posts this year, but noted issues surrounding recruitment. He advised that the Mental Health and Learning Disabilities Service had been successful with their recruitment campaign, but there were pressures in certain specialties e.g. anaesthetics as teams were restarting lists and focusing on recovery. In the last round of recruitment, 4 out of 13 posts were filled, and the advert was automatically re-advertised. Medical recruitment teams were exploring opportunities in overseas recruitment, as the issue surrounding recruitment was being seen across the United Kingdom.</p> <p>Tom Crick queried the international position around the current perception of the UK within Europe and further afield. Richard Evans advised that intelligence had highlighted that 'Brexit' had effected people's views of the UK, however, Swansea Bay University Health Board (SBUHB) has strong</p>	DE/JRQ

	<p>links with India and Africa, and friends and family feedback from current staff has assisted recruitment. Richard Evans did not feel that a deep dive was required as the deanery recognised the need to move to less than full time positions as the medical workforce planning for UK had never aligned with the number of consultant posts required.</p> <p>Tom Crick queried whether e-rostering provided flexibility for fractional posts. Richard Evans advised that SBUHB was looking at the type of people and skills were needed to cover a specialty over a 24-hour period. He suggested that an update be brought back to committee to enable a discussion around national changes, challenges and position surrounding post-graduate medic allocations.</p> <p>iii. <u>Health Board Risk Register – COVID-19 risks</u></p> <p>Debbie Eyitayo advised committee members that COVID-19 risks had been incorporated into the generic risk register. Tom Crick stated that the action could be closed.</p> <p>iv. <u>Continuation of virtual meetings</u></p> <p>Tom Crick highlighted that Workforce and OD Committee meetings would continue to take place virtually for the foreseeable future, following Health Board’s approach to board and committee meetings.</p>	RE
Resolved:	<ul style="list-style-type: none"> - Update report on the development of the metrics report be received in October 2022. - Update report on national changes, challenges and positions surrounding post-graduate medic allocations be brought to a future committee. - The action log be noted. 	DE/JRQ RE
52/22	WORK PROGRAMME 2022/23	
Resolved:	The work programme was received and noted .	
53/22	ORGANISATIONAL CULTURE PROGRAMME	
	<p>A verbal progress update on the organisational culture programme was received.</p> <p>In introducing the update, Debbie Eyitayo highlighted the following points:</p>	

	<ul style="list-style-type: none"> - A workshop had previously taken place which looked at quality, safety, culture and gaps in 'Just Culture' at SBUHB. The executive team had discussed the next steps and agreed a number of actions; - One action relevant to Workforce and OD Committee was for executives to undertake a Big Conversation discussion across the Heath Board in terms of culture audit, with clear visions, values and expectations to enable progress by late autumn; - Another action was to develop a concept of learning organisation to share good practice and highlight areas of concern. <p>In discussion of the report, the following points were raised:</p> <p>Jackie Davies highlighted that lots of pieces of work were ongoing and having a big conversation with staff when they could be feeling uncertain may affect feedback received and suggested the discussion took place once the organisational change policy (OCP) process was completed. Debbie Eytayo thanked Jackie Davies for feedback and advised she would take it back to the Executive team.</p> <p>Nuria Zolle highlighted the importance of the 'Just Culture' and 'Speak up' programmes featuring in developments as a there was a good opportunity for inclusion.</p> <p>Tom Crick reflected that SBUHB has a wider perspective of how values were enacted and what they meant for staff. He noted that it was timely to explore a cultural review of the organisation and it would be useful to note the impact of commentary from the AMSR consultation.</p>	
Resolved:	The verbal update was noted .	
54/22	DEEP DIVE: SPEAKING UP SAFELY IN SBUHB TO INCLUDE GUARDIAN SERVICE UPDATE	
	<p>A deep dive into speaking up safely in SBUHB including the Guardian Service Limited annual report was received.</p> <p>In introducing the reports, Julie Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> - The Guardian Service Ltd end of year report for period 1st April 2021 to 31st March 2022 was provided to committee members; - The service has been in place since 2019 and tangible benefits were being reported; 	

