Swansea Bay University Health Board
Unconfirmed
Minutes of the Workforce and Organisational Development Committee held on 14th February 2023 at 09.45am
Microsoft Teams

Present:

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

In Attendance

Mark Hackett	Chief Executive Officer (from minute 15/23)
Debbie Eyitayo	Director of Workforce and Organisational Development (OD)
Richard Evans	Executive Medical Director (from minute 12/23)
Gareth Howells	Director of Nursing and Patient Experience
Hazel Lloyd	Director of Corporate Governance
Ruth George	Associate Head of Operational HR & Business Partnering (for minute 14/23)
Alison Clarke	Deputy Director of Therapies and Health Science
Tanya Spriggs	Nurse Director Primary, Community and Therapy Services (for minute 9/23)
Len Cozens	Head of Compliance (for minute 10/23)
Louise Joseph	Assistant Director of Workforce and OD
Guy Holt	Associate Head of Human Resources (for minute 11/23)
Emma Owen	Associate Head of Workforce Systems, Analytics & Insight (for minute 12/23)
Kay Myatt	Head of Education, Learning and OD (for minute 13/23)
Paul Dunning	Professional Head of Staff Health & Wellbeing (for minute 14/23)
Simone Houlbrooke	Senior HR Manager – Workforce Planning & OD (for minute 15/23)
Susan Morgan	Corporate Governance Officer

Minute	Item	Action
1/23	**WELCOME AND APOLOGIES**	
	Tom Crick welcomed all to the meeting.	
2/23	**APOLOGIES**	

	Apologies for absence were received from Christine Morrell, Director of Therapies and Health Science, Julian Rhys Quirk, Assistant Director Workforce, and Sharon Vickery, Assistant Director Workforce and OD.	
3/23	**DECLARATIONS OF INTEREST**	
	There were no declarations of interest.	
4/23	**MINUTES OF THE PREVIOUS MEETING**	
	The minutes of the meeting on the 13th December 2022 were **received** and **confirmed** as a true and accurate record with one point of accuracy: - Jackie Davies (Independent Member) was present at the meeting.	
5/23	**MATTERS ARISING**	
	There were no matters arising.	
6/23	**ACTION LOG**	
	The action log was **received**. The following verbal update was provided by Alison Clarke: (i) **Action 1: Turnover**: "A session be arranged for all independent members to present the full Staff Turnover report" is in progress (ii) **Action 2: Maternity** "Maternity Services to continue to report to Workforce and OD Committee" has been added to the work programme. (iii) **Action 3: Acute Medical Services Redesign (AMSR)** "Post AMSR report regarding staffing levels for reconfigured wards and related finance requirement to be brought to Workforce and OD Committee prior to being presented at Board". Gareth Howells stated AMSR will sit with the Chief Operating Officer (COO) rather than with the Director of Nursing and needs to be picked up with operational colleagues as all staff are involved,	

	not just nursing staff. Debbie Eyitayo confirmed AMSR has been added to the Workforce and OD work plan.	
Resolved:	- The Action Log be **noted.** - The Lead for Action 3: AMSR, be changed to Chief Operating Officer.	**DE**
7/23	**WORK PROGRAMME 2022-23**	
	The work programme was **received** and **noted.**	
8/23	**UPDATE ON INDUSTRIAL ACTION**	
	This item was taken off the agenda.	
9/23	**NURSING ESTABLISHMENT LEVELS NOT INCLUDED IN NSA – PRIMARY CARE**	
	An overview of Primary and Community nursing services was **received.** In presenting the report, Tanya Spriggs highlighted the following points: - The purpose of the report was to give an overview of the breadth of community primary nursing services. - **Health Visitors (HV)** are registered nurses/midwives with additional post registration specialist training in community public health nursing (SCPHN-HV). The skill mix in that service has historically been nursery nurses, clinic nurses and qualified registered health visitors, working with all families up to the child's fifth birthday. - Their work is a proactive caseload with well families, well babies as well as those in greater need targeting development, wider population as well as safeguarding. - During the pandemic HV services were stood down, apart from general safeguarding, and staff were redeployed. It has been challenging for this service group to get back on track and get on with the Healthy Child Wales Programme (HCWP). - The HV service is split into two groups, the core HV service which and Flying Start which provides enhanced support to families living	

	in more deprived areas for more intensive input for families with greatest need. Flying start is Welsh Government funded with the lead agency being the Local Authority. There are two Flying Start services, one in Swansea and one in Neath Port Talbot. - Low numbers of staff are coming forward wanting to be HVs so introduced Band 5 registrant role which will enhance the prudent delivery of the service and upskill registrants ahead of undertaking the specialist HV training. The aim is to have 1 band 5 in each of the 8 teams. - Welsh Government funding will now be recurrent so staff can now be recruited on a permanent basis rather than a fixed term basis. - Flying start model is under review by Welsh Government to tailor the service according to need compared to the post code element happening now. . - **School nursing** – The School Nursing Service takes over the care responsibilities from HV colleagues once children start in full time education, historically providing immunisations and vaccinations. The current service lead is looking to develop the service to provide broader public health in schools. The Child Health System now sits within School Nursing which has helped data and communication. The Looked After Children service (mostly age 10 upwards) has merged into the service increasing the skill set of more SCPHN practitioners providing assessment to more complex and vulnerable children. - Again, numbers coming through are low, but we are encouraging that skill mix and growing our own we are seeing improved numbers coming through but nowhere near past numbers. - Challenges – historically as School Nursing has been immunisation/vaccination service, staff have worked term time only, also part time contracts. - **Smaller Teams** include Children's Disability Team, Health Access Service, Healthy Bladder Healthy Bowel Service, Looked after Children (LAC), Community Wound Clinic, Gender. - **Sexual health service** currently spans the former ABMUHB footprint with a service level agreement in place for Bridgend. It is consultant led, delivered by nurses and health care support workers. - **Risks and Challenges:** There is a growth in demand for gender services. Work is ongoing on a draft business case as there is insufficient staffing resource to manage the increased demand.	

