

# Workforce and Culture Committee

Tue 14 March 2023, 09:30 - 11:30

Teams

## Agenda

09:30 - 09:30 1. PRELIMINARY MATTERS

0 min

📄 W&C\_Agenda14March2023 final.pdf (2 pages)

1.1. Welcome and Apologies

1.2. Declarations of Interest

1.3. Minutes of the previous meeting held on the 13 December 2022, for approval

📄 W&C\_Item\_1.3\_Minutes\_13\_December\_22\_UNCONFIRMED.pdf (10 pages)

1.4. Workforce and Culture Committee Action Log

📄 W&C\_Item\_1.4\_Action Log Mar 2023.pdf (2 pages)

09:30 - 09:30 2. ITEMS FOR ASSURANCE

0 min

2.1. Workforce Performance Report

📄 W&C\_Item\_2.1\_Workforce Performance Report Mar 2023.pdf (20 pages)

📄 W&C\_Item\_2.1a\_Data Triangulation Mar 2023.pdf (10 pages)

2.2. Workforce Futures: Partnership and Citizenship Highlight report

📄 W&C\_Item\_2.2\_Workforce Futures Partnership and Citizenship highlight Report.pdf (9 pages)

2.3. Workforce Futures: Workforce Planning Overview Report

📄 W&c\_Item\_2.3\_Workforce Futures Planning Overview Report.pdf (12 pages)

📄 W&C\_Item\_2.3a\_Workforce Projections and Planning Nov 2022.pdf (49 pages)

2.4. Medical Job Planning Annual Report

📄 W&C\_Item\_2.4\_annual job plan report 2022-23.pdf (5 pages)

09:30 - 09:30 3. ITEMS FOR DISCUSSION

0 min

There are no items for discussion

09:30 - 09:30 4. ESCALATED ITEMS

0 min

There are no escalated items

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09:30 - 09:30  
0 min

## 5. ITEMS FOR INFORMATION


*There are no items for information*

09:30 - 09:30  
0 min

## 6. OTHER MATTERS

### 6.1. Committee Risk Register - risks relevant to this committee

### 6.2. Development of Committee Annual Programme Business (2023-2024)

 W&C\_Item\_6.2\_Presentation Committee workplan.pdf (4 pages)

### 6.3. Items to be Brought to the Attention of the Board and Other Committees

Oral

### 6.4. Any Other Urgent Business

### 6.5. Date of the Next Meeting

8 June 2023, via Microsoft Teams

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**POWYS TEACHING HEALTH BOARD  
WORKFORCE & CULTURE COMMITTEE  
TUESDAY 14 MARCH 2023,  
09:30 – 11:30  
VIA MICROSOFT TEAMS**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**AGENDA**

Time	Item	Title	Attached/Oral	Presenter
	<b>1</b>	<b>PRELIMINARY MATTERS</b>		
	1.1	Welcome and Apologies	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Minutes from the previous Meeting held on 13 December 2022	Attached	Chair
	1.4	Workforce & Culture Committee Action Log	Attached	Chair
	<b>2</b>	<b>ITEMS FOR ASSURANCE</b>		
	2.1	Workforce Performance Report	Attached	Director of Workforce and OD
	2.2	Workforce Futures: Partnership and Citizenship highlight Report <ul style="list-style-type: none"> <li>Joint Health and Care Joint induction Framework</li> <li>School of Volunteers and Carers Progress</li> </ul>	Attached	Director of Workforce and OD
	2.3	Workforce Futures: Workforce Planning Overview Report <ul style="list-style-type: none"> <li>Sustainable Workforce Model</li> <li>Implementation of the All-Wales Workforce Planning Toolkit</li> <li>Recruitment Programmes Progress</li> <li>Accelerated Learning Routes</li> </ul>	Attached	Director of Workforce and OD
	2.4	Medical Job Planning Annual Report	Attached	Medical Director
	<b>3</b>	<b>ITEMS FOR DISCUSSION</b>		
		<i>There are no items for discussion</i>		
	<b>4</b>	<b>ESCALATED ITEMS</b>		
		<i>There are no escalated items</i>		
	<b>5</b>	<b>ITEMS FOR INFORMATION</b>		
		<i>There are no items for information</i>		
	<b>6</b>	<b>OTHER MATTERS</b>		

	6.1	Committee Risk Register – risks relevant to this Committee	Attached	Director of Corporate Governance & Board Secretary
	6.2	Development of Committee Annual Programme Business (2023-2024)	Attached	Director of Corporate Governance & Board Secretary
	6.3	Items to be Brought to the Attention of the Board and/or Other Committees	Oral	Chair
	6.4	Any Other Urgent Business	Oral	Chair
	6.5	Date of the Next Meeting: 8 June 2023		

**Powys Teaching Health Board is committed to openness and transparency and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe.**

**However, considering the current advice and guidance in relation to Coronavirus (COVID-19), the Board has agreed to run meetings virtually by electronic means as opposed to in a physical location, for the foreseeable future. This will unfortunately mean that members of the public will not be able attend in person. The Board has taken this decision in the best interests of protecting the public, our staff and Board members.**

**The Board is considering plans to enable its committee meetings to be made available to the public via live streaming. In the meantime, should you wish to observe a virtual meeting of a committee, please contact the Director of Corporate Governance & Board Secretary in advance of the meeting in order that your request can be considered on an individual basis (please contact Helen Bushell, Director of Corporate Governance & Board Secretary, [helen.bushell2@nhs.wales.uk](mailto:helen.bushell2@nhs.wales.uk)).**

**In addition, the Board will publish a summary of meetings held on the Health Board's website within ten days of the meeting to promote openness and transparency.**

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**POWYS TEACHING HEALTH BOARD**

**UNCONFIRMED**

**WORKFORCE AND CULTURE COMMITTEE MEETING HELD ON  
TUESDAY 13 DECEMBER 2022, 09:30 – 11:30  
VIA MICROSOFT TEAMS**

**Present:**

Ian Phillips	Independent Member (Chair)
Ronnie Alexander	Independent Member
Cathie Poynton	Independent Member
Jennifer Owen Adams	Independent Member

**In Attendance:**

Debra Wood Lawson	Director of Workforce and OD
Claire Roche	Director of Nursing and Midwifery
Claire Madsen	Director of Therapies & Health Science
Stephen Powell	Director of Planning and Performance
Mark McIntyre	Deputy Director of Workforce and Organisational Development
Sarah Powell	Assistant Director of Workforce and Culture
Adrian Osborne	Assistant Director Engagement and Communication
James Quance	Interim Board Secretary

**Apologies for absence:**

Carol Shillabeer	Chief Executive Officer
Hayley Thomas	Deputy Chief Executive and Director of Primary, Community Care and MH
Pete Hopgood	Director of Finance and IT
Bethan Hopkins	Audit Wales
Mitchell Parker	Health Education and Improvement Wales

**Committee Support:**

Liz Patterson	Interim Head of Corporate Governance
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<b>PRELIMINARY MATTERS</b>	
W&C/22/33	<p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>The Chair welcomed everyone to the meeting and confirmed the meeting was quorate. Apologies for absence were noted as recorded above.</p>
W&C/22/34	<p><b>DECLARATIONS OF INTEREST</b></p> <p>No declarations of interest were received.</p>
W&C/22/35	<p><b>MINUTES FROM THE PREVIOUS MEETING, HELD 20 SEPTEMBER 2022</b></p> <p>The Committee APPROVED the minutes of the meeting 20 September 2022.</p>
W&C/22/36	<p><b>MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING</b></p> <p><i>Can the figure of a reduction in spend on agency nursing of £50k by the appointment of one registered nurse be confirmed?</i></p> <p>The Director of Workforce and OD confirmed this figure was correct. Across Wales there are approximately 2,500 registered nurse vacancies which highlights the challenges of building a sustainable workforce.</p> <p>The Interim Board Secretary confirmed a small number of minor changes to the Terms of Reference had been identified. These would be grouped together with other amendments to Terms of Reference to be confirmed at Board.</p>
W&C/22/37	<p><b>WORKFORCE AND CULTURE COMMITTEE ACTION LOG</b></p> <p>W&amp;C/21/15 – metrics to measure discretionary effort of volunteers. The Director of Workforce and OD confirmed that this had been examined but no metrics exist to measure this.</p> <p>This action was closed.</p> <p>W&amp;C/22/04 - Request for inclusion of Single Point of Contact project on work programme. The Director of Workforce and OD confirmed this was the responsibility of the Director of Finance and IT and that it would be brought to a future meeting.</p> <p>W&amp;C/21/17 – A request for Board Development to include evidence of best practice and the wider approach to measuring outcomes and timescales on an organisation wide basis. The Interim Board Secretary confirmed that recent Board</p>

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	<p>Development sessions had examined best practice, outcomes and timescales as part of the planning process.</p> <p>The Committee agreed to retain this action on the action log.</p> <p>W&amp;C/22/25 - Actions taken to encourage hybrid roles to be included in Workforce Futures Report at Workforce and Culture Committee March 2023. Hybrid roles were described as roles which crossed professional boundaries and competencies. The Director of Workforce and OD confirmed this would be contained within the Workforce Planning item due to the March 2023 meeting.</p>
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### ITEMS FOR ASSURANCE

W&C/22/38	<p><b>DIRECTOR OF WORKFORCE AND OD REPORT</b></p> <p>The Director of Workforce and OD presented her first report which provided an update on items not covered elsewhere on the agenda. Updates were given on the following areas:</p> <p>Recruitment:</p> <ul style="list-style-type: none"> <li>• overseas nurse recruitment;</li> <li>• talent pool;</li> <li>• recruitment modernisation;</li> <li>• Band 2 Health Care Support Worker interview framework; and</li> <li>• Trust ID.</li> </ul> <p>Attraction:</p> <ul style="list-style-type: none"> <li>• advert template;</li> <li>• recruitment pathways and talent sourcing; and</li> <li>• employer brand.</li> </ul> <p>Sustainability and Transformation:</p> <ul style="list-style-type: none"> <li>• 10 year workforce projections;</li> <li>• organisational approach to workforce planning;</li> <li>• Health and Care Academy;</li> <li>• Health and Care School Pilot;</li> <li>• new student placement opportunities;</li> <li>• education commissioning; and</li> <li>• aspiring registrants.</li> </ul> <p>Employee experience:</p> <ul style="list-style-type: none"> <li>• Health Care Support Worker induction;</li> <li>• interprofessional scenario and simulation-based learning;</li> <li>• six-day preceptorship programme; and</li> <li>• drop down to payroll Bank pay</li> </ul> <p>Workforce realignment:</p> <ul style="list-style-type: none"> <li>• local Public Health Teams 'TUPE style' transfer; and</li> </ul>
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- transfer of the Community Health Council in Wales staff to the new Citizens Voice Body.

Employee relations:

- industrial action.

*In relation to recruitment modernisation how will the improvements be communicated to staff and prospective employees?*

The Director of Workforce and OD confirmed that the modernised system had recently gone live in Powys and recruitment managers have been made aware of the streamlined process. The recruitment literature that is sent to potential colleagues will be reviewed to reference the amended system.

*It is widely felt that the complex Trac recruitment system is a barrier to recruitment. Would it be possible to undertake recruitment locally?*

The Director of Workforce and OD acknowledged that Trac had a bad reputation but there was not sufficient capacity and capability to run recruitment locally. It will be necessary to exert influence in relation to the shortfalls of Trac.

*The 10 year workforce plan is welcomed and fits well with the 7-10 year planning undertaken to Health Education and Improvement Wales (HEIW).*

*Could more innovative adverts be used to attract candidates (for example TikTok adverts are used elsewhere)?*

The Director of Workforce and OD confirmed that the health board were working with HEIW regarding 10 year planning requirements. It will be necessary to look at innovative ways to attract candidates.

The 10 year workforce plan will be brought to the next meeting of Workforce and Culture Committee.

**Action: Director of Workforce and OD**

*The talent pool is welcomed, what more can be done to keep these candidates in the system?*

The Director of Workforce and OD confirmed that the talent pool function in Trac had been turned on. This is a holding pool where appointable candidates can express their interest in other roles.

*How will the impact of the actions outlined in the report be shared with the Committee?*

The Director of Workforce and OD confirmed that a further Directors report would be brought back to committee in the Spring.

*To what extent does the work outlined in the report link with the Integrated Medium Term Plan (IMTP)?*

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	<p>The Director of Workforce and OD confirmed that workforce data is integral to the development of both the IMTP and Accelerated Sustainable Model.</p> <p><i>Is there a role for volunteers to release clinical staff to undertake their duties?</i></p> <p>The Director of Workforce and OD advised that volunteers were an essential part of the mix but were not there to replace paid work, rather to provide an enhancement to the service.</p> <p>The Independent Member (Trade Union) echoed this view.</p> <p>The Deputy Director of Workforce and OD noted that a Volunteer Framework had been developed which would be a planned rather than ad hoc approach to volunteers.</p> <p>The Assistant Director of Workforce and OD advised that there were four volunteers in clinical settings to read and talk to patients.</p> <p>The Committee welcomed the Director's Report with updates on areas not covered elsewhere in the agenda. The report was NOTED.</p>
W&C/22/39	<p><b>WORKFORCE PERFORMANCE REPORT</b></p> <p>The Director of Workforce and OD presented the report and drew attention to the following matters:</p> <ul style="list-style-type: none"> <li>• there are 266 fixed term contracts, and it will be necessary to ascertain how many of these will no longer be funded and what opportunities are available elsewhere in the health board;</li> <li>• there are 700 staff over 56 which influences the workforce projection discussions;</li> <li>• there has been an increase of staff in post since 2019 of over 200, some of which were in relation to the covid-19 response;</li> <li>• whilst Performance Appraisal and Development Review (PADR) compliance at 71% is below the 85% target it is above the 58% all Wales benchmark. There has been a focus on this in recent Directorate reviews;</li> <li>• the mandatory training compliance at 82% is below the 85% target and above the 81% all Wales benchmark;</li> <li>• staff absence is increasing, in common with other health boards. Anxiety and depression are peaking, and a range of wellbeing activities have been provided to address this. Both long term and recurrent short term absence are being examined;</li> <li>• there has been an increase in employees asking for formal resolution which puts pressure on both the Workforce team and services to support;</li> </ul>

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	<ul style="list-style-type: none"> <li>• 85% of staff have been retained in the last year with a 15% turnover; and</li> <li>• an offer of employment has been made to an Occupational Health lead which will improve the stability of the Occupational Health Service.</li> </ul> <p><i>Why has the Environment Directorate got a high level of bank staff usage?</i></p> <p>The Deputy Director of Workforce and OD confirmed that that within the Environment Directorate Facilities Services (including catering, cleaning, driving) had high use of bank staff.</p> <p><i>What is the reason PADR compliance is below target?</i></p> <p>The Director of Workforce and OD confirmed that there has been a focus on PADRs with services planning to reach the target by year end. It is understood PADRs are being undertaken but not recorded which is of concern.</p> <p><i>The sickness figures for anxiety and depression are a concern. Will the appointment of an Occupational Health lead improve this?</i></p> <p>The Director of Workforce and OD advised that this appointment would help with referrals into the service. Signposting to services can help prevent a crisis developing which would result in sickness absence.</p> <p><i>Should the focus on exit interviews change to focus on reasons for retention?</i></p> <p>The Director of Workforce and OD confirmed that it was too late to try to retain a colleague when the point of an exit interview had been reached. Work will be undertaken to look at high performing teams and the relationship between PADR compliance, success in recruiting, retention rates and staff survey responses</p> <p><b>Action: Director of Workforce and OD</b></p> <p><i>Why is there a particularly high turnover in the Workforce and OD department?</i></p> <p>The Director of Workforce and OD advised that there had recently been a restructure in the department which showed in the figures as high turnover. This also impacted on the maturity of the team.</p> <p>The Workforce Performance Report was NOTED.</p>
W&C/22/40	<p><b>WORKFORCE FUTURES: LEADERSHIP AND TEAM DEVELOPMENT OVERVIEW REPORT</b></p> <p>The Director of Workforce and OD presented the report and drew attention to the need to evaluate all the activity being</p>

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	<p>undertaken and consider ceasing activity which does not have an impact.</p> <p>The Workforce Futures Leadership and Team Development report was NOTED.</p>
W&C/22/41	<p><b>WORKFORCE FUTURES: STAFF WELLBEING AND ENGAGEMENT OVERVIEW REPORT</b></p> <p>The Director of Workforce and OD presented the report drawing attention to the following matters:</p> <ul style="list-style-type: none"> <li>• staff survey – had been delayed until Spring 2023, local activity will be undertaken as an alternative;</li> <li>• staff roadshows – two events completed and two planned for January;</li> <li>• Occupational Health Service – update outlined in report;</li> <li>• Counselling Service – retendered; and</li> <li>• Taking Care of the Carers – on track except for the appointment of a co-lead.</li> </ul> <p><i>Are all teams engaging with the team climate survey.</i></p> <p>The Assistant Director of Workforce and OD confirmed this was an optional activity which the Workforce department would encourage teams to undertake. However, this was down to capacity both in individual teams, and in the Workforce department to undertake detailed development work with the teams. The Workforce department will set out the core offer and what can be offered to those teams in greatest need of development to enable resources to be targeted most effectively.</p> <p>The Director of Workforce and OD observed that the small team in the health board was overwhelmed by the range of work ongoing and it would be necessary to ascertain what could be reasonably be expected to be undertaken within the available capacity.</p> <p><i>Is information available relating to which teams are accessing the materials?</i></p> <p>The Director of Workforce and OD advised that the team triangulate data from a variety of sources to understand what support tools individuals/teams are accessing and how this is contributing to overall performance.</p> <p><b>Action: Director of Workforce and OD</b></p> <p>The Workforce Futures Leadership and Team Development report was NOTED.</p>
<b>ITEMS FOR DISCUSSION</b>	
W&C/22/41	<p><b>COMMUNICATIONS AND ENGAGEMENT MONTH 6 DELIVERY ASSURANCE REPORT</b></p>

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<p>Patterson, Liz 07/03/2023 16:58:46</p>	<p>The Assistant Director Engagement and Communications presented the report outlining the highlights from Quarters 1 and 2 and a forward look at Quarters 3 and 4. He had recently returned from secondment and commended the team for the performance during Quarters 1 and 2.</p> <p>Attention was drawn to the planned work designed to fit with the IMTP and service changes together with responsive work for example in relation to winter pressures and industrial action.</p> <p>The team includes a number of fixed term posts funded until Spring 2023 and it will be necessary to prioritise workload in respect of capacity and budget. It will also be necessary to be realistic in relation to what is achievable within these parameters.</p> <p><i>Do the Communications teams in the local authority, health board and third sector work together the share expertise?</i></p> <p>The Assistant Director of Engagement and Communications advised that a weekly touchpoint takes place between the local authority and health board Communication teams. Resources by both teams are signposted by each organisation to the community.</p> <p>An Engagement Network also exists between the local authority, health board and Powys Association of Voluntary Organisation (PAVO) to collaborate on the various ongoing change programmes.</p> <p>Other joint working takes place in relation to the Public Service Boards (PSB) Wellbeing Plan and the Regional Partnership Boards (RPB) Area Plan.</p> <p>Whilst covid-19 had an impact on partnership working, quarterly team meetings have been put in place between the local authority and the health board.</p> <p>Joint digital platforms have been agreed for example the Have Your Say platform used jointly by the health board, local authority, PAVO and RPB.</p> <p><i>The joint working is welcomed but is there the requisite skill set across the teams? If not, might a joint specialist appointment be appropriate?</i></p> <p>The Assistant Director of Engagement and Communications advised that the post pandemic digital way of working had improved the ability to work in partnership and the reinstatement of joint team meetings would assist in this endeavour. However, pooled resources were challenging. Each organisation has tasks specific to the organisation on instruction from Welsh Government and there is a tension between</p>
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	<p>organisational priorities and joint priorities. Powys organisations do work well together and there is more that could be done. The expected reduction in resource will challenge all organisations to be most effective.</p> <p><i>Is the allocation of responsibilities between Lead Directors equal or is their undue burden in certain areas?</i></p> <p>The Assistant Director Engagement and Communications advised that the structure reflected the Annual Plan and IMTP. The communications and engagement work plan then prioritises areas where activity can help manage risk and support delivery of strategic objectives. There is also an element of evolving activity which reflects the changing need of the organisation. Review through Executive Team helps to ensure that team activity is targeted to current organisational priorities.</p> <p><i>Is the health board looking at opportunities to use those staff coming to the end of their fixed term contracts elsewhere in the organisation?</i></p> <p>The Assistant Director of Engagement and Communications advised was the first step was to ascertain if any funding was available to retain specific posts for example to support the website or social media activity. The team have flexible skills and abilities and alternative roles could be identified within the health board. For small teams, succession planning is a challenge when there is a large gap between hierarchical roles. It may be necessary to move out of the team or organisation to gain experience to progress to the next role within the PTHB team.</p> <p>The Communications and Engagement Report was NOTED.</p>
<b>ESCALATED ITEMS</b>	
W&C/22/42	There were no items for inclusion in this section.
<b>ITEMS FOR INFORMATION</b>	
W&C/22/43	There were no items for inclusion in this section.
<b>OTHER MATTERS</b>	
W&C/22/44	<p><b>CORPORATE RISK REGISTER – RISKS OVERSEEN BY THIS COMMITTEE</b></p> <p>The Interim Board Secretary presented the Risk Register noting that the assessed risk remained unchanged.</p> <p><i>Given the mitigations outlined relate to the present situation, should the Committee Risk Register incorporate a statement relating to the 10 year Workforce Plan to demonstrate the organisation is addressing the long term issues.</i></p>

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	<p>The Director of Nursing and Midwifery agreed it would be necessary to capture the ongoing work in relation to future proofing. This will be included in the Risk Register submitted to the next Board.</p> <p>The Committee NOTED the Committee Risk Register.</p>
W&C/22/45	<p><b>REVIEW OF COMMITTEE PROGRAMME OF BUSINESS</b></p> <p>The Chair drew attention to a common theme through the meeting of making the best use of scarce resources.</p> <p>The Work Programme was NOTED.</p>
W&C/22/43	<p><b>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES</b></p> <p>There were no items identified under this section.</p>
W&C/22/44	<p><b>ANY OTHER URGENT BUSINESS</b></p> <p>There was no urgent business.</p>
W&C/22/45	<p><b>DATE OF THE NEXT MEETING:</b> 14 March 2023, via Microsoft Teams.</p>

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Key:

Completed
Not yet due
Due
Overdue

## WORKFORCE AND CULTURE COMMITTEE

### ACTION LOG AS OF MARCH 2023



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

Minute	Meeting Date	Action	Responsible	Progress Position	Completed
W&C/22/04	28 January 2022	Request for inclusion of Single Point of Contact project on work programme	Director of Finance and IT	An update will be brought to the March 23 meeting (see Item 1.4a).	
W&C/21/17	28 January 2022	A Board Development session requested to include evidence of best practice and the wider approach to measuring outcomes and timescales on an organisation wide basis	Director of Corporate Governance and Board Secretary	<p>This remains as an item for a future board development session. The forthcoming sessions in September and October are focussing on IMTP, Finance and Digital respectively.</p> <p>March 2023 – the item will form part of the planning for the 2023/24 Board development programme. Proposed action top be closed on basis will form part of future planning with new Chair of the Board.</p>	Not complete although proposed to close (see progress update)
W&C/22/25	20 September 2022	Actions taken to encourage hybrid roles to be included in Workforce	Director of Workforce and OD	This is on the agenda for the March 2023 meeting.	