- 231 staff used the service from May 2019 to March 2022 and 178 concerns were resolved/closed, which amounts to 77% of total concerns raised in the same reporting period;
- Work was ongoing on Civica to triangulate data received over the past 12 months via the patient experience team. Data was also being used as part of the sickness and absence group;
- A culture of honesty had been created in line with SBUHB's values, however improvements still needed to be made;
- Feedback from users includes staff feeling that although they had raised concerns in the existing system, they had not been listened to. Fear of damaging careers is on the increase. Leadership development and work with human resource leads was ongoing to support staff, and this remained a high priority on the workforce agenda;
- A SharePoint was in development to enable signposting for staff surrounding self-help, policies and information on 'speak up safely';
- The COVID-19 pandemic had impacted guardians attending sites, however planning was underway for physical walkabouts and the service was keen to restart roadshows to enable promotion of the service to staff.

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

Jackie Davies highlighted that staff could share experiences of the Guardian Service with each other and poor experiences around raising concerns could raise fear amongst staff. She queried what the future for the Guardian Service was at SBUHB as she felt the service was making improvements. Julie Lloyd advised that she was an advocate for the Guardian Service, however the long-term ambition would be that SBUHB no longer needed the service. She noted that Debbie Eyitayo and the Chief Executive were keen to utilise the service and currently the Health Board was not in a position to cease using the service. Debbie Eyitayo advised that SBUHB needed to wait for the all-Wales national process prior to making long-term decisions, but felt that the service complemented all other opportunities in place to raise concerns alongside the support Trade Unions. There was a need to continue to create a culture of openness provided by these avenues.

Nuria Zolle queried the barriers of effective working with Trade Unions. Julie Lloyd advised that one Trade Union in particular had expressed that a body had expressed concerns in respect of the uptake of membership being effected. Concerns were also raised regarding possible overlaps between Trade Unions and the Guardian Service, however the Guardian

	<p>Service offer pastoral care and do not get involved in formal employee relations cases.</p> <p>Nuria Zolle queried whether the concerns raised were unique to SBUHB or whether they were seen in counterparts in England. Julie Lloyd advised that partnership working was ongoing in NHS England. Debbie Eyitayo highlighted that there were various different models of Guardian Service available in NHS England, ranging from in house teams to contracted out services SBUHB were using the external contracted out Guardian Service which was where the contention was with some trade unions. Debbie Eyitayo advised that it was important to ensure clarity that the Guardian Service and Trade Unions have distinctly separate roles and that there was a place for both.</p> <p>Nuria Zolle highlighted the rise in staff concerns, and feedback around staff not being listened to needed to be addressed. Debbie Eyitayo felt positive that the data was available for SBUHB to use as evidence to support the organisation was providing at a crucial time to demonstrate listening to staff feedback and responses to feedback.</p> <p>Nuria Zolle queried how the recommendations of actions for Board members would be executed around managers feeling ill-prepared for the role. Julie Lloyd advised that the next steps would be to take a report to Management Board and follow-up with relevant areas for recommendations. She confirmed that she would take forward the localised recommendations, and the wider recommendations would be taken through Management Board initially for Executive and Board responsibility.</p> <p>Nuria Zolle welcomed the patient experience communication included within the report and was pleased to see the evolution of sign-posting services for staff.</p> <p>Tom Crick reflected in response to the Guardian feedback that professional development of middle leaders can be symptomatic of the public sector and a system of infrastructure issues and hierarchical organisation issues were often experienced. Debbie Eyitayo stated that leadership competence was key and there was a need to develop and define what that looked like and this would be picked up in the drive to improve quality and culture.</p> <p>Tom Crick highlighted that the next Guardian Service update was scheduled for October 2022 as per the work programme.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> – Deep dive into speaking up safely within SBUHB be noted. – End of Year Report from The Guardian Service for 1st April 2021 to 31st March 2022 recommendations be noted. 	