	The IT system which supports sexual health systems across many health boards in Wales is now on the risk register as the provider is no longer in business. Work is ongoing with Welsh Government about the platform, ideally on an all Wales basis going forward. Support is being provided by digital colleagues. - **HMP Swansea** – we provide general medical services (GMS) to prison population. An HIW inspection of the prison in 2022 issued a number of recommendations – one of the most challenging around workforce largely because the prison population has grown and staffing levels remain on an establishment of 250 prison population. Currently there is a prison population of 420 – 500 men with the same workforce. - **General Practice Nursing** (GPN) – whilst we do not manage GPN within the Health Board (HB) we have one managed practice with a 2.8 wte registered nurses and 1 wte non-registrant nursing workforce. The general practice footprint shows an aging profile of practice nurses. Additionally practice nurses tend to be part time and had a career elsewhere then step into practice nursing and maintain their career within practice nursing for some time. Health Education and improvement Wales (HEIW) are currently working with all HB Primary Care teams across Wales to establish a New to GPN programme to make practice nursing an exciting first career choice as opposed to one done part-time before retirement. - The GPN responsibilities include core treatment room activity, Chronic Conditions Management, Minor Illness, Cervical Cytology, Travel Health, urgent triage. - Collaboration is ongoing with Swansea University to establish Primary Care specific 'patches' to make one core module for the consolidation of advanced practice skills within General Practice for advanced nurse practitioners (ANPs) transitioning into Primary Care from Secondary Care, Community, or the private sector. - Recruitment and retention is the biggest issue from a workforce perspective – 60% are over age 45. There is growing demand and small numbers of workforce. Long term sustainability of General Practice continues to be challenging with several practice closures and increased sustainability issues are currently being seen across SBUHB, all linked to workforce, and increased pressures relayed to alternative workforce staff. - **Gorseinon hospital** only community hospital within HB footprint with funded establishment of 36 beds. It was set up as rehab step down model but Covid and due to flow and demand had to change	

	the type of patients who are now step down from our acute services into Gorseinon. It is consultant based staff within Morriston Hospital with 9-5 medical input Monday to Friday, at other times it is nurse led with therapy support. Currently operating at 39 beds. - We have some sickness/variable pay issues but largely a stable workforce. The team like working there but it is a challenge when Gorseinon is asked to take more and more patients at risk because they are remote and cannot call a colleague from the next ward to help you. Bank and agency are used but are within allocated budget. HB decisions needed around purpose. - **Community cardiology** - Made up of several services around the community heart failure services which has recently benefits from a HB business case and has been robustly strengthened. - The Cardiac Rehab Service is nurse and therapy led and is getting good outcomes. - Issues with recruitment as number of job descriptions are new. Processes have changed and job matching issues have caused significant delays in recruitment. - **Virtual Wards** – A multidisciplinary team with a nursing cohort of 14wte. Generally, nurses in that team have come from a community background although some have stepped down from secondary care as well. Virtual wards are helping with in-reach, identifying patients coming out of hospital, and wrapping MDT approach around them in the first instance to avoid admission in the first place. - Development – the HB has funded 8 Primary Care Virtual Wards and its associated Secondary Care In-reach service to cover the footprint of SBUHB. Although still new, the VWs are proving very effective in supporting frail patients at home, interfacing with hospital front door services to avoid the patient being admitted and actively pulling out patients who have been admitted. - **Risks** - Further expansion of the service at pace is challenging for staff due to the increased recruitment, line management and training needs. Recruitment of band 3 and 4 workforce can be difficult due to competing posts and a lack of workforce to cover current demand. In any new service set up people from all over the HB are attracted, often leaving gaps elsewhere.	