		Futures Report at W&C Committee March 2023			
W&C/22/38	13 December 2022	Workforce 10 year projection to be brought to March 2023 Committee	Director of Workforce and OD	This is on the agenda for the March 2023 meeting	
W&C/22/39	13 December 2022	Features of high performing teams to be brought to March 2023 Committee	Director of Workforce and OD	This is on the agenda for the March 2023 meeting	
W&C/22/40	13 December 2022	Data to be triangulated from a variety of sources to understand what support tools individuals/teams are accessing and how this is contributing to overall performance	Director of Workforce and OD	As above and will need to link into the developing Integrated Performance Framework	

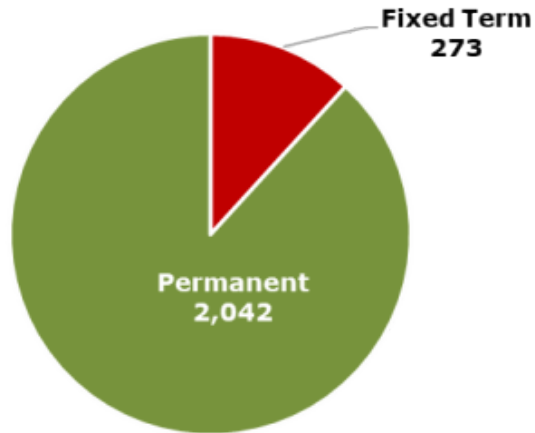
**Workforce & Culture Committee**  
**14<sup>th</sup> March 2023**  
**Agenda item: 2.1**

**Workforce Performance Report**  
**January 2023 Data**

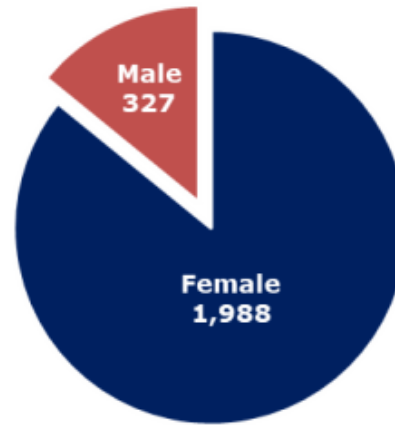
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# Workforce Profile

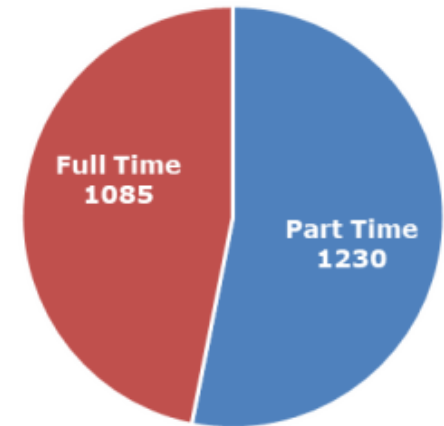
Assignment Category



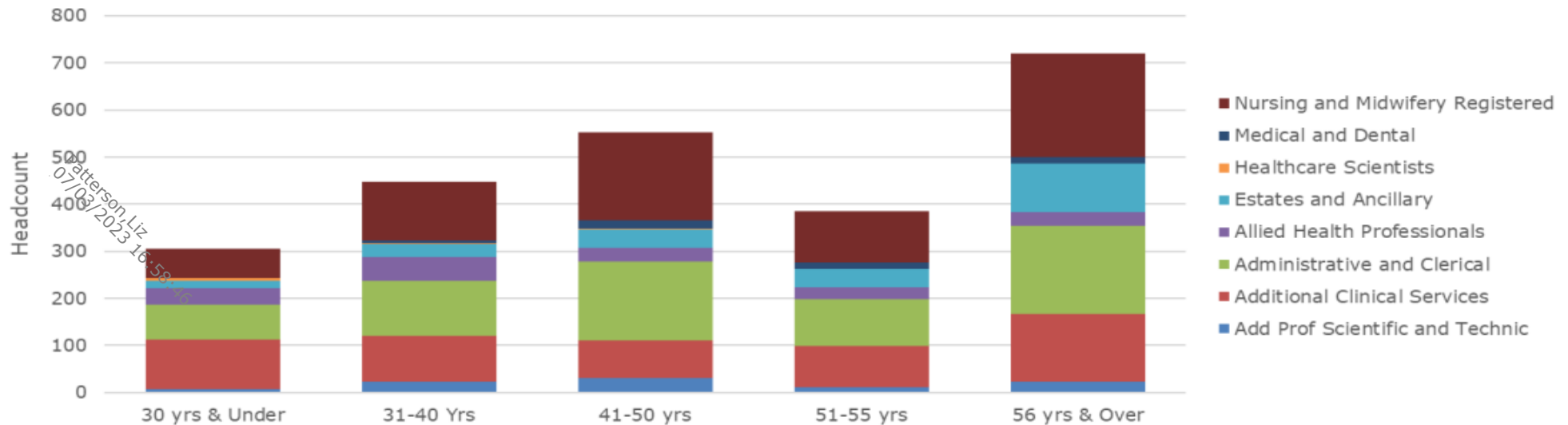
Employee Gender



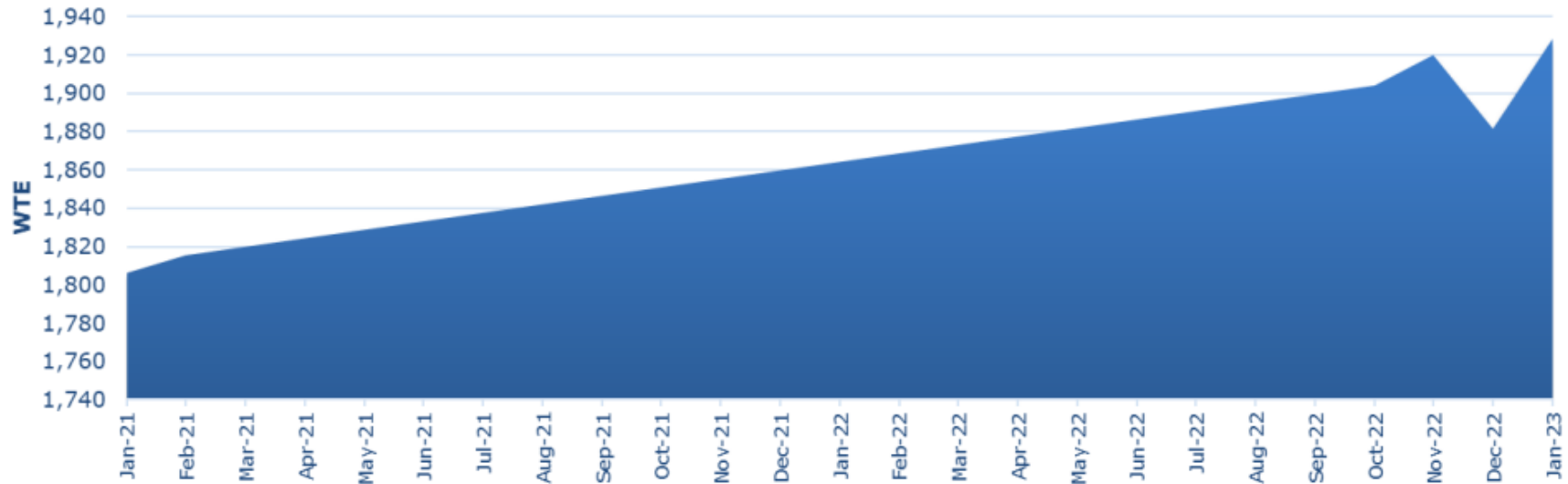
Employee Category



Age Profile by Staff Group



### Staff in Post by Month



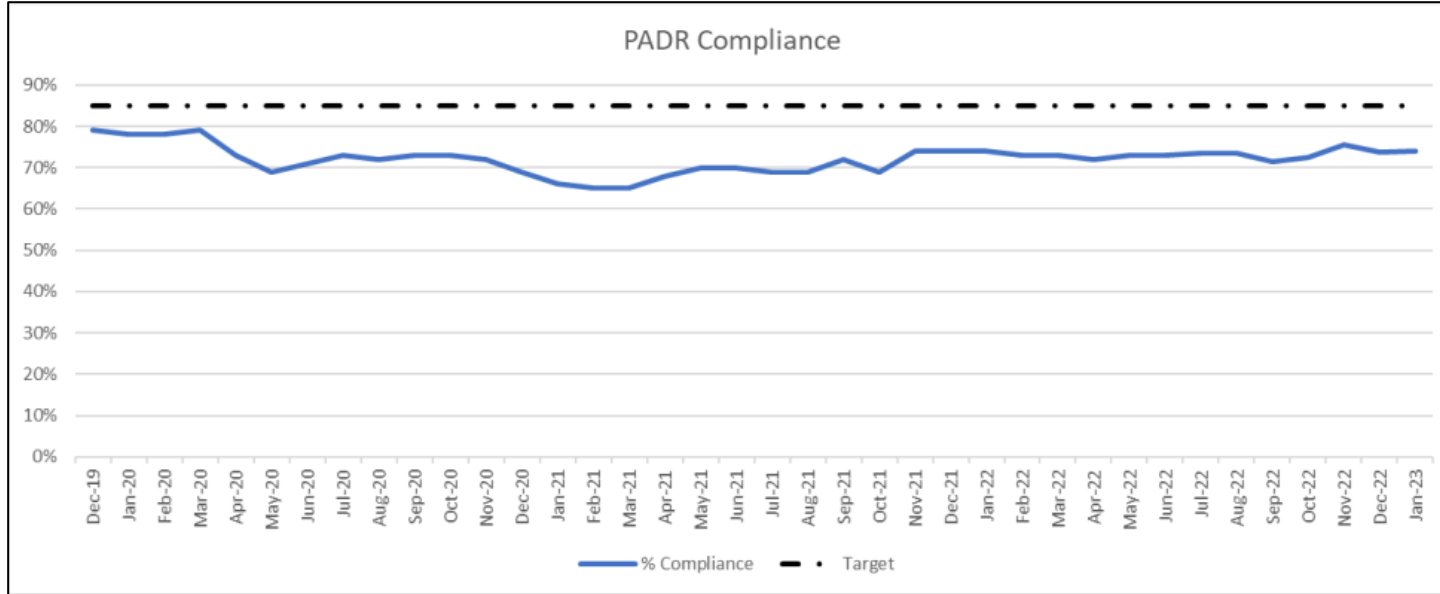
Directorate	Staff in Post WTE				
	Dec-19	Dec-20	Dec-21	Dec-22	Jan-23
Chief Executive Office	8.39	16.69	17.98	20.99	20.99
Community Care & Therapies	715.38	755.89	742.73	748.95	760.54
Community Dental Service	41.75	39.20	38.41	40.63	40.63
Corporate Governance	8.67	10.67	11.67	7.67	8.00
COVID 19 Prevention and Response		19.33	33.02	13.00	9.20
Environment Directorate	183.77	191.18	198.28	189.60	193.00
FID Finance Directorate	50.45	56.61	67.65	75.21	79.41
MED Medical Directorate	8.37	9.79	8.79	8.79	9.79
Medicines Management	26.53	27.50	28.02	27.46	27.66
MHD Mental Health	320.25	335.45	340.19	338.76	354.32
NUD Nursing Directorate	32.59	32.89	25.89	28.27	29.07
PHD Public Health Directorate	3.00	5.00	62.60	78.23	80.67
PLD Planning Directorate	21.91	24.36	34.95	33.99	36.49
Primary Care	22.75	21.42	28.47	21.48	24.48
THD Therapies & Health Sciences Directorate	2.40	1.00	6.45	23.19	24.19
WOD Directorate	43.16	42.93	48.68	46.29	47.55
Women and Children Directorate	171.48	173.62	177.23	178.75	182.88
<b>Grand Total</b>	<b>1,660.85</b>	<b>1,763.52</b>	<b>1,871.01</b>	<b>1,881.25</b>	<b>1,928.87</b>

Staff Group	Staff in Post WTE				
	Dec-19	Dec-20	Dec-21	Dec-22	Jan-23
Add Prof Scientific and Technic	61.97	71.96	74.27	76.43	81.85
Additional Clinical Services	322.58	352.80	373.77	397.81	400.76
Administrative and Clerical	419.05	448.27	509.59	527.91	546.73
Allied Health Professionals	117.20	133.07	135.52	135.12	137.69
Estates and Ancillary	160.12	161.32	177.89	168.15	170.15
Healthcare Scientists	2.00	4.00	4.00	6.61	6.61
Medical and Dental	35.83	34.89	34.24	30.31	30.31
Nursing and Midwifery Registered	542.11	557.21	561.73	538.91	554.78
<b>Grand Total</b>	<b>1,660.85</b>	<b>1,763.52</b>	<b>1,871.01</b>	<b>1,881.25</b>	<b>1,928.87</b>

What the charts tells us	Areas of Concern	Actions/Mitigations
<p>The number of staff employed by the Health Board has continued to grow from pre-pandemic levels (December 2019), with an extra 268.02WTE more staff employed by the end of January 2023.</p> <p>The directorates that have seen the largest growth when compared to December 2019 (pre-pandemic) are:</p> <ul style="list-style-type: none"> <li>Public Health Directorate – 77.67WTE (TUPE transfer of Local PH team)</li> <li>Community Care &amp; Therapies – 45.16WTE</li> <li>Mental Health 34.07WTE</li> <li>Finance Directorate – 28.96WTE</li> <li>Therapies and Health Sciences – 21.79WTE</li> <li>Planning Directorate – 14.58WTE</li> <li>Chief Executives Directorate – 12.6WTE</li> </ul> <p>Most occupational groups have seen increases in the number of staff employed since December 2019 are:</p> <ul style="list-style-type: none"> <li>Administrative and Clerical - 127.68WTE</li> <li>Additional Clinical Services - 78.18 WTE</li> <li>Allied Health Professionals – 20.49WTE</li> <li>Add Prof Scientific and Technic – 19.88WTE</li> <li>Nursing and Midwifery – 12.67WTE</li> </ul> <p>The only occupational group to see a decrease in numbers over this period is Medical and Dental, with a reduction of 5.52WTE.</p>	<p>Whilst there are overall increases in WTE over the period there remains significant vacancies and challenges in recruiting to a number of clinical roles with 140.97 WTE Registered Nurse vacancies out of a budgeted establishment of 667.60 WTE and 12.5 WTE Medical vacancies out of a budgeted establishment of 27 WTE.</p> <p>The increase in the use of fixed term contracts has also significantly increased over the last 2 years, accounting for over 10% of the total WTE. This has increased by 7 WTE in Q3/January 2023.</p> <p>The age distribution for the health board continues to show the highest proportion of the workforce are in the 56 and over category, with almost a third of the entire workforce in this group (over 700).</p>	<ul style="list-style-type: none"> <li>Business case agreed for a further 5 Overseas nursing recruitment and offers made.</li> <li>Development with HEIW of improved options for flexible route to nursing being developed (Aspiring Nurse Programme, Dispersed and Distance Learning).</li> <li>Continued targeted attendance at recruitment events locally and attendance at national events.</li> </ul>



# PADR Compliance



Actual Performance		
Jan-23	Dec-19	All Wales Benchmark
74%	79%	65% (Oct-22)
Target		
85%		

Directorate/Locality	Assignment Count Jan23	Oct-22	Nov-22	Dec-22	Jan-23
Chief Executive Office	21	64%	68%	64%	71%
Community Care & Therapies	945	67%	72%	71%	70%
Community Dental Service	45	79%	84%	77%	80%
Corporate Governance	8	78%	78%	63%	63%
COVID 19 Prevention and Response	11	79%	79%	73%	82%
Environment Directorate	243	90%	91%	89%	86%
FID Finance Directorate	79	78%	83%	86%	90%
MED Medical Directorate	8	83%	100%	100%	88%
Medicines Management	32	85%	82%	88%	88%
MHD Mental Health	392	62%	61%	62%	61%
NUD Nursing Directorate	33	79%	79%	73%	79%
PHD Public Health Directorate	105	89%	93%	88%	86%
PLD Planning Directorate	33	91%	77%	81%	76%
Primary Care	26	43%	69%	68%	58%
THD Therapies & Health Sciences Directorate	27	91%	88%	81%	78%
WOD Directorate	49	91%	80%	81%	92%
Women and Children Directorate	230	81%	82%	76%	77%
<b>Total</b>	<b>2,287</b>	<b>73%</b>	<b>75%</b>	<b>74%</b>	<b>74%</b>
Medical & Dental Compliance	48	48%	55%	52%	52%
<b>Grand Total</b>	<b>2,335</b>	<b>72%</b>	<b>75%</b>	<b>74%</b>	<b>74%</b>

Staff Group	Assignment Count	Oct-22	Nov-22	Dec-22	Jan-23
Add Prof Scientific and Technic	94	79%	79%	78%	77%
Additional Clinical Services	490	67%	71%	69%	68%
Administrative and Clerical	629	75%	81%	80%	79%
Allied Health Professionals	157	83%	82%	82%	81%
Estates and Ancillary	220	88%	90%	88%	86%
Healthcare Scientists	7	100%	100%	100%	100%
Nursing and Midwifery Registered	690	68%	69%	67%	66%
<b>Grand Total</b>	<b>2,287</b>	<b>73%</b>	<b>75%</b>	<b>74%</b>	<b>74%</b>
Medical & Dental Compliance	48	48%	55%	52%	52%
<b>Grand Total</b>	<b>2,335</b>	<b>72%</b>	<b>75%</b>	<b>74%</b>	<b>74%</b>



## What the chart tells us

PTHB PADR performance reported at 74% for January 2023 remains below the pre pandemic compliance rate of 79%, remaining the same in January 2023. The health board benchmarks positively against the All Wales position of 65%,

Out of 17 directorates, there are only 6 that are above the 85% target for compliance in January 2023.