55/22	WORKFORCE RECRUITMENT AND RETENTION	
	<p>A report on Workforce Recruitment and Retention was received.</p> <p>In introducing the presentation, Sharon Vickery highlighted the following points:</p> <ul style="list-style-type: none"> - Continued success has been achieved following the inception of the central resourcing team. The service is now permanent and data has shown that the team have reduced the time taken from vacancy creation to conditional offer to 35 days, compared to the SBUHB average of 71 days which was positive; - Time to shortlist by the central resourcing team is 1 day compared to SBUHB average of 9.5 days; - The central resourcing team have designed manager training around the soft skills side for recruitment, with a focus on the pre-boarding stage and the need for improved communication to improve candidate experience and maximise the success of recruitment; - SBUHB is working with creative marketing and advertising agency 'SBW' who have recently completed numerous focus groups with a broad range of staff across SBUHB to better understand what working for the Health Board is like and what attracts people to work for the organisation. Key messages from the focus groups have been developed into a creative branding presentation which is due to be presented at Management Board on 15th June 2022. Once approved, a microsite would be developed; - A retrospective process remains in place for medical recruitment. The team had experienced challenges from the finance department in some areas when trying to recruit in anticipation of vacancies as there is a small risk of being over-established. To date this has not been realised; - A pastoral approach to recruitment remained an ongoing priority for the team to ensure that doctors felt supported from application to commencement in post; - Risks are emerging for overseas candidates in that visa applications are slow due to the Ukraine war. <p>In discussion of the presentation, the following points were raised:</p> <p>Nuria Zolle highlighted that not showing success stood out within the report and queried how this could be changed. Sharon Vickery advised that following the presentation at Management Board, there would be further</p>	

	<p>updates to share around sharing success. Debbie Eytayo highlighted that celebrating success was one of the reasons for the international nursing celebration event, however there was a need for future engagement, including our overseas medical recruits. We will undertake to include Independent Members in this as appropriate.</p> <p>Nuria Zolle queried whether the right conversations were taking place around the finance challenges. Sharon Vickery noted that next year the intention would be for the process to move much faster and if the team had major concerns, they would contact the Director of Performance and Finance.</p> <p>Nuria Zolle queried the strategic and operational update for retention. Sharon Vickery advised that the discussion at the first recruitment and retention group meeting was 90% focused on retention. She noted that the retention strategy was needed to pull work together and visibility remained high of the workforce agenda. Debbie Eytayo advised that over the past 10-months there had been a focus on recruitment in light of vacancy levels and COVID-19 recovery plans, however retention remained a key priority.</p> <p>Tom Crick queried whether the pace of the recruitment processes was constrained by national processes. Sharon Vickery advised that national processes do constrain the local process, however shared services were modernising processes.</p> <p>Tom Crick queried whether the wording 'geographical divide' related to Morriston Hospital and Singleton Hospital. Sharon Vickery advised that the wording did relate to these sites, as they had separate identities, however the COVID-19 pandemic has brought elements of togetherness which the Health Board did not want to lose.</p>	
Resolved:	The report was noted .	
56/22	MEDICAL WORKFORCE EFFICIENCIES	
	<p>An update report and presentation on Medical Workforce Efficiencies was received.</p> <p>In introducing the report, Sharon Vickery highlighted the following points:</p> <ul style="list-style-type: none"> - Locum utilisation remains at similar high levels as previously reported across the service groups; - Costs were falling which was positive, however MEDACS management service was falling and work was ongoing to ensure the utilisation of MEDACS. The challenges experienced within the Health Board are largely mirrored across Wales; 	

- 60% off internal locums were being paid at or below the Welsh Government cap. Prior to COVID-19 pandemic the average was around 85%;
- MEDACS usage was low and data shows that most locum workers were being supplied to general medicine and Mental Health and Learning Disabilities Service Group;
- Work is slowly progressing to implement medic on duty, and the resources within the team have now been made permanent.