	- **Acute Clinical Team (ACT)** – The ACT is an advanced nurse practitioner (ANP) led service supported by consultant physicians. The team has trainee NPs, nurses, health care support workers with access to the wider MDT which includes a mental health liaison nurse, physiotherapists, occupational therapists, dieticians, speech and language therapists (SLTs) and social workers. Referrals to the team are accepted from any professional both in primary and secondary care for those over the age of 18 though the average age of patients seen by the team is 80 years. - There are 3 teams, one based in NPT and one in Swansea all focused on acute admission avoidance with patients being treated at home.. - **District Nursing** – the is the largest workforce in the group with 295.11 wte, and is led by highly trained nurses with an additional Specialist Practitioner Qualification in Public health Roles. The service is available 7 days a week providing nursing care and intervention at home. - **Risks and Challenges** – Currently on the Risk Register as service has been consistently running at a Level 3 due to workforce deficits so the service is prioritizing urgent cases that need to be seen on the day and end of life cases. - There has been a decline in staff coming forward for SPQ training, and with increasing demand complexity day in day out have a really tired workforce. - An electronic patient system is needed but to pay for the system the workforce would need to be reduced. - **Long term care (LTC**) – a small long term care team supports this very fragile sector with district nurses and ACT propping up 4 of those fragile care homes. There are currently more beds in care homes than we have in hospitals. In discussing the report, the following points were raised: Tom Crick commented that the report was hugely interesting and the breadth of areas covered was eye opening. He sought clarification about the underspend of £650K resulting from vacancies for Band 5 and Band 6 District Nurses and what that means for the Health Board. Tanya Spriggs clarified that the underspend enables the service to be in a break-even position. She went on to say that the challenge with the budget is the Continuing Health Care (CHC) spend, explaining that the vacancy position across nursing therapies is balancing the increasing cost of CHC. She emphasised that all posts are being recruited into but	

	there are vacancy gaps in several services areas which can take time to fill, however it does mean financial benefit for the group in terms of the overall budget position. Tom Crick commented that although this is a helpful position for right now, there are obvious concerns about sustainability going forward. Nuria Zolle thanked Tanya Spriggs for the paper stating it was incredibly helpful and gave a lot of food for thought as it raised issues around workforce, quality, and sustainability. She went on to say that the Health Board is talking about moving the balance away from secondary care to Primary and Community Services, which is currently struggling with capacity to do the core job, let alone do more. She sought further information around Gender Services, noting this is a high-profile area. She queried if there is a risk that the Health Board is not meeting demand and when the business case would be ready. She also queried the backlog in HV assessments, stating this service is crucial in terms of signs of neglect/abuse and for more information about the level of risk. She sought clarification if this is a workforce issue or if the matter needed to be referred to other committees to do a deep dive in some of the areas raised in the report. Tanya Spriggs confirmed that the business case for Gender Services is being worked through now and is in the Integrated Medium Term Plan (IMTP) – and a solution could be found on an All Wales basis as other health boards are also struggling with this issue. She went on to say that the HV and DN Service nurses were redeployed during the pandemic, except for safeguarding, and could not get behind closed doors as only a remote service was run. Now an increase in safeguarding cases is being seen with increased numbers of struggling families so the HV service is behind in terms of Healthy Child Wales Programme and prioritizing where there are known greatest risks and those in greatest need. She stated that there has been a post code element of Flying Start but there are families in need are all over the Swansea Bay footprint and it is not just about class or money – the need is everywhere. Jackie Davies commented that she even though she is more aware than some Board Members of the aspects of the service, even she was surprised at the breadth of services provided. She mentioned School Nursing, complementing Victoria Keenan and Vicki Burridge on an exemplary piece of work that completely changed how the service was delivered. She went on to question the new roles brought in – Band 5 in Health Visiting, Band 4 roles in District Nursing and Virtual Wards and wanted to check it is about service delivery and succession planning and not about role substitution and diminishing higher band roles.	

	Tanya Spriggs stated that it is about getting right mix of workforce and a more even distribution of skill mix, not about replacing higher band roles with lower band roles. She went on to say this is important with the lower number of registrants adding that there are fantastic DNs working to the top of their license who have been introduced to areas where they add value. Gareth Howells informed the Committee that this is Tanya Spriggs last meeting and thanked her for all her hard work and achievements in Primary and Community. Tom Crick also thanked her for all her hard work and for the detailed report which showcases the interdisciplinary and diverse workforce that is needed now and going forward.	
Resolved:	- The report be **noted.**	
10/23	**BOARD EFFECTIVENESS ACTION PLAN**	
	A report providing an update on the progress made against those elements of the Board Effectiveness Action Plan which have been assigned to the Workforce & Organisational Development Committee for oversight was **received.** In presenting the report, Len Cozens highlighted the following points: - The board is required to self-assess its effectiveness in terms of governance and internal controls on an annual basis and agrees an action plan for improvement. - Progress against the Action Plan is monitored via the Audit Committee but in addition this year certain actions have been allocated to other committees to provide additional scrutiny and oversight. - A total of 10 actions have been assigned to this Committee for oversight. Progress has been reviewed and updated by the relevant lead executives and the status of these actions is set out as per Appendix 1. - Update – Since the report was completed, the Interim Director of ICE has confirmed that action 3 is now complete. - Currently 6 actions out of 10 have been completed – one is overdue with the remaining 3 yet to reach their due date.	