In January 2023, the top directorates for compliance were:

- WOD Directorate - 92%
- Finance Directorate - 90%
- Medical Directorate - 88%
- Medicines Management - 88%
- Public Health Directorate - 86%
- Environment Directorate - 86%

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## Areas of Concern

In January 2023, the bottom 3 directorates are:

- Primary Care - 58%
- Mental Health - 61%
- Corporate Governance - 63%

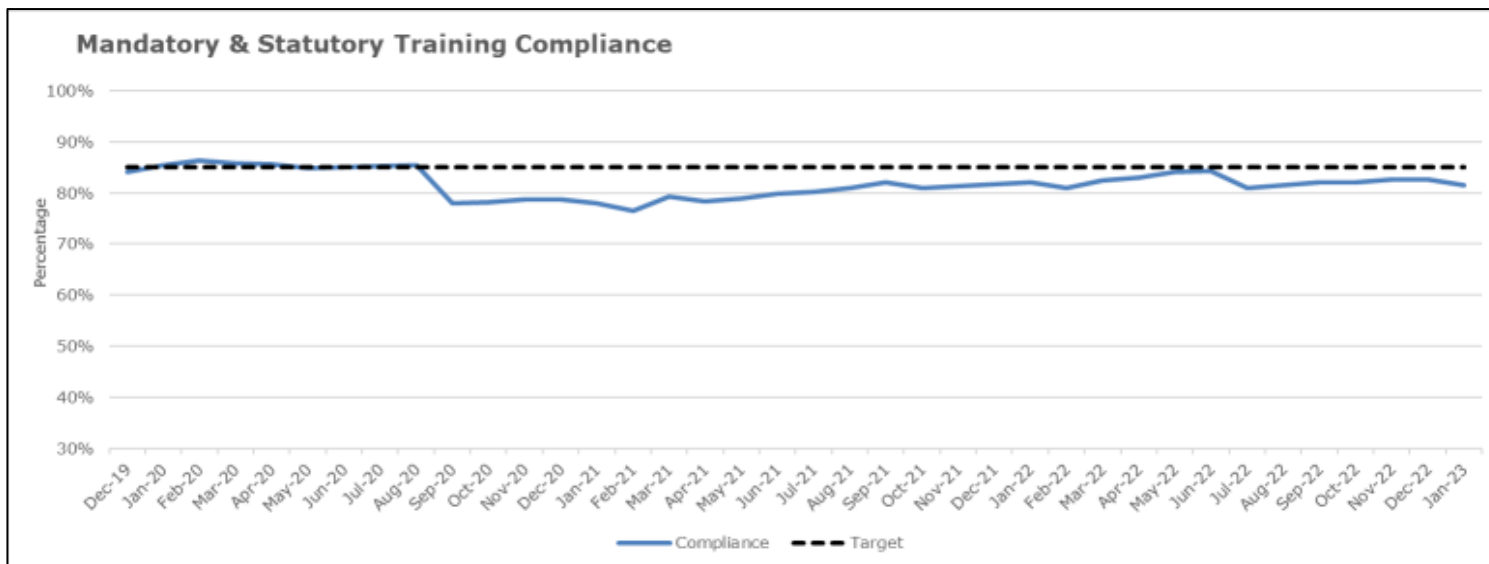
As of January 2023, there were 8 service areas who's performance was below the national target of 85%, but above the All-Wales benchmark of 65% :

- Covid Prevention and Response - 82%
- Community Dental - 80%
- Nursing Directorate - 79%
- Women and Children - 77%
- Planning - 76%
- Community Care and Therapies - 70%
- Therapies and Health Science Directorate - 78%
- Chief Executive Office - 71%

## Actions/Mitigations

- Directorates with performance under the 85% compliance target have been asked to provide trajectory recovery plans.
- The WOD BP team will continue to discuss mandatory compliance at senior management meetings within services.
- The WOD BP team are regularly discussing low compliance with individual managers and reminding them of ESR guidance.
- The All Wales pay progression policy and positive action required in ESR has been in place as of October 2022 and reminders regarding pay progression have been issued to managers by the WOD BP team.
- An FAQ document has been issued to staff and managers reminding them of the importance of PADR to pay progression.
- Work with managers and ESR Systems Manager to ensure reporting lines within ESR are correct.

# Mandatory & Statutory Training Compliance



Actual Performance		
Jan-23	Dec-19	All Wales Benchmark
82%	84%	82% (Oct-22)
Target		
85%		

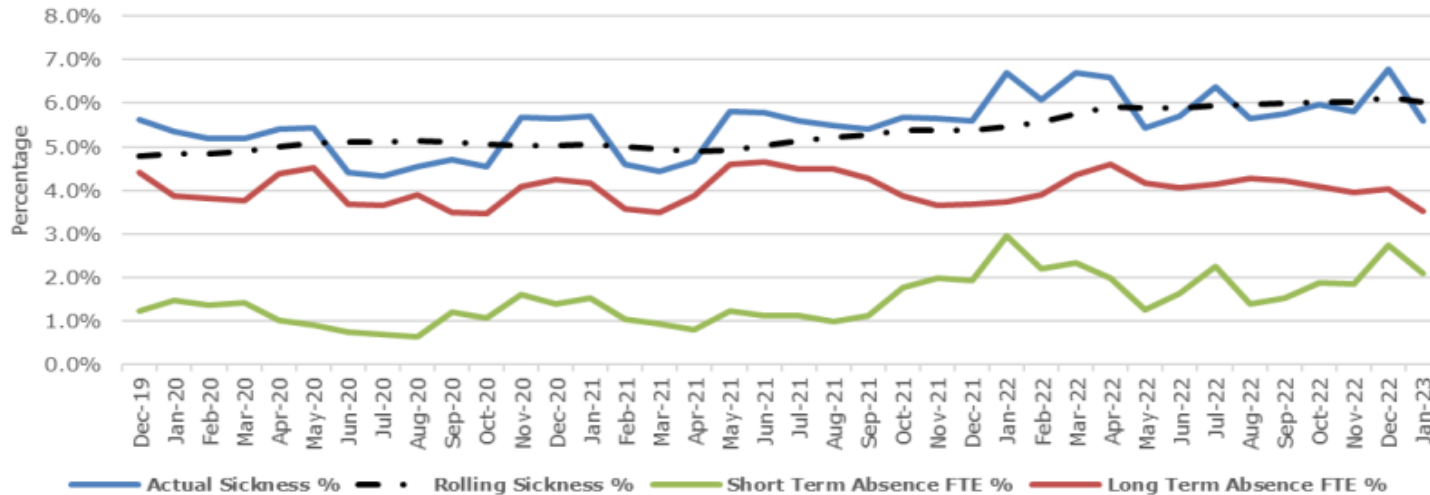
Directorate/Locality	Assignment Count Jan 23	Oct-22	Nov-22	Dec-22	Jan-23
Chief Executive Office	22	63%	63%	65%	65%
Community Care & Therapies	950	81%	82%	82%	81%
Community Dental Service	60	83%	81%	83%	83%
Corporate Governance	8	91%	91%	89%	88%
COVID 19 Prevention and Response	11	87%	87%	86%	90%
Environment Directorate	243	88%	88%	89%	88%
FID Finance Directorate	79	91%	91%	93%	89%
MED Medical Directorate	14	59%	62%	62%	64%
Medicines Management	32	94%	94%	92%	93%
MHD Mental Health	402	75%	76%	76%	76%
NUD Nursing Directorate	33	89%	91%	92%	93%
PHD Public Health Directorate	108	88%	90%	92%	92%
PLD Planning Directorate	35	91%	90%	87%	84%
Primary Care	28	86%	84%	83%	77%
THD Therapies & Health Sciences Directorate	27	95%	96%	97%	94%
WOD Directorate	51	85%	86%	86%	85%
Women and Children Directorate	232	82%	82%	82%	79%
<b>Grand Total</b>	<b>2,335</b>	<b>82%</b>	<b>83%</b>	<b>83%</b>	<b>82%</b>

Staff Group	Assignment Count Jan 23	Oct-22	Nov-22	Dec-22	Jan-23
Add Prof Scientific and Technic	94	78%	79%	79%	78%
Additional Clinical Services	490	82%	82%	82%	80%
Administrative and Clerical	629	89%	89%	89%	86%
Allied Health Professionals	157	80%	79%	79%	79%
Estates and Ancillary	220	88%	88%	88%	85%
Healthcare Scientists	7	84%	86%	85%	86%
Medical & Dental Compliance	48	59%	59%	61%	60%
Nursing and Midwifery Registered	690	79%	80%	80%	78%
<b>Grand Total</b>	<b>2,335</b>	<b>82%</b>	<b>83%</b>	<b>83%</b>	<b>82%</b>

What the chart tells us	Areas of Concern	Actions/Mitigations
<p>At the end of January 2023 compliance stood at 82%, a decrease of 1% from the end of Q3.</p> <p>In January 2023, there are 8 directorates/services achieving above the 85% target for compliance, with the top directorates for compliance being:</p> <ul style="list-style-type: none"><li>• Therapies &amp; Health Science – 94%</li><li>• Medicines Management - 93%</li><li>• Nursing Directorate – 93%</li><li>• Public Health Directorate - 92%</li><li>• COVID 19 Prevention and Response – 90%</li><li>• Finance Directorate - 89%</li><li>• Workforce and OD – 85%</li></ul> <p>Patterson, Liz 07/03/2023 16:58:46</p>	<p>The bottom three directorates/services areas for compliance at the end of January 2023 are:</p> <ul style="list-style-type: none"><li>• Medical Directorate - 64%</li><li>• Chief Executive Office - 65%</li><li>• Mental Health - 76%</li></ul> <p>In addition to the above the following service areas' performance was below the national target of 85% at the end of January 2023:</p> <ul style="list-style-type: none"><li>• Community Dental - 83%</li><li>• Community Care and Therapies - 81%</li><li>• Primary Care – 77%</li><li>• Women and Children - 79%</li></ul>	<ul style="list-style-type: none"><li>• Compliance reports are produced monthly and circulated to services</li><li>• The WOD BP team discuss mandatory compliance at Service Senior Management meetings.</li><li>• The WOD BP team are regularly discussing low compliance with individual managers and reminding them of ESR guidance.</li></ul>

# Staff Absence

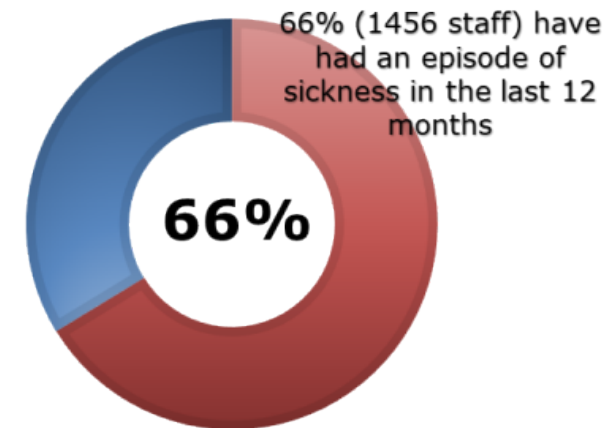
**Sickness Absence Rate**



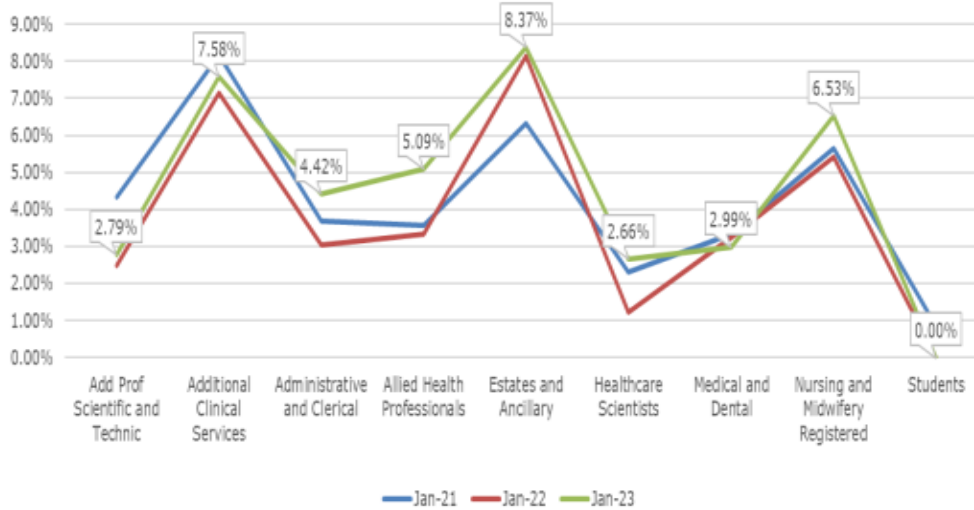
## Actual Performance

Jan-23	Dec-19	All Wales Benchmark
<b>6.04%</b>	<b>4.8%</b>	<b>7.1% (Oct-22)</b>
<b>Target</b>		
Nil		

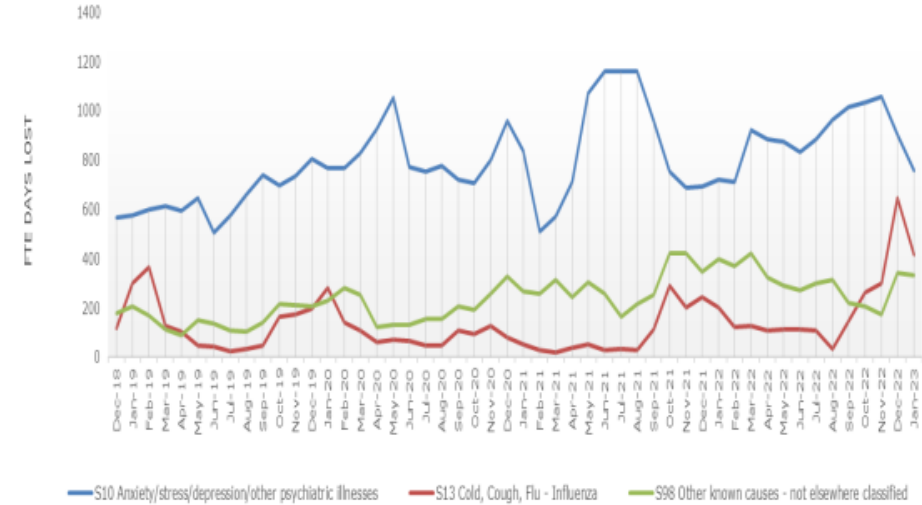
Directorate	Headcount Jan-23	Oct-22		Nov-22		Dec-22		Jan-23	
		Actual	Rolling	Actual	Rolling	Actual	Rolling	Actual	Rolling
Chief Executive Office	24	4.92%	<b>4.56%</b>	5.17%	<b>4.99%</b>	5.00%	<b>5.22%</b>	4.82%	<b>5.17%</b>
Community Care & Therapies	963	6.70%	<b>6.75%</b>	5.85%	<b>6.75%</b>	7.24%	<b>6.91%</b>	6.18%	<b>6.83%</b>
Community Dental Service	56	2.92%	<b>4.37%</b>	2.33%	<b>3.76%</b>	4.94%	<b>3.39%</b>	1.50%	<b>3.02%</b>
Corporate Governance	8	2.61%	<b>0.66%</b>	0.00%	<b>0.66%</b>	0.00%	<b>0.66%</b>	13.01%	<b>2.20%</b>
COVID 19 Prevention and Response	11	5.26%	<b>3.69%</b>	7.44%	<b>4.11%</b>	7.94%	<b>4.68%</b>	13.13%	<b>6.15%</b>
Environment Directorate	250	7.63%	<b>7.92%</b>	8.22%	<b>7.90%</b>	8.13%	<b>7.87%</b>	6.70%	<b>7.72%</b>
FID Finance Directorate	84	1.86%	<b>3.59%</b>	0.83%	<b>3.46%</b>	1.02%	<b>3.28%</b>	1.61%	<b>2.92%</b>
MED Medical Directorate	14	10.90%	<b>2.86%</b>	11.38%	<b>3.81%</b>	13.58%	<b>4.94%</b>	1.10%	<b>5.03%</b>
Medicines Management	33	4.01%	<b>6.38%</b>	4.12%	<b>6.00%</b>	2.98%	<b>5.64%</b>	0.32%	<b>5.04%</b>
MHD Mental Health	413	6.44%	<b>5.66%</b>	6.46%	<b>5.70%</b>	6.19%	<b>5.65%</b>	5.29%	<b>5.62%</b>
NUD Nursing Directorate	33	4.89%	<b>6.73%</b>	4.57%	<b>6.72%</b>	7.98%	<b>6.67%</b>	4.05%	<b>5.91%</b>
PHD Public Health Directorate	107	5.42%	<b>4.29%</b>	8.28%	<b>4.56%</b>	6.39%	<b>4.91%</b>	6.53%	<b>5.18%</b>
PLD Planning Directorate	38	0.32%	<b>2.62%</b>	0.76%	<b>2.40%</b>	1.28%	<b>2.46%</b>	1.34%	<b>2.42%</b>
Primary Care	30	6.19%	<b>4.33%</b>	4.22%	<b>4.27%</b>	4.40%	<b>4.09%</b>	5.01%	<b>4.28%</b>
THD Therapies & Health Sciences Directorate	28	5.12%	<b>3.44%</b>	7.16%	<b>3.96%</b>	7.58%	<b>4.32%</b>	5.05%	<b>4.50%</b>
WOD Directorate	52	2.87%	<b>4.20%</b>	3.67%	<b>4.26%</b>	4.54%	<b>4.38%</b>	10.20%	<b>4.77%</b>
Women and Children Directorate	230	5.46%	<b>6.00%</b>	5.65%	<b>6.01%</b>	6.46%	<b>6.13%</b>	5.35%	<b>6.08%</b>
<b>Grand Total</b>	<b>2,374</b>	<b>5.97%</b>	<b>6.01%</b>	<b>5.82%</b>	<b>6.03%</b>	<b>6.45%</b>	<b>6.10%</b>	<b>5.61%</b>	<b>6.04%</b>



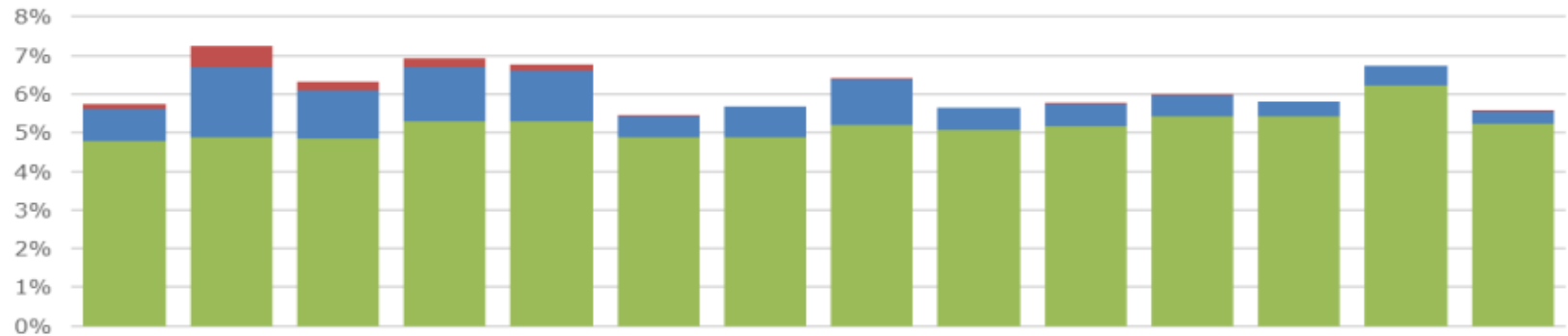
### Rolling Sickness Absence by Staff Group



### Top Three Absence Reasons



### Covid Sickness and Isolation Absence



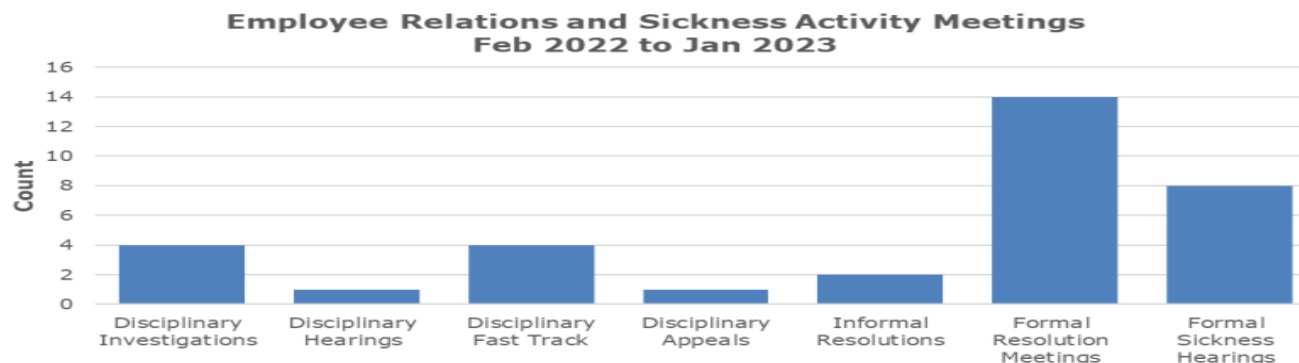
	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Covid Isolation Absence %	0.13%	0.54%	0.22%	0.24%	0.18%	0.03%	0.00%	0.01%	0.00%	0.00%	0.04%	0.00%	0.00%	0.01%
Covid Sickness Absence %	0.83%	1.82%	1.22%	1.39%	1.31%	0.53%	0.81%	1.16%	0.57%	0.57%	0.55%	0.39%	0.51%	0.35%
Sickness Absence % Exc Covid	4.78%	4.87%	4.87%	5.31%	5.29%	4.89%	4.88%	5.22%	5.09%	5.18%	5.43%	5.43%	6.23%	5.22%