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

Tom Crick queried how SBUHB attracts potential employees into specialised areas and how the position sat from a national planning perspective. Sharon Vickery advised that recruitment into specialised services was complex. The local medical workforce planning differed compared to NHS England as variant contracts were available for Junior Doctors. There was work ongoing to scope the Junior Doctor contract as up to 80% of people prefer a portfolio career and not to work full-time hours. Richard Evans advised workers want the work/ life balance and the vocation element of being a Doctor has changed. The Health Board has tried to discourage Junior Doctors booking shifts too far advance e.g. six-months ahead. He noted that the pattern was seen across the United Kingdom and was not unique to SBUHB.

Debbie Eytayo advised that from a national perspective work was ongoing to look at workforce more broadly, new roles and blended roles across professional boundaries. One of the Health Board's priorities was to reduce agency spend by 10% and this would not be achieved unless the process was looked at differently. Tom Crick reflected that the process was complex and incorporated a multi-year cycle due to the demand of the roles.

Nuria Zolle queried whether the use around using non-contracted agency staff was reducing. Sharon Vickery advised that three processes had been developed and were awaiting approval from the procurement team. The roadshows would relaunch MEDACS and highlight the contractor to staff. She stated that usage would continue to be monitored and would remain a topic of discussion for the medical workforce board meetings.

Nuria Zolle queried whether comparisons could be made retrospectively around utilisation of MEDACS. Sharon Vickery stated that a retrospective review would be problematic as medic on duty was launched back in 2019.

Gareth Howells highlighted his nervousness if non-contracted agency staff were stopped completely as it would impact the ability for SBUHB to resource certain specialised areas. He noted that the aim would be to maintain low utilisation levels of non-contracted agency staff.

<p>Resolved:</p>	<ul style="list-style-type: none"> - The metrics and associated costs were noted. - The need to undertake further work to capture all agency costs through the locum management system was noted. - The issues associated with the roll out of medic on duty were noted. 	
<p>57/22</p>	<p>WORKFORCE METRICS</p>	
	<p>A report on Workforce Metrics was received.</p> <p>In introducing the report, Julian Quirk highlighted the following points:</p> <ul style="list-style-type: none"> - Online identity checks will form part of the usual process and an unlimited number of slots were available for those checks; - Delays for disclosure and barring service checks are outside of SBUHB's control, however most checks are completed electronically and there are minimal delays; - A deep dive was ongoing around turnover figures; - Feedback has been received that the operational workload has increased across sites; - Services are changing following the de-escalation of COVID-19, and some staff members are returning to the office following two-years of home working; <p>In discussion of the report, the following points were raised:</p> <p>Tom Crick highlighted the importance of ensuring there was a management capability process in place to support staff who were returning to the office.</p> <p>Nuria Zolle was pleased to see that nursing data had been included within the report. Julian Quirk advised that medical data can fluctuate. Richard Evans advised that the medical data was variable as the pattern was returning to fewer younger people becoming unwell, however people were still contracting COVID-19 and currently those who are positive should not be coming to work.</p> <p>Jackie Davies queried the retirement position. Julian Quirk advised that the retirement process was now a simpler process, but it was difficult to assess and compare over the past 2 years due to the COVID-19 pandemic and the team have used historical data to inform the Health Board's position. He stated that staff were able to access lump sums and then return at a lower banding under the retire and return process, and work was ongoing to look at what the metrics focus should be and format the development to a future Workforce and OD Committee.</p>	