	- There are 2 actions outstanding from last year's action plan which are relevant to this committee, neither of which are closed. The first relates to the organisational cultural survey - the Big Conversation – which is well underway, and the national staff survey is expected in August 2023. Output from Phase 3 of The Big Conversation will be used to shape any further WFOD interventions. In discussing the report, the following points were raised: Tom Crick queried if anything different is being done for the National Staff Survey to ensure a good response, and for diversity of perspective. Debbie Eyitayo informed the Committee that learning has been picked up around staff engagement from the Big Conversation with good response rates to surveys, walkabouts and walk-in galleries. A similar approach will be adopted for the National Staff Survey to improve response rates. She queried if in terms of formatting the Board Effectiveness document if there is an opportunity to have the status of some red actions changed to as amber due to mitigations now in place. Len Cozens explained when the monitoring mechanism was agreed with the Audit Committee it was decided to go for a simple red/green approach for clarity and not introduce amber for ongoings which make it more difficult to monitor. Nuria Zolle queried the outstanding action plan: "Further direction is awaited from Board to establish the next steps for the Just Culture programme to ensure it is aligned to the work on quality and safety" and sought assurance direction will come in a timely and effective way. Louise Joseph explained the timeline for the Just Culture Programme has changed because of the work being done around the Big Conversation and cannot be drafted in advance of all the feedback information being taken into consideration from Phase 2 and Phase 3. Tom Crick queried Action 5 "Create an Insight Capability" – asking in terms of linkages across organisations in relation to data if there is the capability to join up various datasets and systems and to aggregate information from across the organisation Hazel Lloyd informed the Committee that a presentation on the dashboard was given in the Quality and Safety Task and Finish Group meeting and demonstrated dashboard areas for Quality indicators, Patient Experience, with staff and patient experience indicators to be built in to triangulate with quality indicators.	

	Tom Crick recognized that a lot of work is being done in the digital space and to have the capability for dashboards needs a lot of work and will require significant resource investment. Len Cozens stated there are 4 committees with individually assigned actions from the Board Effectiveness Action Plan and will all receive updates this month and next. He explained the document goes to the audit committee next week for scrutiny, as well as a board development session planned for June. Hazel Lloyd further explained that the Board will take stock of the effectiveness action to analyse how well it was implemented and to think about what to plan for next year Effectiveness Action Plan.	
Resolved:	- The report be **noted.** - Redrafting of timeline for next steps for the Just Culture Programme to be taken to Board for sign off then brought back to this Committee.	**LJ/DE**
11/23	**WORKFORCE RECRUITMENT AND RETENTION**	
	A report was **received** and **noted**. A report providing an update on recent recruitment related activity and work undertaken on the development of a Retention Plan and progress of the Health Board Recruitment Branding and Attraction project was **received.** In presenting the report, Guy Holt highlighted the following points: - Focus is being given to the branding and attraction project associated with the recruitment and retention strategy aligned to the HBs Recovery and Sustainability plan. - Work is ongoing for both recruitment and retention of staff. - A recruitment brand for SBUHB is being developed with SBW, the Health Board's commissioned marketing agency. - A demonstration in PDF format was given of the recruitment website under development intended to bring alive a sense of belonging within the Health Board, both in work and in the wider community. - The concept of welcome to a better quality of life features video footage of the surrounding area giving a flavour of life in Swansea and Neath including videos of staff living and working in the	

	Swansea Bay area with beaches and countryside within 20 minutes of where you live in Swansea Bay. - Practical information regarding GP practices, community pharmacies vacancies, housing, transport, places of worship etc., will be given as well as information on all departments within the hospitals. - Details of recruitment service including stages and timelines will be provided. In discussing the report, the following points were raised: Tom Crick commented that the focus on recruitment and retention and selling the wider region is superb and comes through well from a branding point of view. Jackie Davies commented that many staff members can talk about their experience coming to Swansea Bay to visit then deciding to live and work here. She then sought assurance that recruitment practices are ethical, commenting that with nursing there are shortages internationally as well as nationally and it is not having an adverse effect on the areas we are recruiting from. She went on to say that it was her understanding that SBUHB has opted out of the Streamlining process with Swansea University, and she is aware of feedback from nurses and students who felt insufficient regard was given to their preferences whereas SBUHB is recruiting directly into specific posts Guy Holt stated that the main focal point of the Health Board's ethical overseas recruitment is aimed at Indian and Philippine nurses and is working with two agents now – MEDACS and HCL in that regard. He went on to say that India and the Philippines over educate nurses to fill opportunities outside their countries and the Health Board can recruit nurses outside those areas as long as candidates apply directly to us, and we do not advertise in their countries and strip them bare of precious nursing resources. He gave the example of Nigerian nurses being recruited but in low numbers compared to the Indian and Philippine nurses we are recruiting. He added that some of the Nigerian nurses were based in other countries, for example Dubai. He then confirmed that the Health Board does still recruit Welsh educated nurses via the Shared Service Partnership (SSP) as well as recruiting directly through the central resourcing team. Debbie Eyitayo stated to rely on overseas workforce is not sustainable and there is work to be done nationally around growing and developing our own workforce as well as a complement of international staff adding	

