

**Swansea Bay University Health Board
Minutes of the Workforce Delivery Development Group
held on 11th July 2022 at 11.00am**

Present:

Debbie Eyitayo	Director of Workforce & OD (in the Chair)
Julian Quirk	Assistant Director of Workforce & OD
Sharon Vickery	Assistant Director of Workforce & OD
Louise Joseph	Assistant Director of Workforce & OD
Kay Myatt	Acting Assistant Director of Learning & Organisational Development
Ruth George	Associate Head of Operational Workforce & Business Partnering
Karen Stapleton	Assistant Director of Strategy
Mark Madams	Associate Nurse Director
Janet Williams	Service Group Director Mental Health & Learning Disabilities
Geraint Norman	Head of Strategic Financial Planning
Kate Hannam	Service Group Director Morryston

In Attendance

Mark Turp	Workforce Planning Manager
Guy Holt	Associate Head of HR
Julie Lloyd	OD & Staff Experience Manager

Minute	Item	Action
	WELCOME AND APOLOGIES	
	Debbie Eyitayo welcomed everyone to the meeting. Apologies were received from Richard Evans, Christine Morrell, Alison Clarke and Paul Dunning.	
	MATTERS ARISING	
	There were none raised.	
1.1	SICKNESS ABSENCE PLAN	
	A report on the Sickness Absence Plan was received . In introducing the report, Ruth George highlighted that sickness absence had been an area of concern for the Health Board for some time.	

	<p>In month position as at April 2022 was noted as 8.68% which was quite significantly over the Health Board target and the expectation of Welsh Government of 6%. It was noted that data for May 2022 would be available in a few days. An overview of the hot spot areas was provided along with the areas of highest sickness rates across staff groups and reasons for absence.</p> <p>In discussing the report the following items were highlighted:</p> <p>Geraint Norman queried if benchmarking data was available across Wales. Ruth George advised that, due to Covid, the latest comparator data available was December 2021 at which point Swansea Bay had the highest rates alongside Cwm Taf. The position was unlikely to have changed and Swansea Bay continued to be one of the highest areas across Wales for sick absence.</p> <p>The latest position in relation to Covid absence was provided by Julian Quirk. There had been a significance spike in covid related sick absence over the previous weeks. There were around 450 symptomatic staff absences which was in line with numbers experienced at Christmas. This information would be published to Executives and Service Groups later in the week.</p> <p>Consideration was required in relation to communicating how the Health Board planned to support the staff. Ruth George agreed to share an overview of the pulse surveys at Morriston with Mark Madams and review whether this could be rolled out to other services.</p> <p>Debbie Eytayo stressed that this was a topic of high priority on the Board agenda. Ruth George to provide business case with the details around the additional resource to support management of attendance and the associated costs for consideration by the Chief Executive.</p> <p>The group were made aware of a long covid case of a member of staff which had been highlighted recently on BBC News. Janet Williams expressed concern in relation to the way in which the news report implied that Health Boards had discretion around extending sick pay arrangements. Julian Quirk confirmed that discussions had taken place with NHS Employers around the case and the report was not entirely accurate. Julian went on to clarify that although the sickness policy contained a</p>	<p>RG</p> <p>RG</p>
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	clause that allowed a degree of discretion, it was not intended for this purpose.	
2.1	STAFF AWARDS CEREMONY AND LESSONS LEARNT	
	<p>Julie Lloyd informed the group that the recent LOV Awards ceremony was unfortunately postponed due to the increased rate of covid cases. A presentation was shared in relation to Excellent Staff Experience and Julie informed the group that engagement received from staff was the highest it had ever been. Due to the lack of budget set for the awards ceremony the Health Board relied on sponsorship which, for this year, had been the highest ever raised. QR codes would have been available at the event in order to allow attendees to evaluate their experience electronically which was something that had never been done previously. It was confirmed that a new date of 20th September 2022 had been agreed to hold the rearranged Awards Ceremony. Long Service Recognition events were also planned for end of September/beginning of October which raised concern with so many events taking place in such close proximity given the covid climate.</p>	
2.2	STAFF SURVEY	
	<p>Julie Lloyd provided a verbal update in relation to the staff survey. The following items were highlighted:</p> <p>A meeting had taken place with the national lead from HEIW to discuss the staff survey which was expected to run in the Autumn and involve Professor Michael West. The 'We Said, We Did Together' campaign was planned to run alongside the survey to make it clear what actions had been taken since the last staff survey.</p> <p>Mark Madams was impressed with the huge amount of positive work that had been undertaken and thanked the team for their efforts.</p> <p>A question was raised by Kate Hannam as to whether or not the Health Board would be able to add in their own questions. Julie Lloyd confirmed that unfortunately that would not an option although the questions could be influenced. A copy of a presentation indicating the detail</p>	