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What the chart tells us	Areas of Concern	Actions/Mitigations
<p>The rolling 12-month performance is reported as 6.04% for January. Monthly actual sickness absence was 5.61%, 0.84% lower than for December and lower than in any of the previous 4 months. Current sickness absence however remains above pre pandemic figures although benchmarks well against NHS Wales figures.</p> <p>The three directorates with the lowest rolling sickness absence rates in January are:</p> <ul style="list-style-type: none"> <li>• Corporate Governance – headcount 8 (2.20%)</li> <li>• Finance Directorate – headcount – 84 (2.92%)</li> <li>• Planning Directorate – headcount - 38 (2.42%)</li> </ul> <p>66% of staff in the health board have had a at least 1 period of sickness absence since January 2022 an increase of 4% on the figures at the end of quarter 2.</p> <p>Anxiety/Stress/Depression continues to be the main reason given for staff absence. However, since the end of quarter 2 there has seen a steady but significant reduction in staff reporting this as the reason for their absence. During the corresponding period there was though a sharp increase in staff reporting absences due to Cold, Cough, Flu, Influenza and higher than at any point in the last 4 years, before seeing a sharp reduction between December and January.</p> <p>The prevalence of Covid being reported as a reason for sickness absence continues to decrease although this could be explained by the reduced testing and more staff recording their absence as Cold, Cough, Flu, Influenza.</p>	<p>The three directorates with the highest level of rolling sickness absence rates are:</p> <ul style="list-style-type: none"> <li>• Environment – headcount 250 (7.72%) has the highest rolling absence rate although the figure for January is been a very slight down (0.12%) compared to the end of the previous quarter.</li> <li>• Community Care &amp; Therapies – headcount 963 (6.83%) has the second highest rolling sickness with actual sickness absence peaking in December at 7.24%. The rolling absence is 0.13% higher than at the end of the previous quarter. 4 staff currently remain absent due to long covid.</li> <li>• Women and Children – headcount 230 (6.08%) saw a slight increase in rolling sickness absence of 0.13% compared to the end of the previous quarter.</li> </ul> <p>The following service areas have a rolling absence level higher than 5.4%, the overall trajectory target set within the MDS for January 2023 for the Health Board:</p> <ul style="list-style-type: none"> <li>• Prevention and Response (11)- 6.15%</li> <li>• Nursing Directorate (33)-(5.91%)</li> <li>• Mental Health (413)-5.62%</li> </ul>	<ul style="list-style-type: none"> <li>• Directorates with performance above the target set in the MDS have been asked to provide trajectory recovery plans.</li> <li>• The WOD BP team have updated the managers toolkit to support the deployment of the All Wales Managing Attendance at work policy.</li> <li>• The WOD BP team are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed.</li> <li>• Directorates are actively promoting all available wellbeing support to staff that are in work and absent.</li> <li>• Sickness absence is monitored via directorate SMT meetings.</li> <li>• All long-term absence cases are being reviewed with managers to ensure all actions are up to date in line with the Managing Attendance at Work policy.</li> <li>• A series of roadshows have begun across all hospital sites to support wellbeing.</li> <li>• The Health Board has commissioned Andrew Hodder to deliver a series of virtual workshops and short videos on positive psychology and resilience to staff.</li> </ul>



# Employee Relations

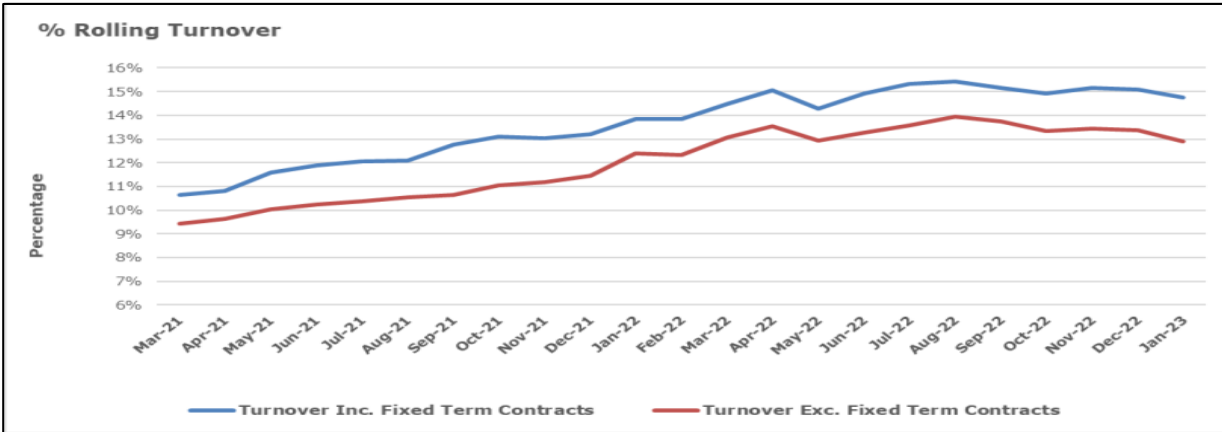


What the chart tells us	Areas of Concern	Actions/Mitigations
<p>Employment relations cases remain low overall with a slight reduction in numbers of disciplinary investigations compared to the previous reported figures up to September 2022. However, there has been a slight increase in the use of the Fast Track disciplinary process.</p> <p>There has been a revised and more robust initial fact-finding assessment process introduced which is beginning to have a positive impact on reducing the need to use the formal disciplinary procedure and thereby helping to speed up the resolution of cases.</p> <p>Overall Formal Resolution meetings under the All Wales Respect and Resolution Policy remain disproportionately high.</p> <p>Formal sickness absence hearings have also slightly increased from the previous period up to September 2022. However, this is in part explained by more proactive steps being taken by the Health Board to resolve, long term cases.</p>	<p>Since the introduction of the Respect &amp; Resolution policy, there continues to be an unreasonably high number of formal requests for resolution.</p> <p>Although the policy was intended to have a focus on informal resolution, there is a feeling nationally that the policy is not working in practice in the way that it was intended. This is also compounded by some cases taking too long to reach a formal conclusion.</p>	<p>The Workforce and OD Directorate has instigated a review to ensure avoidable harm is not caused to staff through the application of workforce policies and practices.</p> <p>The Workforce and OD Directorate continues to keep a tracker of all on-going employment relations cases which is kept under review by the Business Partners.</p> <p>A revised system of checks and balances will be developed in consultation with the trade unions to monitor each stage of the Respect and Resolution and Disciplinary policies.</p>

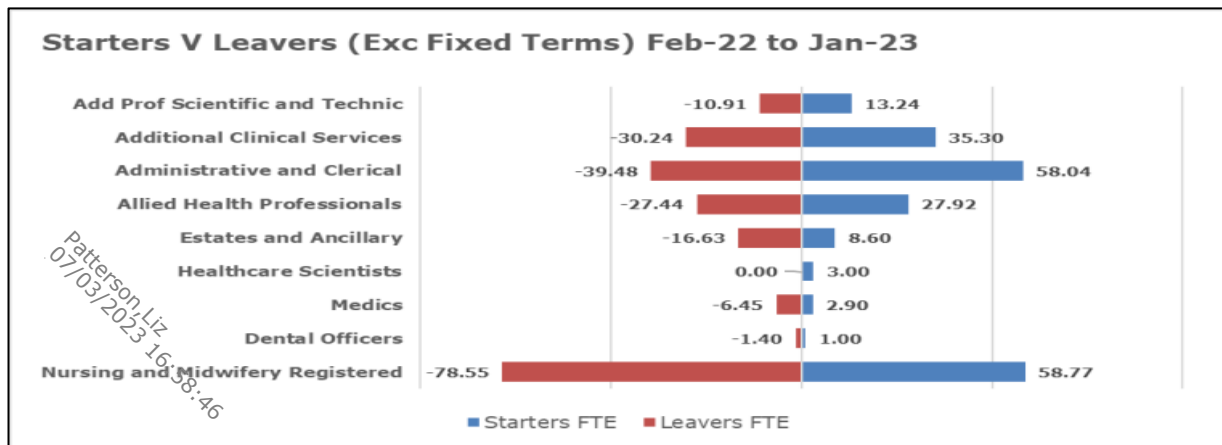


# Turnover/Stability Index

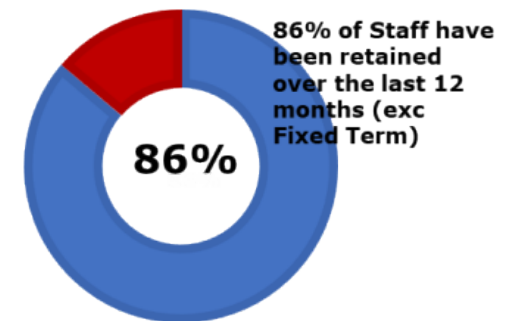
**Turnover** - Percentage of Turnover of staff, starters and leavers, stability Index.



Actual Performance		
Jan-23	Dec-19	All Wales Benchmark
Including Fixed Term		
14.74%	11.14%	8.8% (Oct-22)
Excluding Fixed Term		
12.91%	9.85%	Unavailable



## STAFF RETENTION



## Rolling Turnover by Directorate/Staff Group (Exc Fixed Terms)

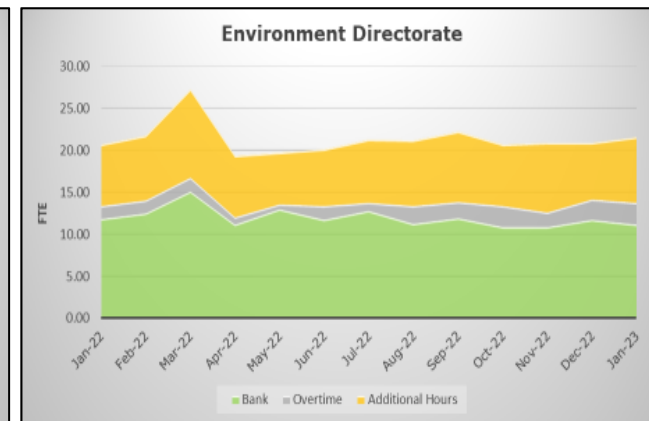
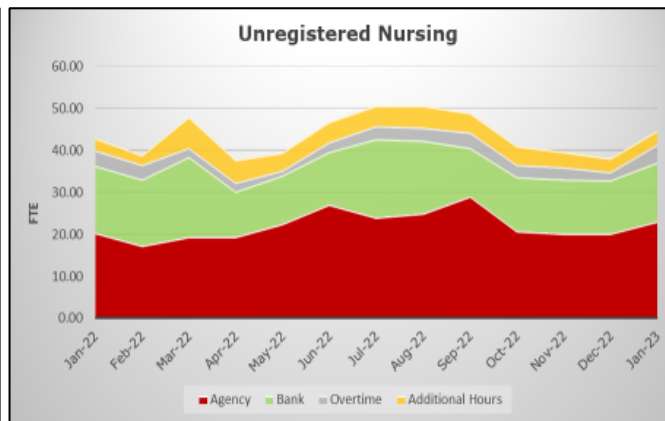
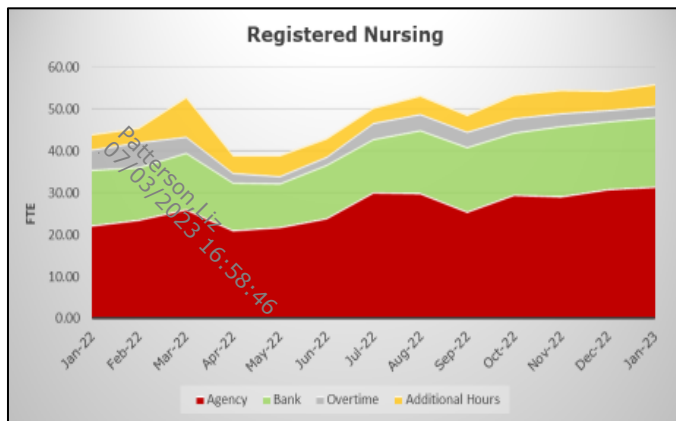
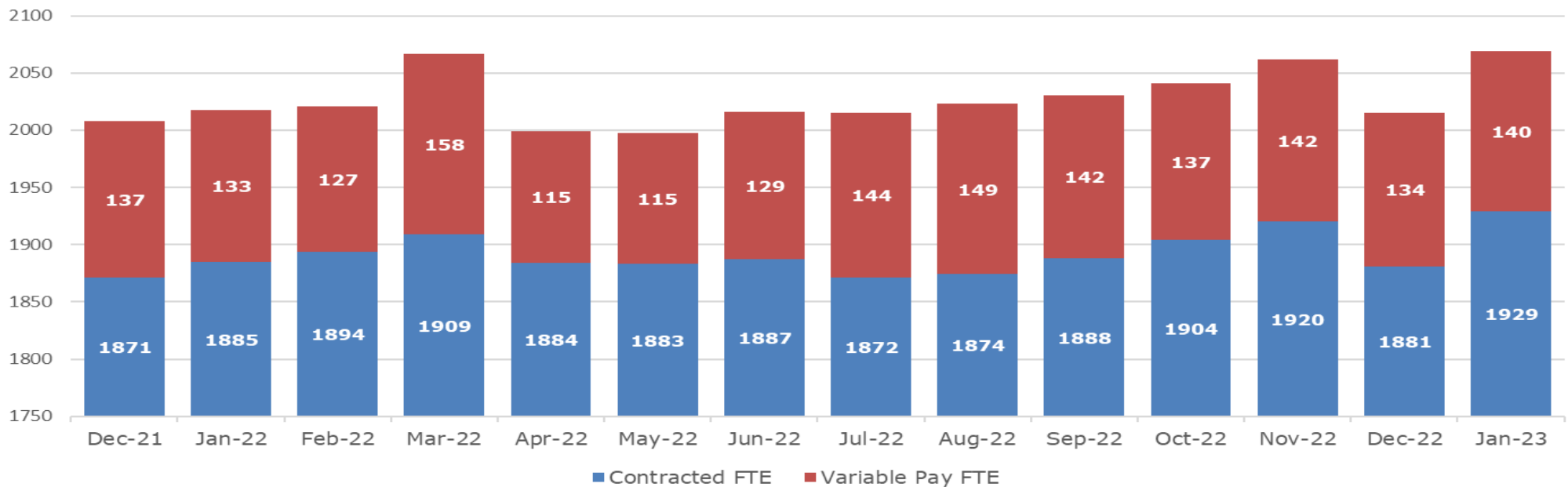
Directorate	Average Headcount	Avg FTE	Starters Headcount	Starters FTE	Leavers Headcount	Leavers FTE	LTR Headcount %	LTR FTE %
Chief Executive Office	16	15.50	3	3.00	2	2.00	12.90%	12.90%
Community Care & Therapies	900	712.20	119	96.77	115	89.03	12.78%	12.50%
Community Dental Service	51	36.85	6	4.00	5	4.00	9.90%	10.85%
Corporate Governance	10	9.83	0	0.00	1	1.00	10.00%	10.17%
COVID 19 Prevention and Response	3	3.00	1	1.00	0	0.00	0.00%	0.00%
Environment Directorate	247	190.65	16	11.00	31	21.83	12.58%	11.45%
FID Finance Directorate	68	62.63	8	8.00	5	4.80	7.41%	7.66%
MED Medical Directorate	8	6.92	2	1.50	2	2.00	26.67%	28.92%
Medicines Management	29	24.44	5	4.44	3	3.00	10.34%	12.27%
MHD Mental Health	373	320.11	46	39.60	49	39.01	13.15%	12.19%
NUD Nursing Directorate	29	26.29	2	1.60	4	3.91	14.04%	14.86%
PHD Public Health Directorate	18	15.27	16	12.03	1	0.40	5.56%	2.62%
PLD Planning Directorate	29	27.64	4	4.00	2	2.00	7.02%	7.24%
Primary Care	31	24.60	1	1.00	7	6.47	22.95%	26.30%
THD Therapies & Health Sciences Directorate	20	17.20	4	3.60	5	3.70	25.64%	21.52%
WOD Directorate	39	35.15	6	5.00	8	6.80	20.51%	19.35%
Women and Children Directorate	203	161.36	17	12.23	27	21.15	13.30%	13.11%
<b>Grand Total</b>	<b>2069</b>	<b>1689.63</b>	<b>256</b>	<b>208.77</b>	<b>267</b>	<b>211.11</b>	<b>12.91%</b>	<b>12.49%</b>

Staff Group	Average Headcount	Avg FTE	Starters Headcount	Starters FTE	Leavers Headcount	Leavers FTE	LTR Headcount %	LTR FTE %
Add Prof Scientific and Technic	88	73.72	15	13.24	14	10.91	15.91%	14.80%
Additional Clinical Services	409	326.57	44	35.30	40	30.24	9.78%	9.26%
Administrative and Clerical	530	450.63	72	58.04	48	39.48	9.07%	8.76%
Allied Health Professionals	151	126.52	29	27.92	33	27.44	21.93%	21.69%
Estates and Ancillary	215	160.16	13	8.60	25	16.63	11.63%	10.39%
Healthcare Scientists	6	5.31	3	3.00	0	0.00	0.00%	0.00%
Medics	25	17.96	4	2.90	7	6.45	28.00%	35.91%
Dental Officers	16	11.37	1	1.00	2	1.40	12.90%	12.31%
Nursing and Midwifery Registered	631	517.39	75	58.77	98	78.55	15.54%	15.18%
<b>Grand Total</b>	<b>2069</b>	<b>1689.63</b>	<b>256</b>	<b>208.77</b>	<b>267</b>	<b>211.11</b>	<b>12.91%</b>	<b>12.49%</b>

What the chart tells us	Areas of Concern	Actions/Mitigations
<p>Actual turnover for January 2023 was 12.91% (excluding staff on fixed term contracts) 3.16% higher than pre pandemic levels and 4.03% higher than the all Wales benchmark position.</p> <p>Turnover has been steadily increasing in percentage terms over the last 3 years and despite a peak in turnover, excluding fixed term contracts, in August 2022 before falling back it has steadily increased over the past 12 months to be just under 1% higher between January 2022 and January 2023. A similar pattern is seen when fixed term contracts are included.</p> <p>Turnover was particularly high over the past 12 months in the occupational groups of Medical and Allied Health professionals and 6 Directorates/services reporting turnover higher than the Health Board average.</p> <p>Despite higher levels of turnover there was a slight increase overall in the number of substantive FTE staff employed over the last 12 months (2.34FTE). 8 of 17 services saw an increase in WTE staff employed over the last 12 months although the increases were relatively small. The Directorate/services who saw the largest increase were Community Care and Therapies (7.74), Finance (3.2FTE) and Planning (2FTE). Public Health saw the largest increase (11.63FTE) although this would have been affected by the TUPE transfer in of the Local Public Health Team.</p> <p>The Directorate/services who saw the largest reduction in FTE were in the Environment Directorate who saw a reduction of 10.83FTE, Primary Care who saw a reduction of 5.67FTE, Nursing with 2.31FTE and Workforce and OD Directorate with 1.80FTE.</p>	<p>Over a third of service areas/Directorates have a turnover higher than the Health Board's average and all except 4 having a turnover higher than the all-Wales benchmark (October 2022) over the last 12 months.</p> <p>The service with the highest turnover is Medical Directorate at – Avg. headcount 8 (28.92%).</p> <p>The service with the next highest level is Primary Care – Avg. headcount 31 (26.30%) followed by Workforce and OD Directorate – Avg. Headcount 39 - (19.35%).</p> <p>The occupational groups for Nursing and Midwifery registrants (19.78WTE), Medics (3.55WTE) and Estates and Ancillary (8.03WTE) all experienced deficits over the rolling 12 months, with fewer staff starting than left.</p>	<p>Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave.</p> <p>The Workforce and OD Directorate together with the Trade Unions and colleagues from services have been rolling out a series of Staff Roadshows across all Hospital sites. The aim of these events is to support staff wellbeing and promote the support that is available within the Health Board.</p> <p>Mark Hodder has also been commissioned to deliver online positive psychology and resilience workshops and a series of short videos for staff to access. The Workforce and OD Directorate are working to develop good practice guides to support managers in working to improve retention.</p> <p>The Workforce and OD Directorate will be rolling out a Team Climate survey which will support managers and teams to identify actions which they can take to support retention.</p>

# Variable Pay

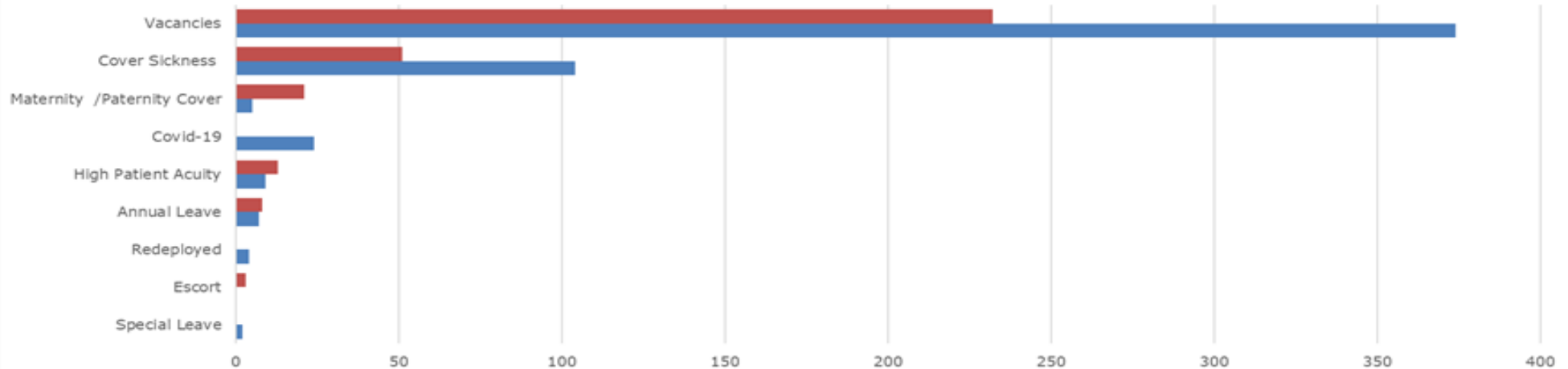
## FTE Worked (Contracted & Variable Pay)