	that the Welsh Government has recently published their Workforce Implementation Document. Nuria Zolle agreed that the Workforce Implementation Plan published by Welsh Government links into this work and welcomed all the work being done in terms of recruitment. She went on to emphasise that it is important to understand retention element as well and queried if the work being done is enough to offset staff leaving the Health Board as the vacancy rate is rising in some areas. Guy Holt explained that retention is being given focus and a meeting of the Recruitment and Retention Development Group has been held earlier this week. Leads have been appointed for several Task and Finish groups with the first action being to identify some quick wins in those areas. The outcomes of these Task and Finish Groups will be brought to this Committee in due course.	
Resolved:	The report be **noted.**	
12/23	**MEDICAL WORKFORCE EFFICIENCIES**	
	An update on the medical workforce efficiencies was **received**. In introducing the report, Emma Owen highlighted the following points: - Over last 2 years there has been an unprecedented demand for locum usage across the Health Board with a significant increase in the last 12 months resulting in a monthly spend of £1 million, with a significant amount of money being spent on locums. - Over the last 3 months there has been a significant increase in negotiations regarding pay above the Welsh Government capped rates. For our internal locums we are negotiating half of those shifts. - As a result, the Executive Medical Director and Director of Workforce and OD have been developing an efficiency programme to reduce medical locum spend. - Improvements have been made around information sharing. Currently each service group (SG) is given spend information of their locum usage. From February each service manager will be given specific information on bookings, usage and rates being paid for their individual areas. This increase in visibility will support appropriate decision making. Reports will also be circulated to SGs outlining the highest rates that are being paid.	

	- Half of the Health Boards rates for agency are being negotiated as well as 100% of shifts worked above Welsh Government rates to bring these rates down. Several options are being looked at and if internal locum rates can be reduced by 1-5% a lot of money will be saved. A challenge around that is that rates are being negotiated locally within the service, so it is difficult for us to gain control around the escalations taking place. - Work is ongoing around improving data. Currently SGs and Finance prepare their own reports which rarely mirror the report prepared by Workforce and OD. A dashboard is being developed with all stakeholders so there is one version of the truth. - Several roadshows will be held for service managers to interact with Workforce and OD, MEDACS and the Medical HR team to look at trends and opportunities to reduce costs. - Work is ongoing to move non-contract agencies over the to the MEDACS agreement. One of our non-contract agencies – ATHONA - has signed with MEDACS – which will reduce spend and increase compliance. A replacement strategy with MEDACS is in place which focuses on any agency locums above Welsh Government capped rates to source an alternative doctor at a cheaper hourly rate. - The Health Board has 11 long term locums – 2 of which have been in post over 5 years so are very much part of the clinical team. This creates host of employment issues and makes it very difficult to remove them from the service. Work is ongoing with MEDACS to look at a Recruitment Process Optimization model (RPO). - The Health Board has challenges with multiple hard to fill posts resulting in long term locum usage. Most vacancies are advertised via NHS jobs. Existing agency workers they are in contract with an agency therefore cannot be approached directly. A Recruitment Process Optimisation (RPO) process would take us out of that. With MEDACS we have direct access to 38 suppliers so we could advertise our vacancies to all those supplies which would help the HB fill those long term gaps and save the Health Board a significant amount of money. In discussing the report, the following points were raised: Nuria Zolle commented that good processes usually means the right thing to do is the easiest thing to do going on to query how systems are being simplified in this area.	

	Emma Owen explained that everything is managed via a system so the locum booking system can be easily tracked. She added that in some parts the system is very complicated in terms of who can approve what and at what level, and sometimes there is a disconnect between the service manager having overall responsibility in own area. She added that work is ongoing to bring together different strands and different parts of the management team from a patient safety and overall management responsibility. Richard Evans stated that requests to extend locums generally come through him. He stated there are several long term locums of specialty doctor grade being supported through the Certificate of Eligibility for Specialist Registration (CESR) route to become consultants – two of whom are in Oncology. He added that the locum rate paid to these doctors is mid-point of salary scale not agency scale. He went on to say that every effort is made to not extend agency locums if possible and there is a clear understanding of the reason why if locums are extended. Tom Crick emphasised this item needs to stay on the Committee's agenda going forward, adding this issue is not going to be solved or disappear any time soon but it is useful to see what we are aiming to do going forward.	
Resolved:	The report be **approved.**	
13/23	**WORKFORCE METRICS AND KEY PERFORMANCE INDICATORS TO INCLUDE: THE METRICS REVIEW; COVID-19 UPDATE; PADR COMPLIANCE; STATUTORY AND MANDATORY TRAINING**	
	An update on workforce metrics and key performance indicators was **received**. In discussing the report, the following points were raised: Kay Myatt stated that the report was for noting improvement and that training compliance is at the highest level it has ever been, and is one of the highest Health Boards in Wales. Tom Crick commented that he used to relish being 100% up to date with training but is playing catch up now as it is very easy to fall behind. Nuria Zolle commented that the positive feedback about the Health Board being one of the highest in Wales in terms of compliance with training was refreshing and a positive story we could do with more of.	