	<p>and type of questions would be circulated if useful as the process develops. The group were advised that the pulse surveys would assist in being able to direct and shape questions as required.</p> <p>Mark Madams raised that the triangulation of data or dashboards would be useful in pulling together information on sick, turnover, feedback of surveys for example. Julie Lloyd agreed and confirmed that this was an ongoing improvement and there was a lot more that could be done to help with this.</p> <p>Karen Stapleton highlighted that lessons needed to be learnt from high performing teams to help support teams who were not performing as well. Debbie Eytayo agreed that it was very important that learning was shared.</p>	
<p>3.1</p>	<p>AMSR UPDATE</p>	
	<p>An update report on AMSR was received.</p> <p>In introducing the report, Julian Quirk confirmed that reasonable progress had been made in terms of the consultation. A number of comments had been received locally and nationally in particular from the BMA. Staff had been encouraged to get involved and they were being kept up to date with what the Health Board planned to do and how that would be achieved. Following the consultation and the decision on next steps, the implementation phase would commence which would involve a considerable amount of work particularly in relation to staff required to move base. It was stressed that this was the most extensive service change that had ever been attempted in the Health Board. The main issue faced was the plan for 7 day working for medical staff because it was outside of their agreement so it was essential to get staff on board and work was being undertaken with individuals to work through any difficulties.</p> <p>Sharon Vickery informed the group that a meeting had taken place the previous week with the LNC where all concerns had been addressed. All attendees had agreed that the changes proposed were in the best interests of the patients. Richard Evans, Medical Director and Sharon Vickery had agreed to meet with Erica Stamp and Simon Hodder to go through all issues prior to the next</p>	

	<p>LNC meeting. It was agreed that there would be a need to recruit more medical staff to support the 7 day working and additional remuneration for the weekend may need to be considered.</p> <p>Kate Hannam advised the group that a meeting had taken place with Mark Hackett to review the risks of the programme and 7 day working was one of the key issues. A follow up meeting was scheduled to take place with Mark the following day.</p> <p>Medical recruitment below Consultant level had improved but the challenge of recruiting at Consultant level still remained. There was a need for all posts to be reviewed and a risk assessment undertaken. It was agreed that there was limited time available to recruit the numbers required prior to the opening date in October with the biggest risks being band 5 and band 2 posts. Debbie Eytayo advised that agencies should be approached now to assist with long line bookings. Mark Madams expressed that the Health Board already had a lot of very experienced HCA's with the right skills that could be fast tracked.</p> <p>The issue of delays at the Home Office in relation to visas had been raised with WG at the JET meeting by Mark Hackett. Guy Holt updated that the current situation in terms of visas had improved slightly but it remained a delicate situation.</p> <p>Conversations were due to take place between Geraint Norman and Darren Griffiths in relation to the business case to recruit a further 150 overseas nurses. Geraint Norman confirmed that there was a significant cost associated in achieving this in the current financial year.</p> <p>Challenges were being experienced in relation to accommodation for overseas nurses.</p> <p>Sharon Vickery stressed that the use of the medical bank was an expensive option. In order to reduce costs in the longer term more substantive recruitment was required.</p> <p>The group were advised by Mark Madams that Agored Cymru had a good vocational based programme available that met both practical and academic requirements. Mark to speak with Sharon Vickery and Kay Myatt outside of the meeting to feedback on the Task and Finish Group. Kay Myatt pointed out that Agored Cymru was not a funded team and was in addition to the normal role requirements of a member of staff. Consideration needed</p>	<p>MM/SV/KM</p>
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	to be given to this going forward particularly if the work required was likely to increase.	
3.2	OD SUPPORT PLAN TO EMBED TRANSFORMATION	
	Kay Myatt provided a verbal update on the OD support plan to embed transformation and a meeting that had taken place between Kay, Louise Joseph and Stephanie Hornblower in relation to this. The workstreams that would support this were confirmed to be in the early stages. Focus would be required on team development, vision setting and leadership. Change management would be required to support staff through the change process. Kate Hannam to link Kay Myatt and Louise Joseph into appropriate meetings to ensure a senior representative is in attendance to support.	KH
4.1	RETENTION PLAN	
	<p>A report on the Retention Plan was received.</p> <p>In introducing the report, Sharon Vickery highlighted that the main priority was recruitment and a Recruitment and Retention group had been established. It had been decided that as a stock take it would be beneficial for all retention interventions to be recorded in one place where they could then be assessed. Professional groups/heads of department would then be required to formulate a plan. It was agreed that it would be extremely important to share the interventions with Service Groups so lessons could be learnt. Debbie Eytayo highlighted that the workforce priorities included initiatives that supported improved retention. It was important to avoid being overwhelmed, and therefore the focus should be on four or five retention actions to achieve this year</p> <p>The group talked about the importance of having meaningful data to understand turnover levels in specific areas, stability index and any other relevant data which would support learning.</p>	
4.2	RECRUITMENT UPDATE	
	An update report on recruitment was received .	