Resolved:	The report on Workforce Metrics were noted .	
58/22	CHANGE IN ORDER OF AGENDA	
Resolved:	Items 4.2 and 6.2 to be taken consecutively with item 3.4 following.	
59/22	NURSE STAFFING LEVELS (WALES) ACT 2016	
	<p>A report on Nurse Staffing Levels (Wales) Act 2016 was received.</p> <p>In introducing the report, Gareth Howells highlighted the following points:</p> <ul style="list-style-type: none"> - SBUHB was in the fourth cycle of annual reviews, and paediatrics was added to the Act in 2021; - The report was taken through May's Health Board Meeting for discussion; - There is a legal requirement to maintain staffing levels, however there are concerns for areas that are not included in the Act e.g. maternity, mental health and learning disabilities, health visiting; - Discussions have been ongoing across Health Boards in Wales surrounding whether the financial requirement for investment should be higher around levels of risk which would change the dynamic of the rollout of the Act. <p>In discussion of the report, the following points were raised:</p> <p>Jackie Davies was pleased that the tool was being rolled across to ensure achievement of establishment and highlighted that vacancies may affect the Act. She noted that when reviewing establishments, all clinical areas within the Act had uplifts, however all other clinical areas may not have adequate resource due to not being included in the Act. She commented that the corporate nursing team had been a phenomenal support surrounding the Act.</p> <p>Gareth Howells advised that reasonable steps have been taken to ensure the correct number of staff were on duty, and having the information would enable understanding of levels from a wider component. He suggested that a report be provided on the other areas not included in the Act to a future report, but advised that the Act principles were being delivered in midwifery. Tom Crick commented that a future report would be valuable, and observed that the impact of COVID-19 in NHS Wales had effected the ability to sustain staffing levels and a strategic and long-term review would be needed.</p>	GH

Resolved:	<ul style="list-style-type: none"> - A report on establishment levels for all other areas not included in the Nurse Staffing Levels (Wales) Act 2016 be received at a future meeting. - The Nurse Staffing Levels (Wales) Act 2016 report was noted. 	GH
60/22	NURSING AND MIDWIFERY BOARD UPDATE REPORT	
	<p>The nursing and midwifery board highlight report was received.</p> <p>In introducing the report, Gareth Howells highlighted the following points:</p> <ul style="list-style-type: none"> - Going forward, more work was needed to develop the report to include new roles and functions; - Good work had been undertaken around the overview of a dementia friendly charter and midwifery. <p>In discussion of the report, the following points were raised:</p> <p>Tom Crick welcomed development of the report to provide insight and inform the Workforce and OD Committee.</p> <p>Jackie Davies highlighted that a tremendous amount of good work had been ongoing, but noted that the nursing strategy was a few years old and there could be an opportunity to develop the strategy further. Gareth Howells advised that the strategy was developed for 2017 to 2020, and the Deputy Director of Nursing was leading on the development of the updated strategy. He noted that ‘what matters to me’ was used recently in the International Nursing Day celebrations to obtain feedback which would be taken through the partnership forum.</p> <p>Jackie Davies queried how wards managers were being supported in supervisory roles. Gareth Howells advised that there was a need to reinvigorate supervisory roles and this would be included in the strategy.</p> <p>Nuria Zolle was pleased to see that ‘what matters to me’ had been taken to ward-level to encourage feedback, and suggested that going forward the report included key issues, actions, and what matters to nursing to share an action plan for the group.</p> <p>Gareth Howells reflected that staff want to improve and move past COVID-19 and undertook an action to include discussions and ‘what matters to me’ staff feedback from staff in the next iteration of the report.</p>	GH
Resolved:	<ul style="list-style-type: none"> - Discussions and ‘what matters to me’ staff feedback following International Nurses Day celebrations be included the next iteration of the report. 	GH