Resolved:	– The report be **noted.**	
14/23	**MANAGEMENT OF ATTENDANCE AT WORK INCLUDING WELLBEING AND OCCUPATIONAL HEALTH INTERVENTIONS**	
	An update on management and attendance at work, including wellbeing and occupational health interventions, was **received**. In presenting the report, Ruth George highlighted the following points: - The Health Board is focusing on sickness absence and staff resilience. In discussing the report, the following points were raised: Jackie Davies noted that the highest reason for sickness absence is anxiety and workforce pressures and sought assurance that the focused interventions for sickness hotspots were supportive in nature rather than punitive. Ruth George gave assurance that the focus is on preventing staff going sick in the first place and supporting staff through their wellbeing journey when necessary. She emphasised that if staff are unwell, service managers need to make sure measures are in place to support staff which are supportive in nature such as Occupational Health support and support from their managers etc. Jackie Davies referred to page 12 of paper which states a key strategic objective for 2023 includes integrating the Staff Wellbeing and the Occupational Health services to reduce duplication and sought assurance that this will not be to the detriment of the Wellbeing Service. Paul Dunning gave assurance that the integration mentioned is more around systems, administration, and a single point of access. The two teams have distinct professional backgrounds and functions which will not be compromised. However, there is some scope for professional boundaries being blurred to the benefit of the staff within the team and to the benefit of the Health Board. As the skill sets are very different it would be a struggle for the Wellbeing Team practitioners, who have a mental health background, to do the specialized work of an Occupational Health nurse. Nuria Zolle queried if there is something in the work done by these staff that makes them more prone to physical and mental unwellness – and if improvements could be made around the work without compromising the needs of the organisation. She sought clarification whether the short/long	

	term split helps explain the sharp drop in Morriston porters and the differences between hot spots. Paul Dunning stated that work is being done regarding hot spots where some of the environmental issues and/or teamwork and/or policies are not fully understood, e.g., delivering training to managers around tailored adjustments and being able to implement interventions and tailored adjustments without having to wait for an Occupational Health referral. It is known that there are some hotspots where the leadership team culture continues to be an issue and some of these key problems need to be addressed at source. Ruth George stated there a lot of work going on but there is a lot more to be done. She agreed that the level of sickness absence is still high, however, all Service Groups have seen a decline over the last 3 months in sickness absence rates and confirmed the highest reason for absence remains stress and anxiety unless there is a Covid outbreak or other infectious disease. She also confirmed that Facilities and Theatres were hot spot areas. Tom Crick commented that attendance at work including Wellbeing and Occupational Health interventions is a key priority for this Committee and the Health Board.	
Resolved:	- The report be **noted.**	
15/23	**PERFORMANCE DEEP DIVE ON WORKFORCE PLANNING RELATING TO SERVICE TRANSFORMATION**	
	An overview of workforce planning for service transformation within Swansea Bay UHB was **received**. In presenting the report, Simone Houlbrooke highlighted the following points: - Building capability and capacity to plan workforce is a key priority given the transformation agenda within the Health Board. - Strengths include many examples within the organisation where effective workforce planning has resulted in workforce transformation over the last 12 months. - Weaknesses and challenges include lack of capacity to plan, lack of workforce planning skills, knowledge, and experience in some areas plus frequent changes to templates.	

	- Opportunities include standardising templates and “Grow our Own” options e.g., apprentices, recruiting from our own communities as well as developing the unregistered workforce, delegation and working at top of license. - Threats include lack of bank staff for some staff groups (e.g., therapies) to enable a flexible workforce to meet service change requirements in the short term until grow our own options are available. In discussing the report, the following points were raised: Nuria Zolle queried to what extent the Threat “being no visible organisational workforce strategy to provide direction” is it a valid point and if so, what is being done about it. She also queried the SWOT Weakness items: “Current WFP templates require business intelligence on service and workforce data which is not always easily accessible” and “Frequent changes to templates”. She added that she could not see any reference for improving templates on the SWOT analysis and queried if is there a plan in place to improve them. She sought clarification regarding the 7 activities outlined in the action plan for next 12 months as to how each of these are being articulated formally, shared, and monitored and the next steps for each. Simone Houlbrooke stated that her team are looking at simplifying some of the templates, particularly those relating to the IMPT process and went on to say that a work plan is being developed with specific timelines A work plan with timelines is being developed specifically for the Workforce Planning (WFP) team to map out annual activities that need to be undertaken on a regular basis, adding that some mapping had been done already. Debbie Eyitayo stated that a formal document outlining the Workforce and OD strategy does not exist at present and this is an action on the Workforce and OD work plan for 2023-24. However, there is a document as part of the IMPT outlining priorities and approach to be focused on over the next 3 years. Mark Hackett stated that as well as changing the nature of the work it is necessary to focus on doing the work differently. He gave the example of how, in nursing, a commitment to appoint Band 3s has been made as there is a real need to do that to increase capability and capacity. Tom Crick stated that visibility through the various structures and parts of the organisation is also key. Jackie Davies agreed with everything the Chief Executive said and stated that some of the recent innovations, such as the Virtual Wards, are so	