What the chart tells us	Areas of Concern	Actions/Mitigations
<p>Despite an increases in Bank (3.14FTE) and additional hours, Nursing agency use continues to show an increase compared to the same period last year (9.13FTE).</p> <p>Although the situation is more stable across unregistered nursing, agency use in this area has still increased (2.68FTE) when compared to the same period last year.</p> <p>There continues to be no agency within the Environment Directorate with variable pay cover mainly by Bank followed by additional hours and overtime respectively.</p> <p>Patterson, Liz 07/03/2023 16:58:46</p>	<p>Agency use accounts for the largest proportion of variable pay spend in both Registered Nursing (58.28%) and unregistered Nursing (51.66%) and remains an area of focus.</p> <p>The top 3 hospitals using the highest amount of agency for registered nursing in January 2023 were:</p> <ul style="list-style-type: none"> <li>• Welshpool (7.12WTE)</li> <li>• Llandrindod Wells (6.36WTE)</li> <li>• Brecon (3.52WTE)</li> </ul> <p>The top 3 hospital sites using the highest amount of agency for unregistered nursing in January 2023 were:</p> <ul style="list-style-type: none"> <li>• Brecon (3.86WTE)</li> <li>• Llandrindod (3.21WTE)</li> <li>• Llanidloes (2.62WTE)</li> </ul>	<p>The Workforce and OD Directorate have supported a range of local recruitment events actively seeking to recruit bank registered nurses and unregistered nurses.</p> <p>A joint recruitment event with partners across health and social care is being planned for the North of the County as a pilot.</p> <p>The Workforce and OD Directorate are exploring options to improve the flexibility and increase the frequency of when Bank staff are able to draw down their wages to incentivise take up of shifts.</p> <p>Weekly monitoring of all Bank applications is now in place to ensure fast track of applicants through the pre-employment stages.</p>

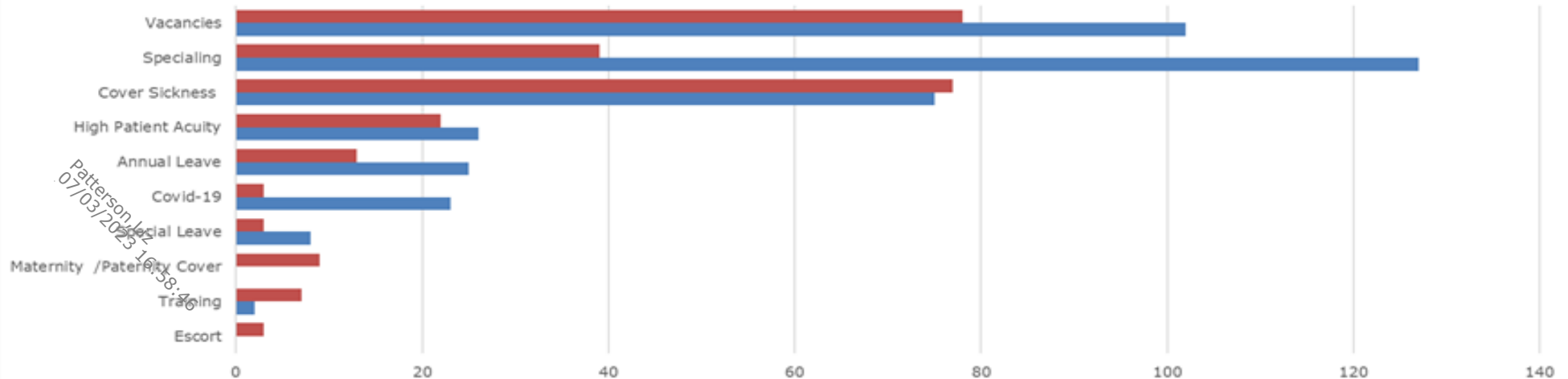
# Temporary Staffing

## Registered Nursing - Bank/Agency Requests by Reason Jan-23



	Special Leave	Escort	Redeployed	Annual Leave	High Patient Acuity	Covid-19	Maternity /Paternity Cover	Cover Sickness	Vacancies
Bank		3		8	13		21	51	232
Agency	2		4	7	9	24	5	104	374

## Unregistered Nursing - Bank/Agency Requests by Reason Jan-23



	Escort	Training	Maternity /Paternity Cover	Special Leave	Covid-19	Annual Leave	High Patient Acuity	Cover Sickness	Specialing	Vacancies
Bank	3	7	9	3	3	13	22	77	39	78
Agency		2		8	23	25	26	75	127	102

What the chart/ data tells us	Areas of Concern	Actions/Mitigations
<p>For the month of January more agency was used compared to bank in both registered and unregistered nursing.</p> <p>For registered Nursing the main reasons for bank and agency shifts bookings in January 2023 continues to be vacancies (70.79%) followed by sickness absence (18.10%).</p> <p>For unregistered Nursing the main reasons for bank and agency shifts bookings in January 2023 continues to be vacancies (28.52%) followed by sickness absence (26.30%) and specializing (24.08%).</p> <p>Patterson, Liz 07/03/2023 16:58:46</p>	<p>Off contract and on contract agency use continues to be high for both registered and unregistered agency use.</p> <p>The top 3 hospitals using the highest amount of off contract agency for registered nursing in January 2023 were:</p> <ul style="list-style-type: none"> <li>• Welshpool (4.36WTE)</li> <li>• Llanidloes (1.63WTE)</li> <li>• Brecon (1.15WTE)</li> </ul> <p>The top 3 hospital sites using the highest amount of off contract agency for unregistered nursing in January 2023 were:</p> <ul style="list-style-type: none"> <li>• Llandrindod (1.01WTE)</li> <li>• Llanidloes (0.72WTE)</li> <li>• Machynlleth (0.68WTE)</li> </ul>	<p>The appointment of the second cohort of 5 overseas nurses, to be based in Welshpool, will potentially remove the reliance on agency nursing at this site. This will also potentially free up on-contract agency nurses to cover shifts that are currently being covered by off contract agencies across the North and possibly mid of the County.</p> <p>The TSU continue to evaluate shift demand and fill to see if the new agencies are able to fill to increase on contract usage and support block booking where needed.</p> <p>Self – billing agencies from our roster system is being investigated so invoicing can be more streamlined and handled in a timely manner. This would free up capacity within the TSU to spend more time on recruitment activity.</p> <p>Open rolling adverts for Bank registered and unregistered nursing continue to be promoted through social media.</p>

# Occupational Health

February 2022 to January 2023

- 997 pre-employment questionnaire received
- 912 pre-employment cleared
- 345 Staff referred into the service
- 1352 appointments attended



What the chart/ data tells us	Areas of Concern	Actions/Mitigations
<ul style="list-style-type: none"> <li>• The no. of management and self-referrals received over a 12-month period has been relatively consistent with no obvious peaks.</li> <li>• Referrals are triaged by the OH nurse and allocated to the OH Physician or the OH nurse to review the staff member.</li> <li>• Appointment waiting times will depend on the nature of the condition and the acuteness of the request.</li> </ul>	<ul style="list-style-type: none"> <li>• There continues to be limited clinical capacity</li> <li>• The Band 8b, 1 WTE Consultant Nurse role has been appointed to and will commence on 6th March 2023.</li> <li>• The Band 6, 0.8 WTE OH Nurse role has been appointed to and the successful candidate commenced on 5th December 2022, although is still undergoing training and competency assessments.</li> <li>• This has had a negative impact on the waiting times for Pre-employment checks and immunisations.</li> </ul>	<ul style="list-style-type: none"> <li>• The team continues to use Vivup EAP service for counselling signposting.</li> <li>• We are currently utilising a Bank Occupational Health Nurse and Bank Immunisation Co-ordinator role to administer essential employment vaccines for clinical staff including BCG and Hep A and Hep B pan Powys.</li> <li>• Recruitment of Occupational Health Physician via single tender waiver was successful and currently working 1 clinical session per week. This has had a positive impact on the reduction of management referral waiting lists. There are plans to increase the clinical commitment to include management of health surveillance clinics.</li> </ul>





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

# Workforce & Culture Committee - 14<sup>th</sup> March 2023

## Triangulation of Data and Information to Understand the 'Health' of a Team

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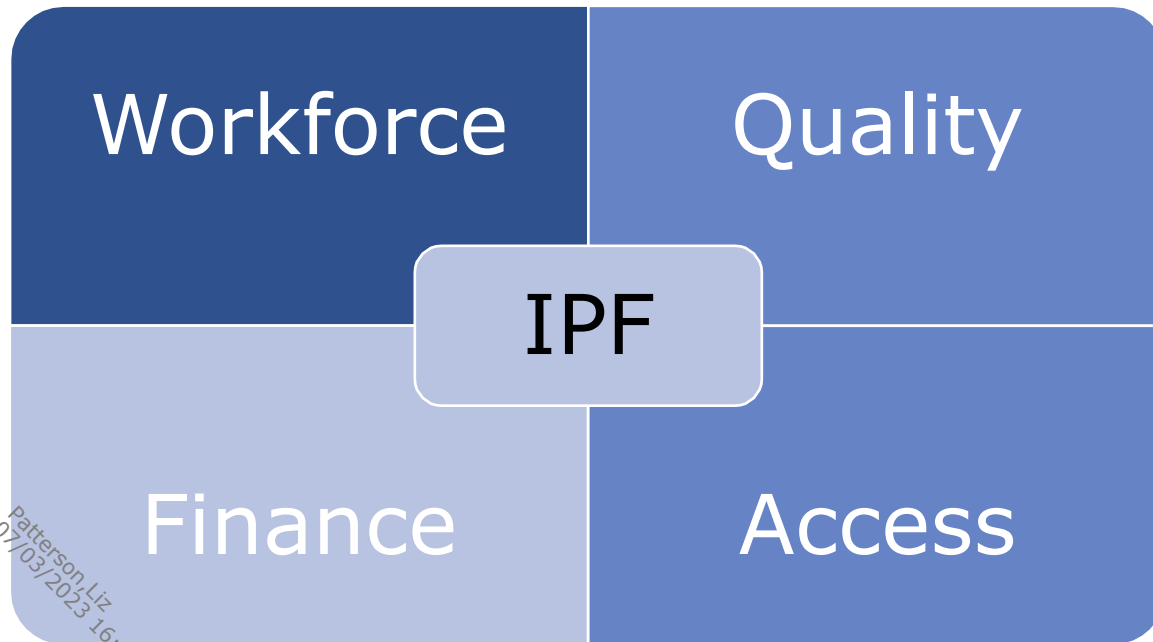
# Agenda

- ❖ Aim and IPF
- ❖ Individual Motivation
- ❖ Data in addition to the Workforce Performance Report
- ❖ Team Climate Survey
- ❖ Future Development

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# Aim and Integrated Performance Framework

- ❖ Aim – To triangulate data from a variety of sources to understand what support teams need in order to perform
- ❖ Integrated Performance Framework (IPF)



- ❖ Provides the total picture of the 'success' of a team
- ❖ Generally IPF shows performance, Workforce section needs to show if the environment is in place in order to perform

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# Individual Motivation

Clarity of Purpose

Feeling of Influence

Cared for by others

Sense of belonging

Sense of Value

Treated fairly

## Compassionate Leadership

- Creating a compelling vision
- Having 5-6 clear objectives (translated to individual and team level)
- Enlightened people management that is authentic, positive, open and honest
- culture of continual learning and improvement
- Excellence in team working
- Collective leadership

## Four Quadrants of Psychological Safety

### Learner Safety

It's safe to:

- Discover
- Ask questions
- Experiment
- Learn from mistakes
- Look for new opportunities

### Challenger Safety

It's safe to:

- Challenge the status quo
- Speak up
- Express ideas
- Identify changes
- Expose problems

### Collaborator Safety

It's safe to:

- Engage in an unconstrained way
- Interact with colleagues
- Have mutual access
- Maintain open dialogue
- Foster constructive debate

### Inclusion Safety

It's safe to:

- Know that you are valued
- Treat all people fairly
- Feel your experience, and ideas matter
- Include others regardless of title/position
- Openly contribute



# Self Reporting Data

## National Staff Survey

- Due out in 2023 – no known date yet
- Engagement Index Score

## Pulse Survey

- Limited delivery in CEO briefings & Staff Wellbeing Roadshows
- Utilised Engagement Index Score

## Team Climate Survey

- Delivered at a team level
- 32 Questions that cover all aspects of team dynamics
- Results enable discussion around improvements to be made
- OD support for teams with lower average scores

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# Team Climate Survey

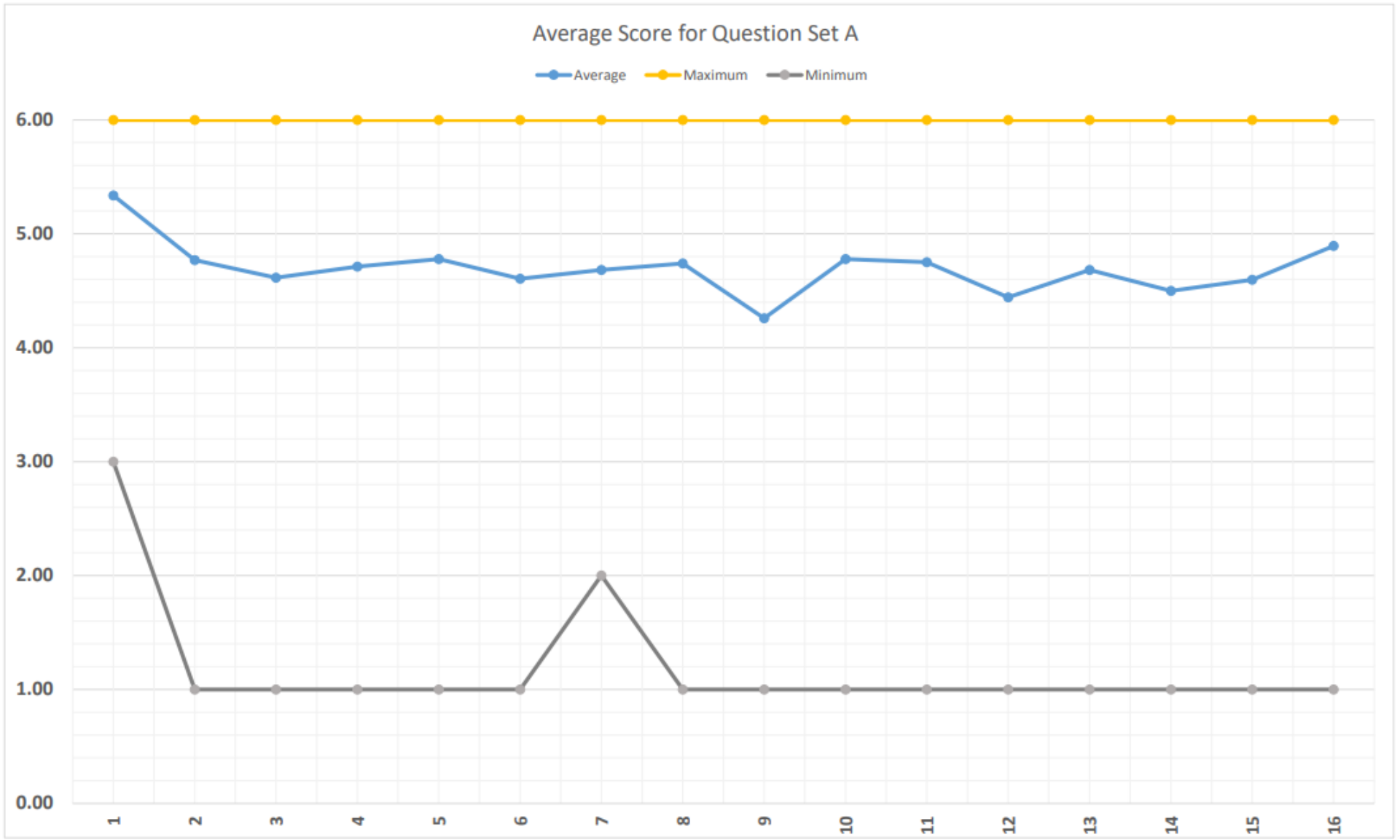
## Question Set A

- I have meaningful one to ones and annual PADR with my line manager
- Our team has realistic objectives
- We know how our team is performing
- I regularly receive thanks and/or praise from my line manager
- We hold each other to account for our behaviours and actions
- We have a team environment where people are happy to ask questions or raise concerns

## Question Set B

- My line manager takes an interest in my wellbeing
- I am responsive to the wellbeing needs of my colleagues
- My work tasks and objectives are achievable
- When I make mistakes, I am open and honest about them in order to learn how to reduce them in the future
- I look forward to team meetings
- I feel able to make decisions about my work without constantly having to seek my line manager's approval

# Team Climate Survey



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# Team Climate Survey – Self Reporting Data



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# Data We Could Collect

## ❖ Data that could be collected:

- ❖ Team Climate Survey Themes
- ❖ Pulse Survey
- ❖ Learning Activity (approved Study Leave Applications?)
- ❖ Leadership Development courses

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# Further Development

- **Level/hierarchy that we report data – is it meaningful to individual teams?**
  - Community Care and Therapies
  - Environment
  - Finance
  - Mental Health
  - Public Health
  - Women and Children
- **Roll out of Team Climate, Automation and Refresh Rate**
- **Capturing access to learning outside of Statutory and Mandatory**

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## Agenda item: 2.2

Workforce & Culture Committee		Date of Meeting: 14 <sup>th</sup> March 2023
<b>Subject :</b>	Workforce Futures: Partnership and Citizenship Highlight Report  - Joint Health and Care Induction Framework - School of Volunteers and Carers Progress	
<b>Approved and Presented by:</b>	Debra Wood-Lawson, Interim Director of Workforce & OD	
<b>Prepared by:</b>	Sarah Powell, Assistant Director of OD Louise Richards, Strategic Workforce Lead for Health, Care and Partnership	
<b>Other Committees and meetings considered at:</b>	Workforce Steering Group, 2 <sup>nd</sup> March 2023	

### PURPOSE:

The report provides an update on delivery and progress against the **Workforce Futures strategic priority SP17: Workforce Futures: Partnership and Citizenship** including a specific reference to:

- Joint Health and Care Induction Framework
- School of Volunteers and Carers Progress

### RECOMMENDATION(S):

The Workforce & Culture Committee is asked to receive, and take assurance from the report, outlining the work achieved against **Workforce Futures strategic priority SP17: Workforce Futures: Partnership and Citizenship** including:

- the progress of the 'Joint Health and Care Induction' Framework
- the development of 'School of Volunteers and Carers'.

Approval/Ratification/Decision <sup>1</sup>	Discussion	Information
x	x	✓

### THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

### EXECUTIVE SUMMARY:

**Workforce Futures: Partnership and Citizenship** is one of the themes within the Joint Workforce Futures Strategic Framework, a key enabler of the Health and Care Strategy for Powys. Its aim by 2027, is to approach workforce development and transformation by making the best use of the assets, strengths, and aspirations of all parts of the community and the health and care system, recognising, and valuing the contribution of everyone including unpaid carers and volunteers.

During the first phase of work 2018/22, partners from across the Health & Care Sector worked collaboratively to lay the foundations of the programme, focusing on building strong working relationships and the foundations of the joint Health & Care Academy. The Academy delivers a range of CPD offers through 4 schools: School of Leadership; School of Clinical and Professional Education, Training and Development; School of Research, Improvement and Innovation and the School of Carers and Volunteers.

<sup>1</sup> Equality Impact Assessment (EiA) must be undertaken to support all organisational decision-making at a strategic level

The implementation phase commenced in 2022/23, where the development of the Health & Care Academy started to evolve. Through the 'school' approach to the Academy, we have been able to develop our capacity in partnership and citizenship, by enhancing our support to volunteers and carers through joint pioneering education initiatives both across entry level education i.e. Joint Induction Framework and a range of schemes through the 'school of volunteers and carers'.

## **DETAILED BACKGROUND AND ASSESSMENT:**

### **Joint Health and Care Induction Framework**

The Health & Care Academy has been integral to the development of the 'Powys Joint Health and Social Care' induction programme, which incorporates the NHS Wales health care support worker induction and the All-Wales induction framework for social care support workers. This programme runs over six-days consisting of three face to face days and three days of virtual training. The programme covers those aspects relevant to the effective induction of new staff to health and social care, and involves a combination of simulated learning, guest speakers and dedicated trainers providing foundation skills development and assessment.

An initial pilot in West Wales highlighted, that by combining the respective sector inductions together, collaborative working across the health and care sector was promoted and staff were more able to relate to the roles of their colleagues. The evidence shows that teams who work better together create better outcomes for patients (Kingsfund, 2016) and has a significant positive impact of patient/client care.