	<p>In introducing the report, Guy Holt highlighted that there had been a number of key achievements since the establishment of the resourcing team.</p> <p>Successful recruitment campaigns had been undertaken for Band 2 HCSW posts with applications encouraged via social media. Guy Holt stressed the need for the resourcing team to be made aware of how many vacancies were available prior to recruiting which included overseas recruitment. Recruitment is often more successful when there are a greater number of vacant positions to appoint into.</p> <p>In discussing the report the following items were highlighted:</p> <p>It would be important to work with Geraint Norman in terms of the workforce plan due to impact on finances. The nursing recruitment plan required more work in order to look forward beyond the current financial year. The aim would be to proactively recruit based on predicted turnover levels.</p> <p>Work was being undertaken by the Workforce team on turnover data. Geraint Norman, Julian Quirk and Guy Holt to discuss outside of the meeting.</p> <p>Guy Holt provided an update in relation to the work being undertaken with SBW which had been approved by Management Board. Photo shoots were being planned both within the hospital and in Swansea to showcase the area with staff identified to feature in the photos. Accessing the hospital environment had become difficult due to the covid position. A huge amount of work had been undertaken on social media to promote vacancies within the Health Board which included case studies highlighting the work of particular areas. Guy Holt to discuss with Kate Hannam the potential options for undertaking the hospital photo shoots. Debbie Eytayo advised the work with SBW would include external billboards and advertisements on local buses in Swansea.</p> <p>The group agreed that nursing metrics needed to be made more user friendly.</p> <p>A deep dive was required to look into the problems encountered with the recruitment process when members of staff resign from their posts. Julian Quirk confirmed</p>	<p>GH/GN</p> <p>GN/JQ/GH</p> <p>GH/KH</p>
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	that the Workforce Information team were working with Shared Services to pick this up.	
5.1	STATUTORY AND MANDATORY TRAINING COMPLIANCE	
	<p>A report on statutory and mandatory training compliance was received.</p> <p>In introducing the report, Kay Myatt provided an overview of the report and highlighted that the overall compliance for statutory and mandatory training was 81%. Structure changes were affecting the figures and meant that managers were not completely in control of some staff covered by their Directorate. Work was being undertaken with the Medical Director to help raise the compliance for medical and dental staff which involved providing additional support for those who found the process difficult.</p> <p>In relation to PADR, Morriston had the lowest compliance at just over 45%. However it was recognised that whilst most areas within Morriston had reduced compliance, there were improvement plans in place. Monthly progress reporting had restarted and dedicated staff were being considered to support the process. PADR compliance was low across all corporate areas. It was predicted that Digital Services would have a 10% monthly increase with monitoring in place with corporate services achieving 85% compliance by July. A meeting had been arranged with Betsi who had a high PADR rate to look into any lessons that could be learnt.</p> <p>The group were advised that all levels of talent mapping work were being considered and Kay Myatt would be presenting a paper in relation to this at Management Board later in the week with the hope to roll out on a wider basis from October onwards.</p>	
5.2	PAUL RIDD LEARNING DISABILITY AWARENESS TRAINING	
	<p>An update on the Paul Ridd Learning Disability Awareness Training was received.</p> <p>Kay Myatt confirmed that this was a national learning disability awareness training that was being rolled out</p>	

	<p>which all staff across NHS Wales would be required to undertake. The training would not be onerous but it would be important for the Health Board to reach compliance. The training was developed as following the tragic death of an LD patient within Swansea. WG had mandated the training but the item was brought to this meeting for assurance.</p> <p>It was confirmed that WG were looking to roll out a number of mandatory programmes and consideration would need to be given in relation to how compliance could be achieved in addition to existing work pressures. These may not all be included in the monthly mandatory training but the Health Board would be required to report on the compliance rates. Plans were in place for Hazel Powell to work with the OD team to set targets for implementation. It was thought it would take 9 – 12 months to reach the 85% target for the Paul Ridd LD Awareness Training. Debbie Eytayo advised that communications would be required across the organisation via Management Board and suggested that utilising a Leadership Touchpoint session would be a good starting point to train a group of people.</p>	HP
5.3	ESR SERVICE IMPROVEMENT PLAN	
	It was agreed to defer this item to the next meeting.	
6.1	TERMS OF REFERENCE FOR WORKFORCE DEVELOPMENT DELIVERY GROUP	
	The Terms of Reference for the Workforce Development Delivery Group were received and approved .	
6.2	RISK REGISTER	
	It was agreed to defer this item to the next meeting. Risk Register to be a standing item on the agenda.	
	ANY OTHER BUSINESS	
	There was none.	

	DATE OF NEXT MEETING	
	The date of the next meeting was noted as 12 th August 2022.	