	good she wondered why they had not been created sooner. She queried if how to remove some of the recruitment obstacles is being looked at. She went on to say that existing staff members are moving to new areas, but the recruitment process is still very slow. She gave the example of existing employees, who are already employed by the Health Board, having to go through the same process as a brand new applicant, including new DBS checks stating this can not only hold up progress in that new service but the service being left cannot backfill because there is another time lag. Debbie Eyitayo stated that the Corporate Nursing team is looking at how staff members can be transferred rather than a going through an open recruitment process. She added this is part of the retention work being done - placing people in different roles to support their career development and not having to go through the whole recruitment process. However, if people are seeking promotion they will need to go through a process for equity and fairness. Gareth Howells commented that the Health Board has an aging workforce and is struggling to get registrants so the role of our HCSWs is being focused. He added that the biggest challenge is getting that mindset out to services as sometimes there is kickback when we set out to change traditional views, e.g., the role of HCSW in wards. Mark Hackett stated what has come out of the Big Conversation is a lot of frustration regarding disempowerment from the front line. There are times when managers will need to apply restrictions in recruitment if people are off track in the delivery of their service, but generally we should be empowering people to manage their budgets and be clear what the budget does or does not provide. Seminal changes are needed in way we hand power back to the people who Jackie Davies has spent years trying to get graded to the level of duties they undertake. Jackie Davies stated that we talk about people working to top of license yet have Band 7 ward managers that are not allowed to do their own sickness interviews and make decisions on their own recruitment. It has been financially driven in the past hence the vacancy control panel. Mark Hackett agreed that there are legacy systems linked around financial turnaround which are no longer fit for purpose. Tom Crick commented that in previous years there was a very significant financial deficit which drove behaviours across the organisation - including recruitment – and is clearly a legacy still because it massively affected culture and behaviours. He went on to thank Simone Houlbrooke for her report which added context to other items presented today.	

Resolved:	The report be **noted.**	
16/23	**DEEP DIVE ON APPRENTICESHIPS**	
	- This item was deferred.	
17/23	**STRATEGIC WORKFORCE EQUALITY PLAN AND ANNUAL EQUALITY REPORT**	
	- This item was deferred.	
18/23	**WORKFORCE DELIVERY GROUP UPDATE REPORT**	
	- This item was deferred.	
19/23	**MEDICAL WORKFORCE BOARD UPDATE REPORT**	
	- This item was deferred.	
20/23	**THERAPIES AND HEALTH SCIENCE GROUP REPORT**	
	- This item was deferred.	
21/23	**WELSH LANGUAGE DELIVERY GROUP REPORT**	
	- This item was deferred.	
22/23	**EDUCATION COMMISSIONING PLAN**	
	- This item was deferred.	
23/23	**UPDATE ON THE BIG CONVERSATION PHASE ONE**	

	An update on Phase One of The Big Conversation, was **received**. In introducing the report, Julie Lloyd highlighted the following points: - The Big Conversation is intended to hold a mirror up to the organisation and look at where we feel we sit in relation to being a quality centered, values driven organisation then work together to build that collective vision on how we get there. - Phase One of the Big Conversation started on 31st October with a comprehensive communication and promotional plan which reached 4000 staff online and over 400 staff face to face, with 540 Pulse survey responses. There were 22 face to face and virtual focus group sessions which 444 people attended providing 96 pages of valuable data for analysis. - In the 7 week period from launch to end of Phase One a total of 984 staff members engaged with the programme – at a really difficult time with ongoing Covid, other colds and flus, industrial actions etc. which means people wanted their voices heard. - The Pulse survey generated 540 responses with 142 open comments we were able to analyse as well. We worked in partnership with the Patient Feedback team to use the Civica system as a pilot for this survey. There were more responses than there were respondents which means people responded more than once to the Pulse survey. - The agile and home working staff groups were targeted with the highest number of respondents from Morriston. - Almost 300 responses from clinical and ward based staff were received. - Five questions were asked, and responses were overall positive where people were either strongly agreeing or agreeing. Whilst over 80% people feel we focus on meeting the needs of patients, only 60% of stakeholders agreed with that statement. - Overall, there were positive responses to the Pulse survey – the system enabled a heat map with a set benchmark of 85% across 3 questions, and there is room for improvement. CIVICA is normally used for patient and family feedback, but it still does provide a benchmark so If we rerun the survey in future will be able to measure if any improvement has been made. - Of the 142 open comments generated by the Pulse survey – 72 focused on leadership and management – 55 were negative – 7	

	were positive – 10 were a mixture and talked about inconsistency in leadership across different areas. - This was broken down even further because leadership and management were the top themes and context showed a perspective that senior leaders within organisation are more focused on targets than on staff and patients. - Primary Care and Therapies (PCT) Service Group were the highest responding, with Mental Health and Learning Disability second (MHLD) second and Morriston third. - **Key findings** - the top themes were Culture and Behaviour; Patient and Service User Experience; Quality and Improvement; Leadership and Management; Communication and Information. - Feedback from stakeholders indicate that their experiences are not as positive with stakeholders saying certain individuals and certain services are fantastic however navigation through the system needs work. However, many of our staff go the extra mile. - Wellbeing Services is valued and highly rated within the organisation. - The new All Wales Respect and Resolution policy was welcomed and is seen as beneficial in supporting healthier working relationships. - Staff feel supported in their career, education, and development. - It is felt that whilst good IT equipment and software is available in some areas, it is not as good in other areas. - It was felt that working for the Health Board provides financial security. - Initial stakeholder feedback indicates that even if patients feel they have had a positive patient experience we need to change the way we talk about what we do with patients/service users. Staff are sharing how stressed they are to patients, how pressured they feel and short staffed. - We need different leadership approaches that aren't disempowering staff, including visible, compassionate leaders that actively listen and respond to staff raising concerns and/or suggestions for improvement. - Mediation network to be promoted and used more widely. - Enhancing MDT and collaborative working.	