	- The report was noted .	
61/22	MANAGEMENT OF ATTENDANCE AT WORK INCLUDING WELLBEING AND OCCUPATIONAL HEALTH INTERVENTIONS	
	<p>A report on management of attendance at work including wellbeing and occupational health interventions was received.</p> <p>In introducing the report, Julian Quirk highlighted the following points:</p> <ul style="list-style-type: none"> - In March 2022, in-month absence increased by 0.44% to 8.27%, in comparison to March 2021 this is an overall decline of 2.46%; - SBUHB was encouraging change to make quicker decisions to assist staff to attend work sooner or to terminate employment; - Staff are fatigued and a sickness pattern is often seen after change has been implemented. Preventative measures were being taken when changes were being made to services; - A focus remains on wellbeing and positive feelings. Good feedback has been received but there was a need to maintain pressure on the system. <p>In discussion of the report, the following points were raised:</p> <p>Debbie Eytayo highlighted that SBUHB needed to refocus as an organisation in respect of management of sickness absence and how interventions take place differently. Nuria Zolle commented that the balance between grip and control was important. Paul Dunning informed committee members that work was ongoing in hotspot areas.</p> <p>Nuria Zolle observed that there had been increases in short-term sickness absences, and queried whether the ceasing of full sick pay for COVID-19 long-term sickness was in-line with an all-Wales policy. Julian Quirk advised that the changes were in-line with the all-Wales policy as the full pay extension had ended. There had been two previous extensions to the arrangements, however SBUHB was now in a position to monitor COVID-19 sickness in terms of pay like normal sickness. Jackie Davies highlighted that the two extensions had been generous, however the time for changing the arrangements was appropriate.</p> <p>Jackie Davies queried whether the sickness levels would be lower if COVID-19 had not existed. Julian Quirk advised that the levels had been impacted by COVID-19, however a steady reduction was being seen in COVID-19 absences. SBUHB had dismissed its first individual who had long-COVID, however the individual had agreed to the dismissal as they were unable to return to work. Julian Quirk highlighted that the biggest issue currently was that staff members who have returned from sickness</p>	

	<p>were unable to return to clinical areas and needed to be placed in non-clinical areas.</p> <p>Jackie Davies queried the benefits of the agile working policy and whether flexibility was provided for opportunities to work from home. Julian Quirk advised that advanced technology had assisted some individuals to work from home, however most roles remained clinical and staff were required to work from a specific area. There are advantages surrounding minimising travel when working from home and also productivity can be higher. SBUHB are facilitating equipment for staff who have to work from home.</p> <p>Tom Crick suggested that the data is reviewed from a sector perspective for the next iteration of the report.</p>	JQ
Resolved:	<ul style="list-style-type: none"> - The next iteration to include data from a sector perspective. - The report be noted. 	JQ
62/22	VERBAL UPDATE ON COVID-19 WORKFORCE POSITION	
Resolved:	The item had been verbally discussed throughout the committee meeting and no additional comments were required.	
63/22	WORKFORCE AND OD COMMITTEE TERMS OF REFERENCE	
Resolved:	The Workforce and OD Committee Terms of Reference were received and approved .	
64/22	DEEP DIVE: STATUTORY AND MANDATORY TRAINING COMPLIANCE	
	<p>A deep dive into Statutory and Mandatory (S&M) Training Compliance was received.</p> <p>In introducing the report, Kay Myatt highlighted the following points:</p> <ul style="list-style-type: none"> - Welsh Government target for S&M compliance is 85%, and as of 30th April 2022, SBUHB's overall compliance was 80.94%; - There has been a big increase in estates and facilities compliance levels to 79.02%; - Welsh Government have added additional mandatory training figures and the workforce team were working with Gareth Howells to ensure rollout of the changes; 	

- Training was being delivered face-to-face to increase compliance levels;
- Medical and dental S&M compliance levels were low, however the Executive Medical Director would be sending out reminders to colleagues.

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

Tom Crick highlighted that S&M compliance had one of his priorities since he took over as Chair for the committee and the process needed to be constructive and informative, and not a tick box process.

Nuria Zolle highlighted that staff needed to feel valued, and queried whether lessons had been learned following time-out training sessions for staff in estates and facilities. Kay Myatt advised that feedback had been received from staff highlighting that access to technology had been the biggest challenge. Information technology rooms had been booked to facilitate group training sessions, additional equipment had been purchased by the service, and iPads had been loaned from the library to support staff.

Tom Crick highlighted the importance of every staff member having a meaningful personal appraisal development review (PADR) every 12 months, and queried the actions being taken by other Health Boards. Kay Myatt advised that other Health Boards were not doing things differently, however there could be a link to staff who were on long-term sick as the data does not exclude these individuals. She noted that Cardiff and Vale University Health Board were working on PADR development and linking in with talent.