Due to delays in the appointment of the joint educator, the Powys pilot programme, is now scheduled to commence on 1st March 2023, and will run alongside the current NHS Wales Induction for entry level staff. A further 2 cohorts in April 2023 and June 2023 are planned to complete the pilot, and a full evaluation will be undertaken on impact and benefits of the joint programme.

Alongside the development of the joint induction programme, the Academy education team has been working closely with two secondary schools in Powys to enhance the education offer to students undertaking health and social care qualifications at level 3 (A-Level/BTEC/Certificate). Through a pilot with the Powys' 16+ education team in Powys County Council, Crickhowell and Llanfyllin high schools, the Academy has enabled two cohorts of school students to engage in sessions led by specialist guest speakers and our own education team. 34 students are taking part in this pilot.

Working with the main educators in the schools, topics have been based around their curriculum syllabus as well as health and social care career

opportunities. The students have also been invited into the Academy to participate in scenario and simulated based learning events. This is planned to continue and expand, working with students in year 11 and students studying with our Further Education providers to promote these qualifications and the enhanced opportunities and experiences offered through the Academy. Further to this, the possibilities of work experience and volunteering has been highlighted to these students, whilst work is underway to facilitate enrolment onto the PTHB temporary staffing bank.

### **School of Volunteers and Carers Progress**

2022 has been a year of growth in developing the 'School of Volunteers and Carers' within the Health and Care Academy. This has been notable through our joint approach to the deployment of volunteers with PAVO, and the added support to volunteers and carers i.e. additional CPD opportunities, career pathways into the sector, a range of wellbeing initiatives specifically aimed at volunteers and carers and an established robust induction to the sector to name a few initiatives.

We have increased our volunteering opportunities, over and above the 'Wayfinder' volunteers who support the Mass Vaccination Programme, and the range of opportunities include:

- an additional 8 x hospital support volunteers, which have been rolled out in Bronllys, Welshpool, Llanidloes and Llandrindod community hospitals.
- A new 'Lay Member' is in place to support Individual Patient Funding Request (IPFR) & Prior Approval Panels.
- Telephone Buddies who are positioned in PAVO to support hospital to home discharge.
- Further work underway to explore volunteers in the social care setting including care homes. This aims to support the 'hospital to home' pathways. Pilot sites and role profile currently in development.

We have seen that regular volunteering in these roles has allowed volunteers to integrate onto community wards and become part of the team. It has also supported a broader understanding of how ward areas work and how multi-disciplinary teams with volunteers being part of the workforce can enhance the experience of the patient and/or service user, maintain integrity and continuity. The joint volunteer manager has worked with service areas to promote the role and provide clarity on volunteers and the differences between a paid member of staff and those volunteering.

We are already starting to see volunteers' step into the employment market, with one of our mass vaccination volunteers taking up a permanent role in the Support Services team.

There is further appetite to explore other roles in other areas across the health board, with requests being received from women and children's services, pet therapy sessions, peer support for those who have a lived experience of cancer, end of life care, digital inclusion, gardening and grounds maintenance, patient liaison roles and external website maintenance, digital to name but a few.

Working in partnership with our colleagues in PAVO, we have enhanced the volunteer onboarding process currently undertaken by PAVO, which up until now included recruitment of volunteers, ensuring pre-deployment e-learning packages and DBS checks. The enhancement includes a more informed induction, focusing on the role of volunteer and expectations and includes statutory training requirements.

We have further work to do to review the current Memorandum of Understanding (MOU) between PTHB and PAVO, that we agreed at the start of the Pandemic.

As part of the Young Peoples Volunteering Enterprise programme, we are also working closely with PAVO to establish a range of roles across partner organisations to support students to be involved in the practical volunteering opportunities. It is envisaged that a defined volunteering programme to support both the Welsh Baccalaureate and the Duke of Edinburgh awards will be offered in future. This programme is being developed in conjunction with PAVO.

A large piece of work around developing a skills matrix for the Academy's School of Volunteers and Carers was undertaken with PAVO in 2022. Outputs of this include:

- The scoping of a suite of CPD training opportunities and a menu of support for our volunteers and carers, and the content for a skills matrix tool, which will enable the school of volunteers and carers to start to map out the skills available in these areas. Stage two of this work is due to commence in March 2023.

### **Unpaid Carers support**

The inaugural Powys Unpaid Carers Conference took place in November 2022 to coincide with Carers Rights Day. The theme of the conference was - Value, Collaborate and Communication and was developed with unpaid carers being a key stakeholder. This conference was delivered across three sites, Bronllys, Llandrindod and Newtown through a hybrid model which included face to face and virtual presentations. All three sites were linked together via video conferencing.

Over eighty people attended, both in person and online with most guest speakers and the Q&A panel being based in Bronllys. There were a huge variety of attendees from health and social care, Primary Care and carers themselves. Our keynote speaker, Simon Hatch - Director of Carers Trust attended and gave a presentation on 'building a caring society'. The conference was opened by Kirsty Williams - Vice Chair, Powys Teaching Health Board and chaired by Kim Spelman an unpaid carer. A wide variety of topics were discussed with actions carried forward for further discussion.

The feedback from attendees was extremely positive as per the example below:

Hayley Pugh – unpaid carer representative stated:

*"I would like very much to thank everyone involved in the Conference, to start these conversations giving us a platform to work with the health board and wider service is a great opportunity, to collaborate during these very challenging demanding times. We need to keep talking, being given the opportunity to help develop a service fit for purpose, in our rural areas that works well for everyone."*

As we continue to develop and enhance the support to unpaid carers, we want to ensure they have a voice in developing the work and therefore a carer representative is now a member of the School of Volunteer and Carers Steering Group. We are also working closely with CREDU to identify a carer representative to engage in the Chat to Change meetings. As we develop this area of work, we will be looking to better understand the wider third sector organisations who support carers, so that we can increase our reach to unpaid carers across the county.

We recognise that young carers make a massive contribution to the health and care system in Powys in supporting their loved ones. However, it can sometimes prove difficult to engage with our young carers due to their education commitments and caring responsibilities. We are working closely with outreach workers from CREDU, who are building links with the School of Volunteers and Carers to develop these relationships and support our young carers to access resources that are available to them. A young carers forum hosted by PTHB to scope training and strengthen accessibility to resources has been offered to CREDU.

As we start to better understand the contribution and role of an unpaid carer, we are working closely with CREDU to deliver carer aware training across the partner organisations. This year, 6 sessions were delivered across PTHB and Powys County Council, with 28 people registering for sessions. In total, 18 people attended through a virtual mode.

We continue to consider different ways to support our unpaid carers, and at the beginning of 2022 we commissioned Phoenix Mindfulness Living to scope



the gap in support to carers and develop a programme of learning to address this gap. In doing so the Powys Balance Programme was developed. A pioneering programme of various personal transformation initiatives that provided our unpaid carers an opportunity to learn techniques that enables them to balance the needs of those they care for, without losing the essence of themselves. As part of the initiatives, the Powys Karma Camper was formed which enabled the programme to be delivered to participants in their communities across the county. This increased reach to unpaid carers who sometimes struggled with access to more centralised locations and virtual sessions.

Following the proof of concept, the programme was extended to support our carers who work across our services in paid roles, this adaption was called the Powys Harmony Programme. The programme has continued to be delivered through online sessions and one day retreats to support not only carers, but volunteers and staff with caring responsibilities in Powys.

Feedback from the programme includes:

Mindful based living course participant feedback:

*'I now feel comfortable and in control and able to really listen when my friends share problems with me.'*

Mindful Retreat participant feedback:

*'A good space to hold the day in. Altogether, a gift of a day and I'm impressed that Powys Health and Social Care are invested in looking after the needs of carers and volunteers and looks like management have an outward looking stance'.*



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In January 2023, PTHB became a member of Employers for Carers Wales. Carers Wales launched this membership programme which aims to encourage Welsh employers to implement carer friendly employment practices into their workplaces. PTHB will be leading the way in promoting effective workplace practice to support staff with caring responsibilities and in turn demonstrating the real business benefits of better engaged people, lower recruitment costs/ turnover, and retention of talent and experience.

We recognise that there is limited resource to support the carers agenda and have built a resource into the RPB – RIF finance requirements for next year 2023/24.

### NEXT STEPS:

The annual Workforce Futures evaluation report will be reported to the RPB at the end of March 2023, and it will outline the progress achieved this year and challenges, as well as areas for further work. The report will also outline the next steps to further develop the programme of work against Workforce Futures longer term outcomes.

This report can be shared with a future Workforce & Culture Committee when it has been finalised.

**The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):**

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
<b>Age</b>				
<b>Disability</b>				
<b>Gender reassignment</b>				
<b>Pregnancy and maternity</b>				
<b>Race</b>				
<b>Religion/ Belief</b>				
<b>Sex</b>				
<b>Sexual Orientation</b>				
<b>Marriage and civil partnership</b>				
<p style="text-align: center;"><b>Statement</b></p> <p><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p>				

Welsh Language					
<b>Risk Assessment:</b>					
	Level of risk identified				<p><b>Statement</b></p> <p><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p>
	None	Low	Moderate	High	
Clinical					
Financial					
Corporate					
Operational					
Reputational					

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## Agenda item: 2.3

Workforce & Culture Committee		Date of Meeting: 14 <sup>th</sup> March 2023
<b>Subject:</b>	Workforce Futures Strategic Priority 13 – Update	
<b>Approved and Presented by:</b>	Debra Wood-Lawson, Interim Director of Workforce & OD	
<b>Prepared by:</b>	Sarah Powell, Assistant Director of OD Katelyn Falvey, Head of Organisation Design & Workforce Transformation Sara Alford, Senior BP Resourcing Louise Richards, Strategic WF Lead for Health, Care & Partnerships	
<b>Other Committees and meetings considered at:</b>	Workforce Steering Group, 2 <sup>nd</sup> March 2023	

### PURPOSE:

The report provides an update on delivery and progress against the Workforce Futures strategic priority 13: Design, develop and implement a comprehensive approach to workforce planning to include:

- Organisational approach to workforce planning and sustainable workforce models and implementation of the All-Wales Workforce Planning Toolkit
- Recruitment Programmes Progress
- Accelerated Learning Routes

### RECOMMENDATION(S):

The Workforce and Culture Committee is asked to **receive** the progress update and take **assurance** against the delivery of IMTP Strategic Priority

Approval/Ratification/Decision <sup>1</sup>	Discussion	Information
		<b>X</b>

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<sup>1</sup> Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

## EXECUTIVE SUMMARY:

The report provides the Workforce and Culture Committee with an update against the IMTP Delivery Plan 2022-23 for strategic priority 13: Design, develop and implement a comprehensive approach to workforce planning (focussing on attracting/securing workforce for targeted services). The paper is focussed on providing an update specifically against the milestones for quarters 3 and up to February in quarter 4 and includes:

- Organisational approach to workforce planning and sustainable workforce models and implementation of the All-Wales Workforce Planning Toolkit
- Recruitment Programmes Progress
- Accelerated Learning Routes

## DETAILED BACKGROUND AND ASSESSMENT:

PTHB's Integrated Medium-Term Plan (IMTP) 2022-25 sets out our organisational priorities for the next 3 years. Strategic Priority 13 within the enabling 'Workforce Futures' section is to *'design, develop and implement a comprehensive approach to workforce planning, focusing on attracting/securing workforce for targeted services.'*

For the purpose of this paper, the updates have been grouped into the following sections, but recognising that many programmes of work are cross cutting and strongly align with one another:

- Organisational approach to workforce planning and sustainable workforce models and implementation of the All-Wales Workforce Planning Toolkit
- Recruitment Programmes and activity
- Accelerated Learning Routes

### **1. Organisational approach to workforce planning, sustainable workforce models and implementation of the All-Wales Workforce Planning Toolkit.**

Within our IMTP, we have committed to supporting our services with a comprehensive and sustainable approach to workforce planning. This is vital to enable us to effectively maintain the delivery of our existing services, respond to renewal activity, and continue to support the delivery of our Health and Care strategy. Effective workforce planning will help us identify areas of service change and development, and any associated workforce gaps and risks. With the current challenges around specialist workforce supply unlikely to change in the near future, the level of understanding around current and future workforce requirements is now greater than ever.

Our proposed organisational approach to workforce planning can be used for short term, medium term, and long-term planning and is based on the six-step methodology. In addition to the very clear step-by-step process that will support service leads to develop

and produce well-informed workforce plans, the Powys approach will have an additional focus on key areas which will include:

- identifying and reducing single points of dependency
- workforce planning underpinned by a value-based healthcare approach
- a competency-based approach to workforce planning
- Consideration given to development of new roles, role re-design to include extended/hybrid roles
- consideration given to our organisational 'Grow our Own' agenda with integration of roles into workforce plans such as Apprenticeships, Aspiring Registrants, and training/development roles using Annex 21.

Progress has been made against the milestones in Quarters 3 up to February in Quarter 4 and includes:

- Our organisational approach to workforce planning was presented and approved at Executive Committee in November 2023.
- Key individuals within the WOD Business Partnering team have completed 'Train the Trainer' Training for Workforce Planning.
- A rolling programme of workforce planning training has been scheduled and advertised for delivery from early March 2023 with a view to delivering 3 cohorts per quarter going forwards.
- The Business Partner Team are marketing the training opportunity and encouraging service leads and professional heads to attend the training. In addition to this, they are encouraging all staff at Band 7 and above to complete the online workforce planning training available through ESR.
- Discussions with Planning Directorate colleagues have commenced to explore and agree an integrated approach to the submission of workforce plans as part of the IMTP process. The initial focus going into 2023-24 will be on building workforce planning capacity and capability with a view to formal submission of workforce plans being integrated into the IMTP process for 2024-25.
- Quarter 3 saw the Accelerated Sustainable Model (ASM) programme of work begin. Recognising an urgent need to develop a sustainable model for health and care services in Powys, this programme was launched and Quarter 3 has been focused on the Discovery phase. During this rapid phase of the programme, the Head of Workforce Transformation has been supporting the programme team with the required workforce data intelligence and analytics to inform the picture in terms of our current workforce models.
- 10-Year workforce projection modelling data was produced for the majority of clinical and non-clinical services/roles and presented to Workforce Steering Group. This data has been used to support and inform the Discovery Phase of the ASM. Detailed data analytics were undertaken for Nursing, Midwifery and AHPs, and further work needs to be undertaken with some professional groups such as Psychologists to produce more granular detail. (see appendix 1 for Workforce Projections Slides presented at Workforce Steering group Nov 2022).
- As we move into the design phase of the ASM, workforce planning support will be provided to help inform the new service models and subsequent workforce models.



- There will be consideration given to role redesign, introduction of new, extended and hybrid roles with due consideration given to workforce supply and sustainability.
- An example of exploring hybrid roles would be in relation to the initial conversations that have commenced with Edgehill University in relation to the training of dual registrants, such as Nurse-Paramedics or Nurse-Social Workers. There is a meeting planned in March 2023 which will help us to understand what is required to train dual registrants and where these roles could be utilised effectively in our workforce models across the organisation and potentially with partner organisations.
  - The first meeting of the Community Paediatric remodelling steering group occurred in Jan 2023 and the Head of Workforce Transformation will be supporting this programme of work going forward.
  - Work continues with the Renewal Priorities, with each programme at a different stage in relation to workforce modelling. There are 52.40 WTE posts across the 7 areas: 20.50 WTE of these posts are recurrent posts and the remaining 31.90 WTE are fixed term appointments. All recurrent posts have been appointed to, and all non-recurrent posts are due to finish in March 2023.

## 2. **Recruitment Programmes Progress**

### **There are two key Recruitment objectives within the IMTP**

1. To widen recruitment and careers opportunities building on apprenticeship offer, international nursing, including specific promotional campaigns.
2. To support accelerated learning routes including part-time degrees for health and care staff, enhancing the Student Streamlining offer.

Both objectives support the delivery of effective workforce plans by focusing on attracting and securing workforce for targeted services (SP13).

- The second cohort of Overseas Nurses (OSN) is currently being recruited, bringing Phase 1 of the All-Wales International Nurse Recruitment Programme to an end. Offers have been issued and accepted and the remaining 5 successful OSN are at varying stages of the sponsorship and visa process. The target landing date for 3 of the 5 nurses is currently 11<sup>th</sup> April. Work is underway to recruit a Settlement and Pastoral Care Support Worker who, once recruited into this fixed term post, will provide vital on-boarding and settlement support to the 5 OSN to aid long term retention and value for money.
- The second tranche of Student Streamlining events are underway. With only 2 students allocated in the first round at the end of last year, the Workforce team, with support from the representatives from the service areas attended events at Swansea University and the University of South Wales in January and February respectively. A further event is planned at Cardiff University in March. The resourcing team also attended their first event at the University of Bangor for the Faculty of Medical Sciences, although not a student streamlining event it proved very successful.
- The talent pool continues to be developed in Trac. Work has started to develop an 'Issues and requirements' register which looks at the functionality of Trac in



its current configuration. One area of concern is the lack of access to applicants who only partially complete their applications, choosing not to submit. It is hoped that by identifying such issues, the lack of triangulating between the applicant login portal and the talent pool section of Trac can be remedied.

- Recruitment events continue to take place across the county and further afield. In addition to Student Streamlining events noted above, a series of open days are due to take place in the Mid and the North, including Machynlleth 20<sup>th</sup> February, Llanidloes 23<sup>rd</sup> February, Welshpool 27<sup>th</sup> February and Llandrindod Wells 6<sup>th</sup> March. PTHB are continuing to have a presence at DWP events across the county, with events also planned for Brecon and Newtown colleges.
- Preliminary planning is taking place to structure a large-scale partnership recruitment event for September '23 to counter against winter pressures felt by the Health Board and Powys County Council.
- In January, a new social media platform purely for recruitment and application information was launched. Our new 'Powys NHS jobs' Facebook page, with over 500 followers, has made quite an impression. The page is very much in its infancy but with plans in place to develop the content further it is hoped that its objective 'to let the outside in' will see it grow in strength, reach and numbers of followers. Our LinkedIn page is currently under construction and will be relaunched in the next few weeks. Our ambition is to further our demographic reach by targeting early talent on TikTok.
- The Temporary Staffing Unit (TSU) has recently launched rolling Bank adverts on Trac, for each hospital site location, for both RN and HCSW Bank vacancies. It is anticipated that these continually rolling adverts will speed up the bank recruitment process and enhance the candidates experience of PTHB. We will be monitoring the success of this approach and working closely with other service areas to replicate the process where possible.
- The TSU are planning on advertising Welsh essential language jobs for all Nursing and HCSW roles.

### **3. Accelerated Learning Routes**

In support of our education commissioning and workforce planning approach, we have been working with our education commissioners to gain support to widen our 'grow our own' offer. The aim of this is to provide our current and future workforce with educational and career development opportunities, including improved access to the apprenticeship frameworks.

- Further funding support of £36K from HEIW has been secured to support a second cohort of 12 learners onto the Level 4 HE Certificate in Healthcare Support. The original cohort of 12 in Sept 2022 were the first to join a pilot programme with Llandrillo College, delivering the programme through a distance learning model over 1 year. The second cohort is due to start in Feb 2023, so applications and interviews have been undertaken. This learning programme is the equivalent of Stage 1 of the Nursing Degree programme, therefore supporting 24 of our HCSWs

in 2022-23 to join the first step of a career pathway from HCSW to Registered Nurse.

- We have another cohort of 6 internal Aspiring Nurses due to start their distance learning part-time degree programme in February 2023. These Aspiring Nurses will qualify in January 2028. 1 Aspiring Occupational Therapist commenced their degree programme with Glyndwr University in January 2023.
- Due to the unforeseen difficulties encountered last year in recruiting an Aspiring Radiographer to PTHB, agreement has now been confirmed in January 2023 from HEIW that we can utilise the funding support agreed previously to recruit an Aspiring Radiographer to the September 2023 cohort at Bangor University. There are plans in place to undertake a joint recruitment and selection approach with Bangor University into the trainee role and onto the degree programme through direct application.
- A newly qualified nurse preceptorship programme has been developed and rolled out for all new nurse registrants to access upon joining PTHB, delivered by the Clinical Education Practice Education Team.
- March 2023 will see the first cohort of Powys based Aspiring Nurses join the full-time Dispersed Learning Nursing Degree programme at Bangor University. This new educational contract has been commissioned by HEIW specifically for Powys in a bid to support the development of the future nursing workforce in Powys. This blended learning full-time Adult or Mental Health Nursing degree is only available to Powys residents who will remain in Powys for the duration of their degree allowing them to study from home whilst continuing to live in Powys. The taught elements of the course will be delivered via an interactive virtual learning environment which will allow students to access lectures, seminars and skills training delivered live or recorded. There will also be in-person contact with academic staff on a weekly basis in nominated hubs in Powys during theory teaching blocks. This will ensure that students get a great combination of online and in person personalised, local teaching and support that is easily accessible. This approach is aimed at Powys domiciled students who want to gain a career in nursing without having to leave their home county. Powys THB have been supporting Bangor Uni with their local marketing strategy and will continue to work closely in partnership to provide a range of excellent clinical placement opportunities.

### 3.1 Health & Care Academy update

A large investment over the last 12 months has been around the development of the joint Powys Health & Care Academy. The Health and Care Academy Model acts as a platform for local delivery to achieve our ambition in increasing local access to education, training and development across the health and social care sector, specifically focused on the workforce in Powys. With the absence of a brick university in county, the model enables Powys to have a truly integrated Health and Care Academy establishment that is core to the delivery of our education and training across the county by 2027. Though to date our focus has been on entry point education, work is underway

to start to scope the repatriation of degree training back into county through the Academy model.