	- Increase use of staff stories as a way of hearing staff voices, increasing learning and improving both staff and patient experience. - Successes and achievements to be celebrated more. - Equality issues to be tackled across the board, including; racism, career progression – particularly for women and BAME Staff, and between different staff groups i.e. introducing multi-professional break rooms and having consistency in the treatment of staff, regardless of role and banding. - More trust and autonomy to be given back to staff (particularly those closest to the patient/service user) to increase ownership and responsibility across the Health Board and enhance quality and improvement. This is to be facilitated through a review of our current organisational structures – enabling delivery closer to the patient. - Clarity on our goals, purpose, and roles, both organisationally and locally in each service and department. - Leaders and managers supporting more flexibility in the workplace where the service allows, to attract and retain staff. - Directly and effectively address cases of incivility and 'bullying' when this is identified and formally raised. In discussing the report, the following points were raised: Tom Crick thanked Julie Lloyd for her presentation as it set the scene and provides wider context for the work that has been done to date and is key for this Committee's agenda. Jackie Davies stated the work done so far was excellent with the correct approach. She queried if any feedback has been received from Phase 2. Julie Lloyd stated that people are taking the opportunity to build on what was said initially and each session has a different feel. There is a question if the same people are coming back for Phase 2 or if different people are responding and going over old ground. She went on to say that everyone who contributed to Phase 1 had been given a copy of the report by email to ensure they see the outcome and the Pulse survey has been reopened as a method to allow people to contribute for the first time and as a method to provide feedback on the report. Mark Hackett stated that what is emerging from Phase 2 is that people want to know what a quality driven organisation is and what its characteristics are. When this is explained it is recognized that we are a long way away from that. Staff may deliver a high quality service in their own service but virtually no one is saying this is so in a multidisciplinary or interdisciplinary environment. He went on to say that we have got the	

	wrong culture and are seeking processes to justify our activities rather than have processes for patients to have a great experience or outcome. In the second phase we talked to many of the ward sisters in forensic psychiatry in the medium secure unit and they are eager to change things and can see from these conversations how they could do that. Gareth Howells stated that on a recent visit, whilst the ward managers in the medium secure unit were assertive in their own departments, it is interesting that they still seek permission because the ability to change is in their hands. Jackie Davies stated that there is a middle tier of managers who do not want to reflect poorly to the Chief Executive and the Board but control and restrict ward managers. Mark Hackett stated that it is necessary to change the approach to leadership and management which can be hierarchal, positional power based and administrative in nature rather than transformative. He added there can be a lack of imagination or willingness to change without a culture linked to achievement or performance oriented, rather focused on running things not changing things. There is a need to change collective set of attitudes including at HQ which should be a supporter, guardian of culture and enabler. Tom Crick stated there is a post Covid piece to some of this but a wider social care piece, with a lot of scrutiny of public services. Nuria Zolle commented that there were troubling messages with 1 in 4 saying managers were focused on targets and not on improving patients care. She added that what staff think of their leaders shape their own behaviours – that is hitting the target but missing the point. Mark Hackett agreed that the Big Conversation is a wakeup call to do the work to create that quality led organisation by developing that collective vision and all the understanding of what a quality driven organisation looks, feels and acts like. If staff feel we are talking about targets not patients, we have lost our moral compass and we need to change that. Internally our managerial leaders say is that it is difficult to achieve change when you want help from other departments instead of working imaginatively together. Debbie Eyitayo commented that the information we have captured can be linked to the Board Effectiveness Document around the Health Board's culture and values. The information gained in Phase 1 of the Big Conversation provides a baseline to build upon to achieve the culture we aspire to.	

	Richard Evans commented that the feedback around targets shows a disconnect between what we are aspiring to do and the value staff think this adds. One element of this it is hugely encouraging in that people want to take responsibility and ownership. However, the question is if people in the organisation are ready for that level of ownership where there is a lot of externalising problems rather than figuring out what to do. It could be that the organisation historically has not encouraged people to think and act independently but it is particularly noticeable in some groups that the enthusiasm and appetite to do things differently is there. Nuria Zolle commented that she recognized the need to have a baseline, however the current baseline is not looking great, and work needs to be done to decide on the next steps. She emphasised that we are the community we serve and that the journey to be taken is one of support. She then congratulated Julie Lloyd on the work she has done and the detailed information presented today which has raised really important questions. Tom Crick stated he is keen to see this item coming back through future meetings.	
24/23	**ITEMS TO REFER TO OTHER COMMITTEES**	
	The Overview of Primary and Community Nursing Services to be presented to the Quality and Safety Committee for assurance only, as well as to demonstrate the breath of services covered.	
25/23	**EVALUATION OF EFFECTIVENESS OF THE MEETING – WHAT WORKED WELL? WHAT COULD WE DO BETTER**	
	- Tom Crick noted that whilst all items on the agenda were important, more time needs to be allocated to allow sufficient time for discussion.	
26/23	**ANY OTHER BUSINESS**	
	Tom Crick wished to formally record his thanks to Julian Rhys Quirk for his significant contribution to this Committee and the wider Health Board and to wish him well in his retirement.	