Alison Clarke highlighted that the report detailed that SBUHB had no direct control over hosted bodies' PADR activity and compliance rates, and noted that SBUHB had professional accountability for these services. Debbie Eytayo advised that SBUHB needed to look at hosted bodies' compliance in a different context and would need to be flagged to Welsh Government, however SBUHB cannot control or enforce appraisals. She reflected that the PADR process needed to be cascaded right from the top of the organisation and SBUHB needed to be mindful of dependencies and timescales.

Nuria Zolle highlighted that corporate teams were setting the tone for compliance and it was important to ensure PADR's were being carried out in a timely manner.

Kay Myatt advised that feedback had been received indicating that often PADR's were not meaningful. On reflection, positive gains had been made surrounding S&M overall as three years ago compliance levels were 22%, and as of 30th April 2022, SBUHB's overall compliance was 80.94%. Tom

	<p>Crick commented that availability of resource was key, however the need for meaningful PADR's was important to ensure key consideration for retention. Kay Myatt advised that a process was being developed so that compliance levels would be reported to executives, and Management Board would be used as a mechanism to openly sharing areas of concern.</p> <p>Tom Crick queried how that would be perceived by medical colleagues. Richard Evans advised that despite possible frustrations with the electronic systems, S&M training still need to be completed, and he would be issuing messaging to colleagues advising that study leave would not be signed off unless S&M training were completed.</p> <p>Tom Crick undertook to discuss the matter with Debbie Eytayo prior to the next committee, but requested that a further update be taken through August's Workforce and OD Committee.</p>	KM
Resolved:	<ul style="list-style-type: none"> - Update report be brought to August's Workforce and OD Committee. - The deep dive into Statutory and Mandatory Compliance be noted. 	KM
65/22	MEDICAL WORKFORCE BOARD UPDATE REPORT	
Resolved:	The medical workforce board highlight report was received and noted .	
66/22	THERAPIES AND HEALTH SCIENCE GROUP UPDATE REPORT	
	<p>The therapies and health science group highlight report was received.</p> <p>In introducing the report, Alison Clarke highlighted the following points:</p> <ul style="list-style-type: none"> - Welsh Government continues to invest in health professional education for the funding of advanced practice and extended practice education for academic year 2022/23; - There is significant risk to safe and timely service delivery across the nutrition and dietetic service in SBUHB from May 2022 until September 2022 because of significant reduced staff capacity. <p>In discussion of the report, the following points were raised:</p> <p>Nuria Zolle detailed that she was keen to receive a report surrounding the mitigating actions being taken in the nutrition and dietetic service. Alison Clarke advised that all reasonable steps were being taken to reduce harm, and issues were being recognised nationally and it was not unique to</p>	

	SBUHB. A report was being taken through Primary Care and Therapies Service group meeting for monitoring.	
Resolved:	The report was noted .	
67/22	WORKFORCE DELIVERY GROUP UPDATE REPORT	
Resolved:	The workforce delivery group update report was received and noted .	
68/22	ITEMS TO REFER TO OTHER COMMITTEES	
	There were no items to refer to other committees.	
69/22	ANY OTHER BUSINESS	
	There was none.	
70/22	MEETING EFFECTIVENESS	
	<p>i. <u>Agenda planning</u></p> <p>Tom Crick highlighted that a review of upcoming agendas was required to ensure structuring to prioritise key issues and discussions. Kay Myatt suggested a comfort break in the middle of the meeting.</p> <p>ii. <u>Action Plans</u></p> <p>Nuria Zolle suggested action logs being provided to support reports from other groups for members to have clear oversight for key issues and actions.</p> <p>iii. <u>Therapies and Health Science Group Report</u></p> <p>Committee members discussed that there was no standing item for Therapies and Health Science Group on the agenda or work programme.</p>	
71/22	DATE OF NEXT MEETING	
	The date of the next meeting was noted as the 9 th August 2022	