- The Health & Care Academy education team has been working closely with two schools in Powys to enhance the education offer to students undertaking health and social care qualifications at level 3 (A-level/BTEC/Certificate). 34 students across Crickhowell and Llanfyllin high schools have been able to engage in sessions led by specialist guest speakers and our own education team. Topics have been based around their curriculum syllabus as well as health and social care careers. The students have also been invited into the Academy to participate in scenario and simulated based learning events. Further to this, the possibilities of work experience and volunteering has been highlighted to these students, whilst work is underway to facilitate enrolment onto PTHB bank.
- The Academy has been integral to the development of the Powys Joint Health and Social Care Induction, which incorporates the NHS Wales health care support worker induction and all Wales induction framework for social care support workers. The Powys pilot programme due to commence on 1st March 2023, will run alongside the current NHS Wales Induction for entry level staff. A further 2 cohorts in April '23' and June '23' will complete the pilot, whereby a full evaluation will be undertaken on its impact.

## **Widening Access initiatives**

- **Reaching wider**

We are working in Partnership with Bangor University to support our care leavers to access a level 4 qualification. Currently we have 24 care leavers undertaking this learning across Llandrindod and Brecon high schools. These students are starting to understand education pathways available to them, careers in the Health and Care Sector, and are spending some time in the Academy through a simulated lens.

- **Powys Health & Care Academy Careers & Education Enterprise Scheme (ACEEs) for Young People**

Working together with our resource teams across the partner organisations, the Academy has developed a Careers & Educational Enterprise scheme. This scheme will help to educate young local students, our future workforce, with the knowledge and understanding of the world of health and social care.

Working closely with the Educational Transformation team in Powys County Council, the Academy will offer career and educational advice to students at all stages of the educational curriculum about a range of services, career pathways and enterprise opportunities within health and care will empower them to make informed career choices and create alternative ways and places for them to choose to study.

Offering new exciting and dynamic career and educational programmes on a range of workplace experiences and incorporating the use of digital technology, will help to attract our digital age students, increase a wider knowledge of services

available and the ability to reach and accommodate a wider audience. The triad of programmes include:

- **Careers and Education Enterprise Programme** – these delivered virtually via MS Teams webinars and will be available to all students aged 14+ in secondary and further education establishments across Powys. These sessions will inform students of the range of job roles, careers, and pathways, including work experience, volunteering, and apprenticeships. Careers Wales supported the first on these events that took place on 25th January 2023. 10 Schools from across the county joined the webinar with an estimated 300 students taking part. We are currently working with DWP to identify those students who are keen to explore further work experience/simulated learning/ apprenticeship and/or entry level employment opportunities with us through the Health & Care Academy.
- **Young Peoples Volunteering Enterprise Programme** – a range of roles are available across partner organisations to support students to be involved in the practical volunteering opportunities. It is envisaged that a defined volunteering programme to support both the Welsh Baccalaureate and Duke of Edinburgh awards will be offered in future. This programme is being developed in conjunction with PAVO.
- **Careers and Education Enterprise Work Experience Programme** - to work more closely with our organisational resource teams, Careers Wales, High Schools, and FE Colleges to streamline processes and widen access to support and educate the young people of Powys, our future workforce.

In addition to these, we have been working closely with internal and external agencies to widen the offer further, taking advantage of dynamic simulated learning and the use of digital technology. Key activities have included streamlining FE pathways, initially targeted at students currently studying Health & Social Care related courses, policy development with partner organisations and linking in the national work programme with HEIW around Careersville; a digital platform that supports students to navigate the family of roles with the Health & Social Care Sector.

- **Apprenticeships**

Our apprenticeship offer is pivotal to our longer-term outcome of increasing employment opportunities at entry level into the sector. In the last year we have been exploring more openings to increase our capacity in this area. We anticipate this will support the need to grow our own workforce and help to fill vacancies in hard to recruit areas. Here are some of the existing roles we are supporting through the Health & Care Academy:

- **Health Care Support Worker (HCSW) Apprentice**

The Health Care Support Worker apprenticeship programme initially set up in 2018 offers apprentices the opportunity to gain practical skills working as a HCSW on inpatient wards whilst working towards a Level 2 qualification in Clinical Health Care Support. These individuals sit within the Health & Care Academy and are supported by

the Widening Access Manager with a 360\* pastoral support and 1:1 coaching. A mentorship model has been developed and principles rolled out to supervisors/teams who host these apprentices.

**Evaluation summary:**

Cohort 3 – September 2021 – October 2022:

Recruited	L2 Qualification Achieved	Secured Substantive HCSW Role
7	6 (1 x long term sickness due to long covid)	4 x in PTHB 2 x External

Cohort 4 – September 2022 – October 2023:

Recruited	L2 Qualification (Not Due until September 2023)	Secured Substantive HCSW Role
6	5 (1 x resigned)	N/A as yet

• **Digital Marketing & Media Apprentice**

Based in the regional Research & Innovation Hub, this role works alongside the Communications Team, and will continue their learning until May 2024.

As part of the apprenticeship offer, additional work experience placements have commenced that support apprentices in addition to their regular place of work. These are offered in various services and departments within the health and social care sector to widen service knowledge and support each apprentice to make informed career choices and increase confidence in applying for vacancies outside of their work placement. This compliments their qualifications framework and aims to support organisational recruitment and the retention of staff. The first group of apprentices will start these placements between February and May 2023.

**NEXT STEPS:**

Further progress against the strategic priorities and objectives will continue to be monitored as part of the quarterly IMTP reporting framework.

**Appendix 1. Workforce Projection Slides**

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**THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):**

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

**The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):**

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age				
Disability				
Gender reassignment				
Pregnancy and maternity				
Race				
Religion/ Belief				
Sex				
Sexual Orientation				

**Statement**

*Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken*

Marriage and civil partnership					
Welsh Language					
<b>Risk Assessment:</b>					
	Level of risk identified				<p><b>Statement</b></p> <p><i>There is a low risk for the organisation in employing clinical staff with no prior health or social care experience and a low financial risk related to supporting increased supernumerary shifts to allow the staff member to gain required competencies</i></p>
	None	Low	Moderate	High	
Clinical					
Financial					
Corporate					
Operational					
Reputational					

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# PTHB Workforce Projection Data & Proposed Workforce Planning Approach

Workforce Steering Group - 23rd November 2022

Debra Wood-Lawson, Interim Director of Workforce & OD  
Katelyn Falvey, Head of Organisational Design & Workforce Transformation

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# Background

- ❖ March/April 2022 – request from CEO's in Wales to undertake Nursing Workforce modelling exercise for Nursing and Midwifery
- ❖ Nationally agreed planning assumptions
- ❖ Recognising the value of this data to inform strategic workforce planning
- ❖ Local decision to utilise tool and undertake WF projection modelling for all clinical and non-clinical service areas/professional groups



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# National picture



**RCN Wales publishes workforce report as Welsh Parliament debates safe nurse staffing levels**

2,900 Registered Nurse (RN) vacancies in NHS Wales (up from 1,719 in 2021)



"Sixty per cent of the staff that will deliver NHS services in ten years' time are already working in healthcare"

Person: Liz  
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**A HEALTHIER WALES:**  
**OUR WORKFORCE STRATEGY FOR HEALTH AND SOCIAL CARE**



The numbers of registered physiotherapists has lagged behind demand for several years.

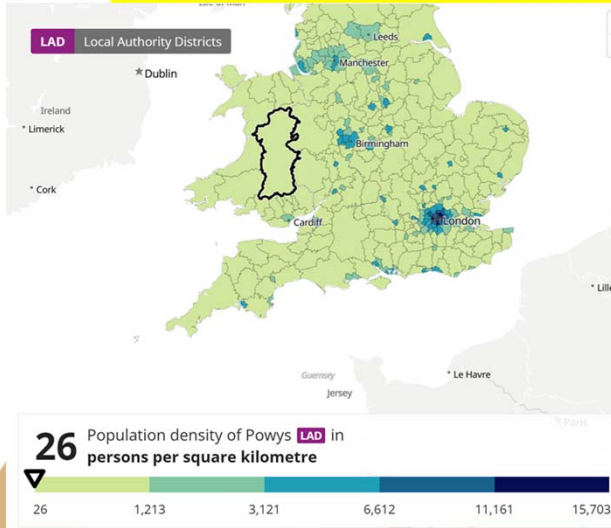
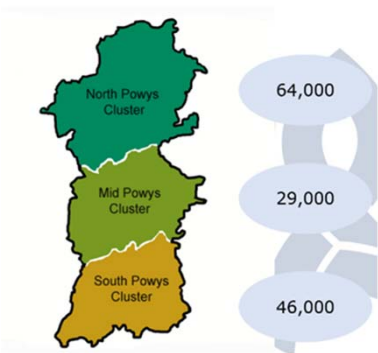
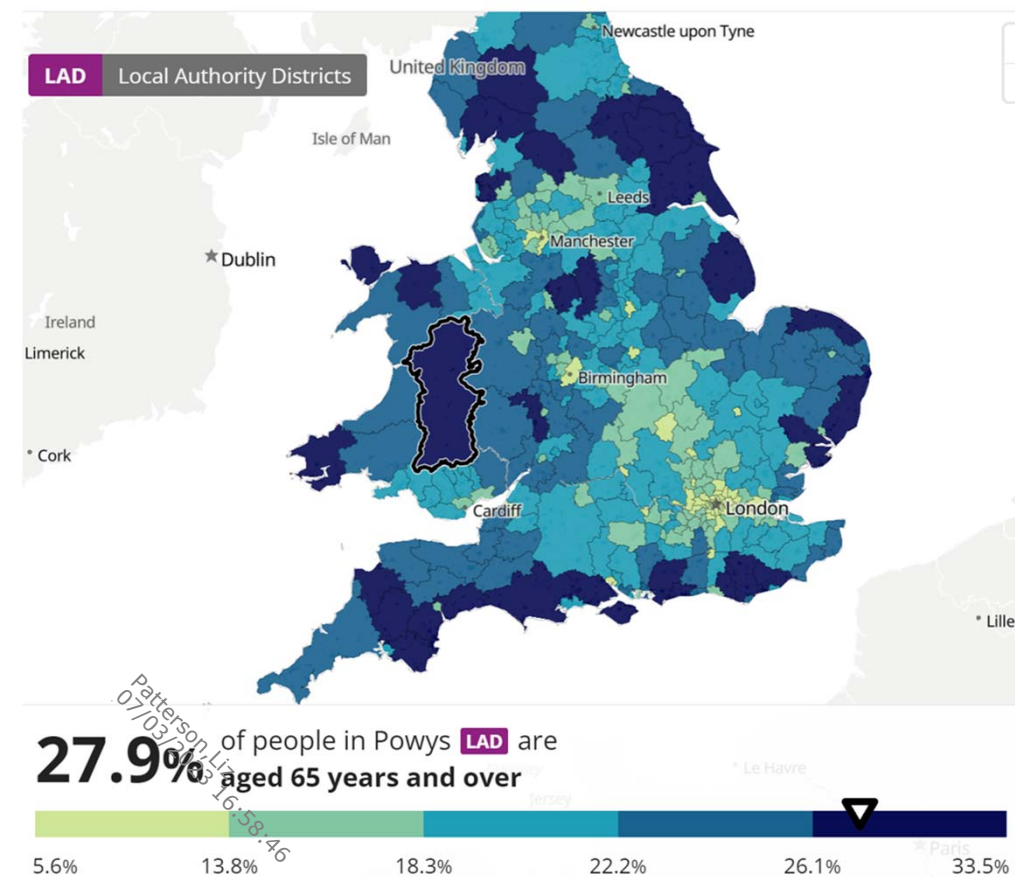


33.8% of Doctors in NHS Trusts in England are non-UK nationals with an overall figure of 21.5% across all NHS staff (Dept for Health, June 2022,)

In 2009, 29% of the workforce were over the age of 50, but 10 years later, this has risen to nearly 40%. The same is true for a number of staff groups, especially Nursing & Midwifery, which has increased from 25% to 37%.

# Local Context

By 2030, the number of elderly persons in Powys is projected to rise by 15%, while at the same time the working-age population is projected to fall 3,200 (4%) (Welsh Gov, 2018).



- With an ageing population, health and care needs will increase
- The gap between the needs of older people and the working age population will further drive shortfalls in staff.



# Workforce Projection Data by Clinical Staff Group

- ❖ Doctors – overall
  - ❖ Mental Health
  - ❖ Adult
  - ❖ Paediatrics
  - ❖ GP's
- ❖ Psychologists
- ❖ Pharmacists
- ❖ Pharmacy Technicians
- ❖ AHPs – overall
  - ❖ Physiotherapists
  - ❖ OT's
  - ❖ SaLT's
  - ❖ Dietetics
  - ❖ Podiatrists
  - ❖ Radiographers
  - ❖ HCSWs - Therapies

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# Workforce Projection Data by Clinical Staff Group

- ❖ Midwifery RM's
- ❖ Registered Nurses – overall
- ❖ Nursing HCSWs – overall
- ❖ Womens & Childrens RN's
  - ❖ Health Visitors
- ❖ All Mental Health RN's
  - ❖ Ward RN
  - ❖ Community RN
  - ❖ CAHMS RN
  - ❖ LD RN
- ❖ Adult RN's - overall
  - ❖ Specialist Nursing RNs
  - ❖ Outpatients & Theatres RNs
  - ❖ Community DNs
  - ❖ Community HCSWs B2&3
  - ❖ Adult Wards RNs
    - Individual wards RNs
  - ❖ Adult Wards HCSWs



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# Workforce Projection Data by Staff Group

## Non-Clinical Workforce

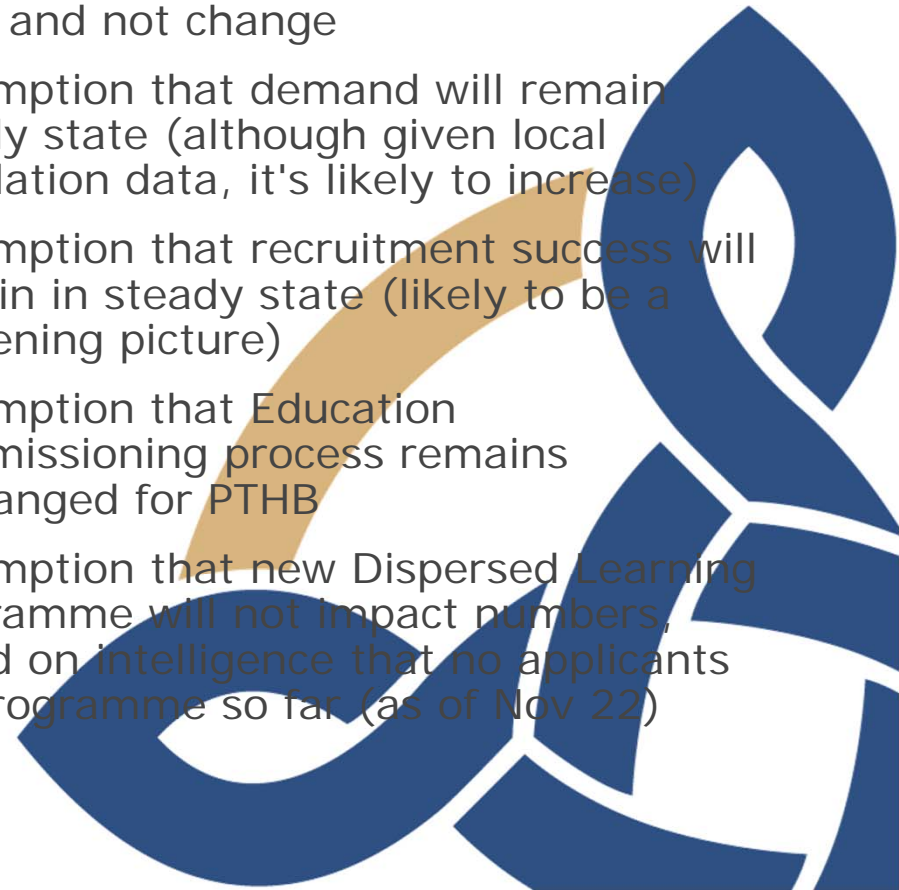
- ❖ Estates & Works
- ❖ Facilities
- ❖ Finance (includes IG, Information Projects and Department, Clinical Coders)
- ❖ Workforce & Organisational Development



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# Planning Principles and Assumptions

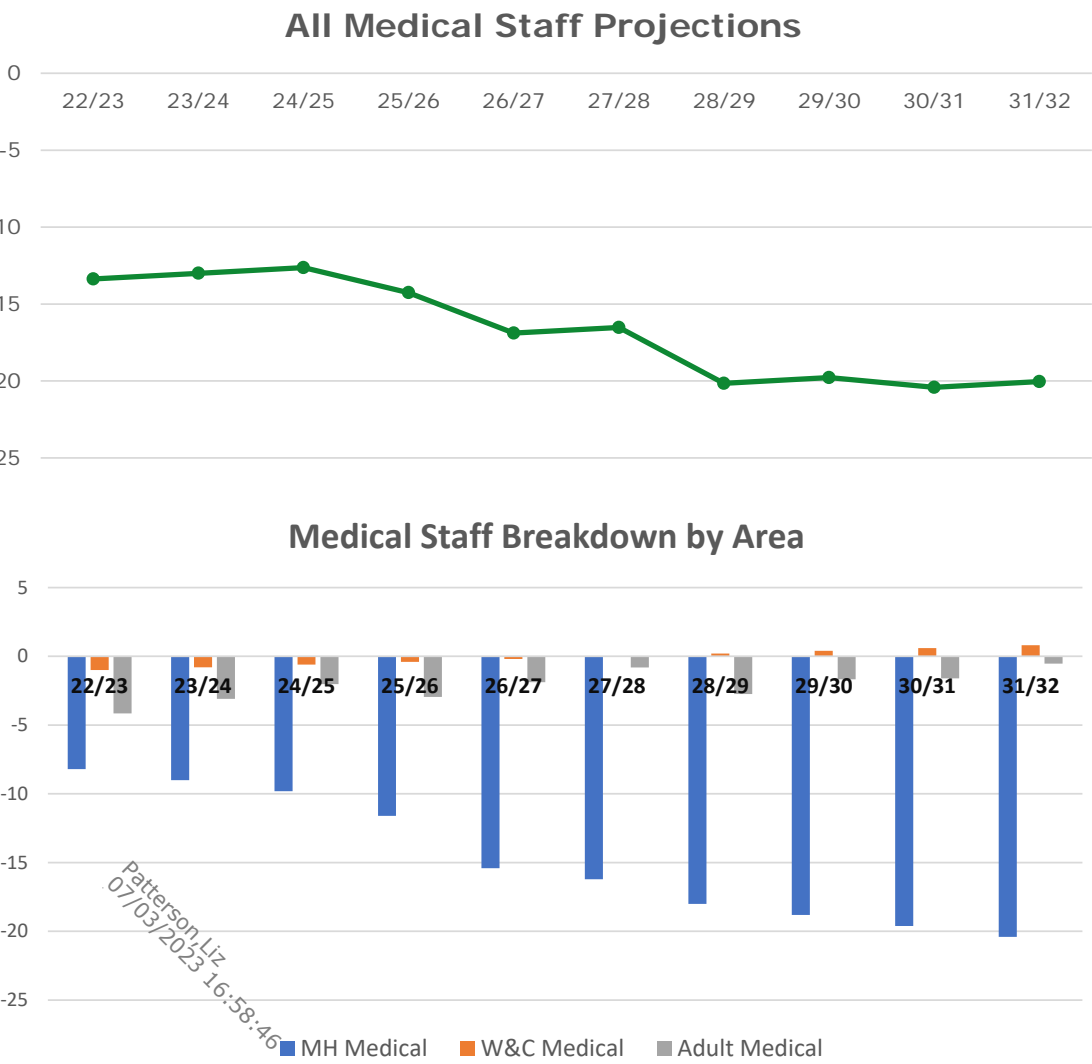
- ❖ All establishment/budget data is as of 30<sup>th</sup> Sept 2022
- ❖ Establishment is steady state within the projection model
- ❖ Resourcing numbers are based on average recruitment numbers for each area over last 5 years
- ❖ Turnover is based on average turnover rates for each staff group from the last 5 years
- ❖ Retirement numbers are based on an assumption that those who are at the average retirement age for that staff group, do retire.
- ❖ Only Actual Aspiring Registrants numbers on programme are included in the projections
- ❖ Assumption that Resourcing and Student Streamlining (in relation to nursing) success will remain in steady state and not change
- ❖ Assumption that demand will remain steady state (although given local population data, it's likely to increase)
- ❖ Assumption that recruitment success will remain in steady state (likely to be a worsening picture)
- ❖ Assumption that Education Commissioning process remains unchanged for PTHB
- ❖ Assumption that new Dispersed Learning programme will not impact numbers, based on intelligence that no applicants for programme so far (as of Nov 22)



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# Workforce Projections - Doctors



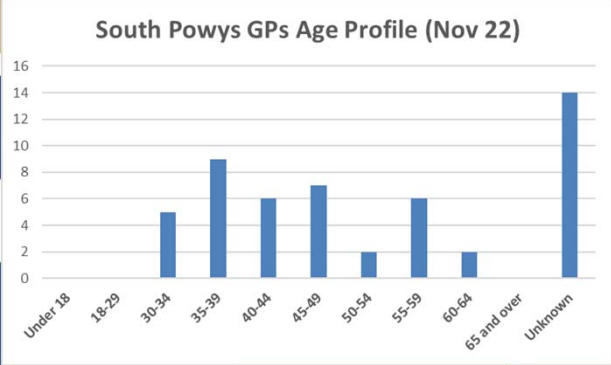
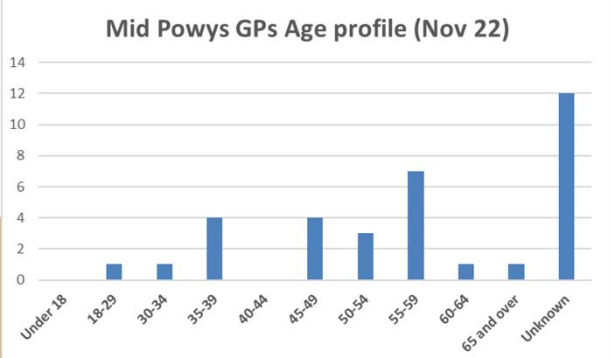
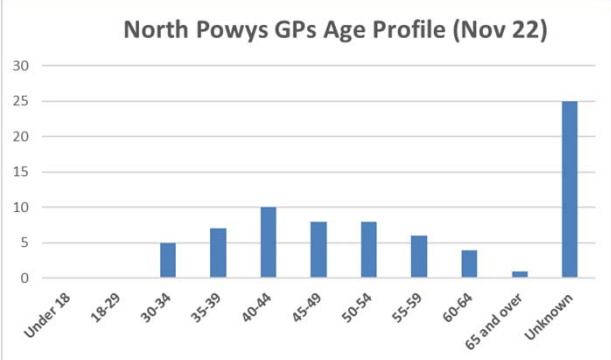
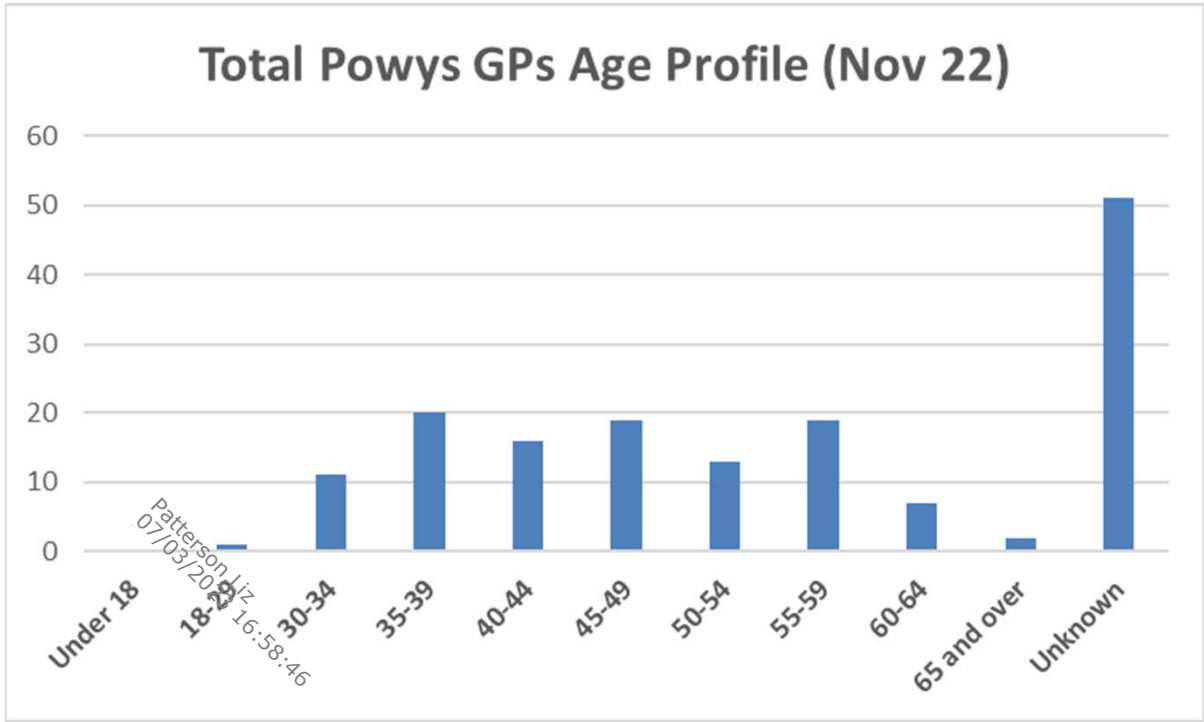
- ✦ Budgeted Establishment 30.58 wte
- ✦ SIP 17.21
- ✦ 10 yr forecast -13.37 to -20.04
- ✦ Avg. Resourcing per year = 4
- ✦ Avg. Turnover = 3.63
- ✦ Avg. Retirement projections = 1 per year



# Workforce Data – Powys GPs

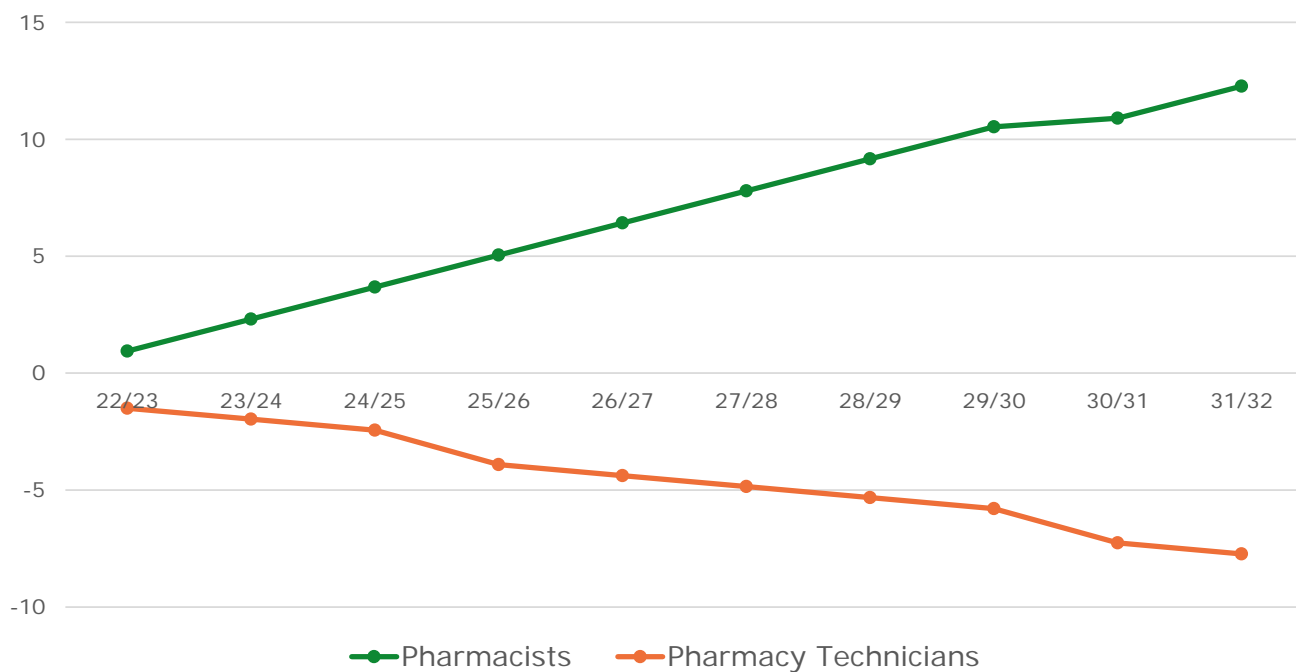
	Headcount	WTE
North Powys GPs	74	35.4
Mid Powys GPs	34	19.8
South Powys GPs	51	29.7

Limited data available to allow projection data



# Workforce Projections - Pharmacy

Pharmacy Projections

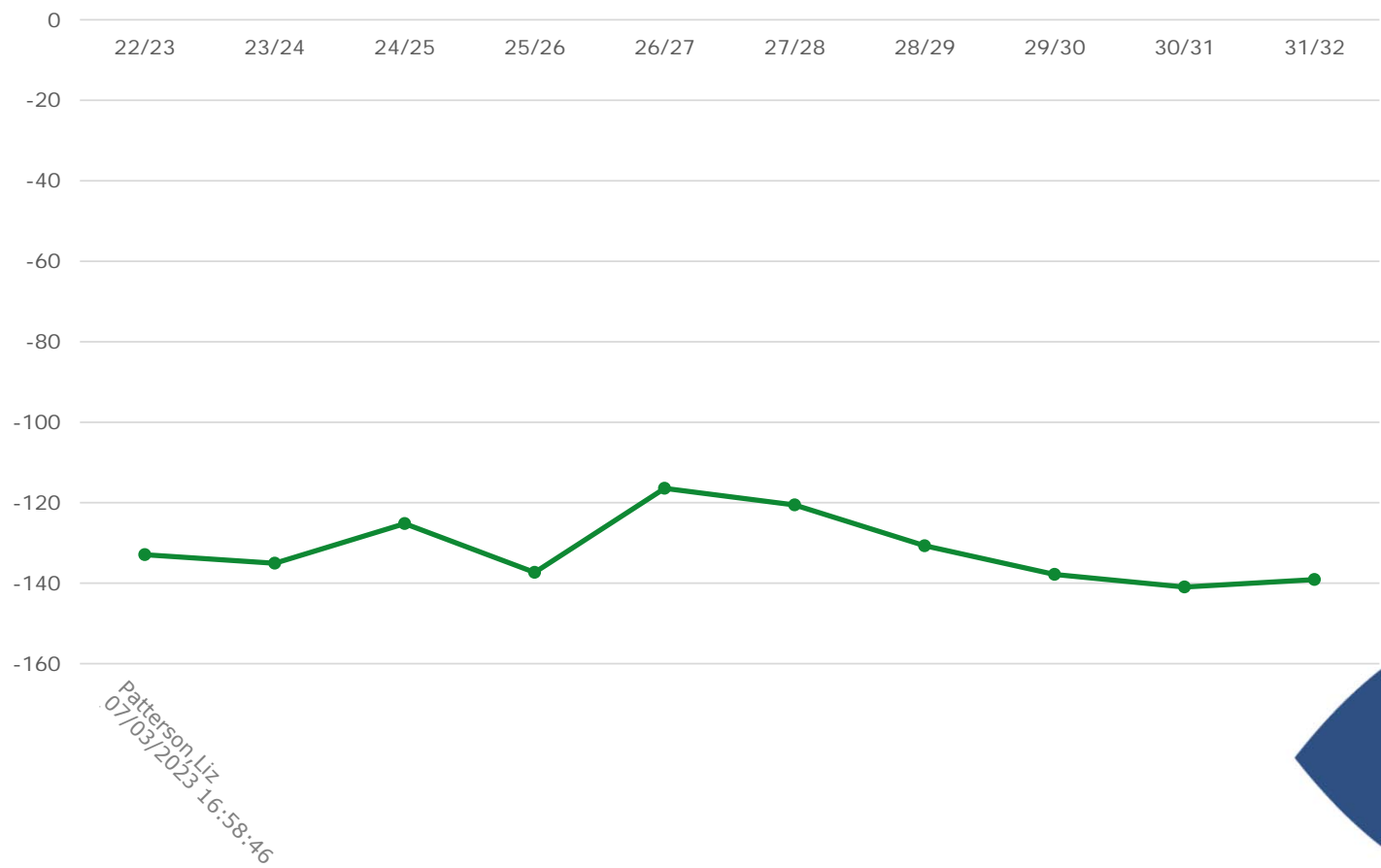


- Budgeted Establishment **Pharmacists** 8.94 wte
- SIP 9.88 wte
- 10 yr forecast 0.94 to 12.27
- Avg. resourcing per year = 2
- Avg. Turnover = 0.63
- Avg. retirement projections = 0 per year
- Budgeted Establishment Pharmacy Technicians 9.71 wte
- SIP 8.21 wte
- 10 yr forecast -1.50 to -7.73
- Avg. resourcing per year = 1
- Avg. Turnover = 1.47
- Avg. retirement projections = 0 per year

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# Workforce Projections – Nursing & Midwifery

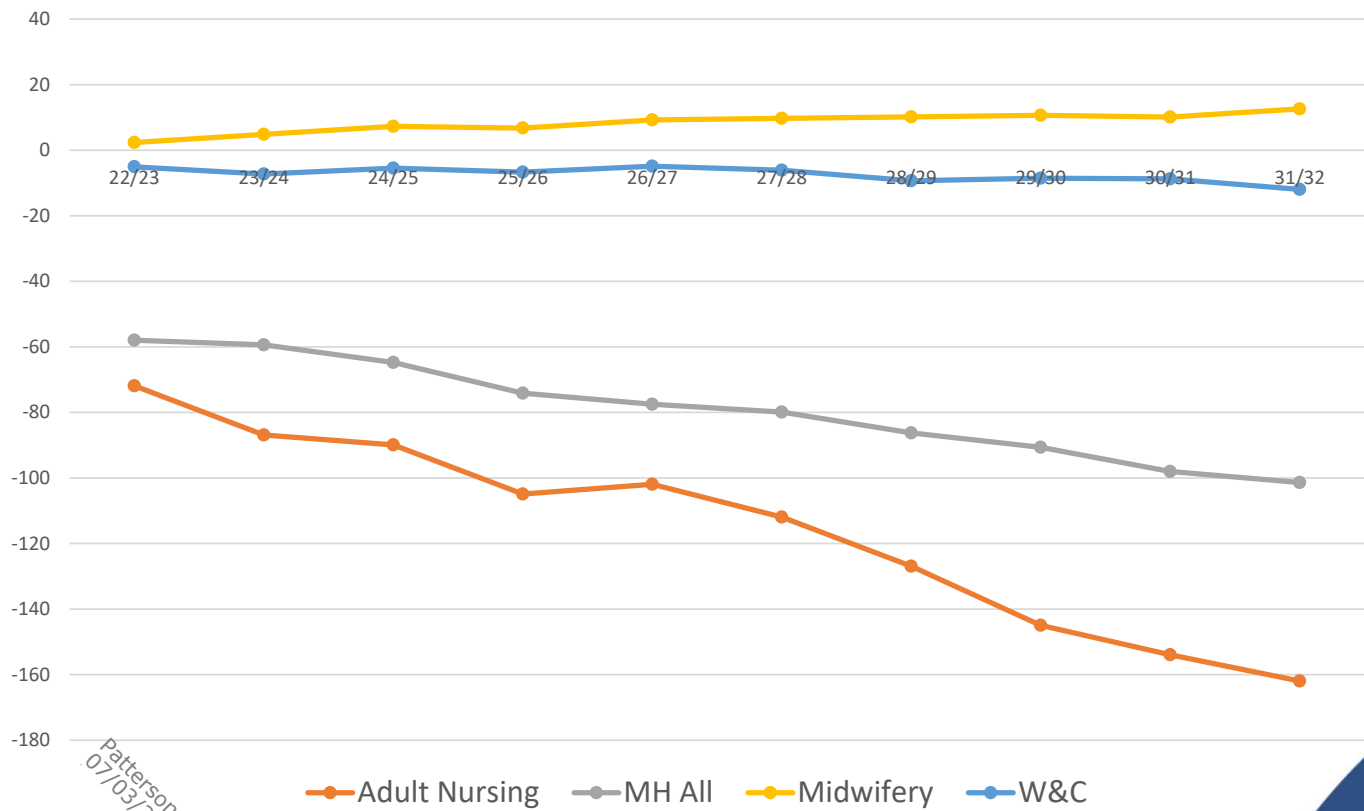
Nursing & Midwifery - Overall Projections



- Budgeted Establishment 667.81wte
- SIP 534.89 wte
- 10 yr forecast -132.92 to -139.09
- Avg. resourcing per year = 86
- Avg. Turnover = 68.13
- Avg. Retirement projections = 23 per year
- Slight increase 23/24 - 26/27 = aspiring nurses

# Workforce Projections – Nursing & Midwifery

Nursing & Midwifery - Breakdown by Area



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## Adult Nursing

BE= 373.01 SIP 301.15  
10 yr forecast -71.86 to -161.95

## MH Nursing

BE= 196.53 SIP 138.55  
10 yr forecast -57.98 to -101.4

## W&C Nursing

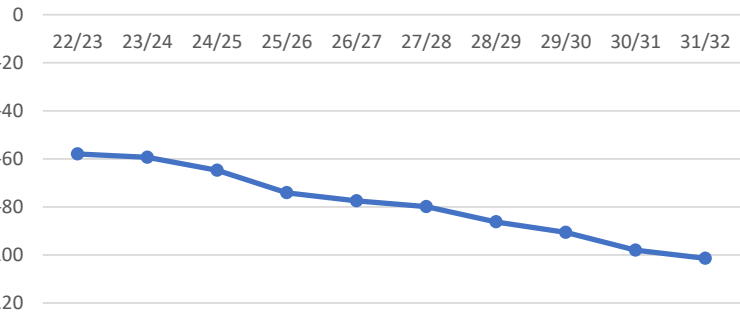
BE= 64.04 SIP 58.99  
10 yr forecast -5.05 to -11.94

## Midwifery

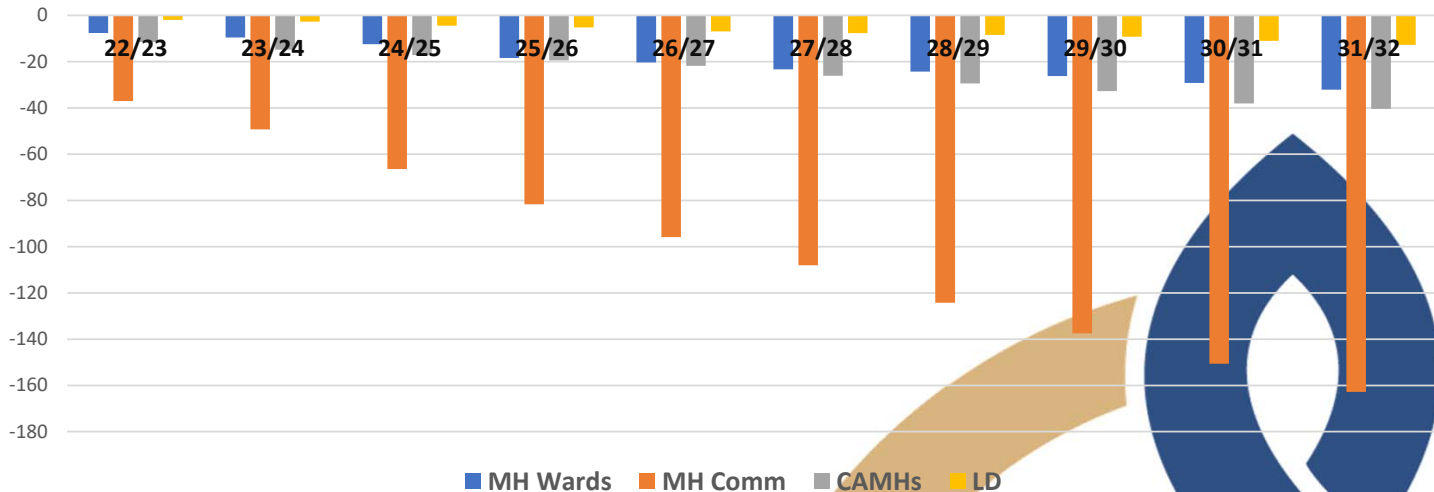
BE= 34.23 SIP= 36.59  
10 yr forecast 2.36 to 12.59

# Workforce Projections – Mental Health Nursing

All Mental Health Nursing Projections



Mental Health Nursing Breakdown



## MH Wards

BE= 45.06  
SIP 37.50  
**-7.56 to -32.11**  
Resourcing = 4/yr  
Turnover = 5/yr  
Retirement = 1.5/yr

## MH Community

BE=113.24  
SIP= 76.21  
**-37.03 to -162.83**  
Resourcing = 13/yr  
Turnover = 23/yr  
Retirement = 4/yr

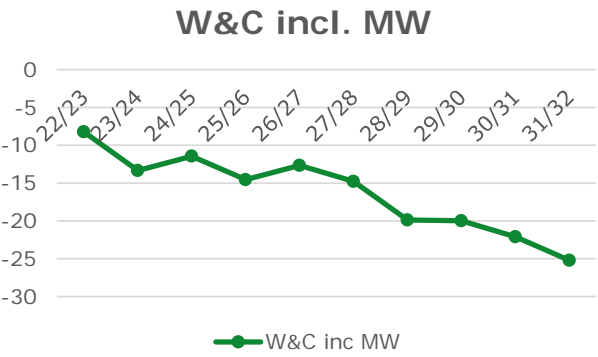
## MH CAHMS

BE= 26.19  
SIP= 14.69  
**-11.50 to -40.38**  
Resourcing = 2/yr  
Turnover = 4/yr  
Retirement = 1/yr

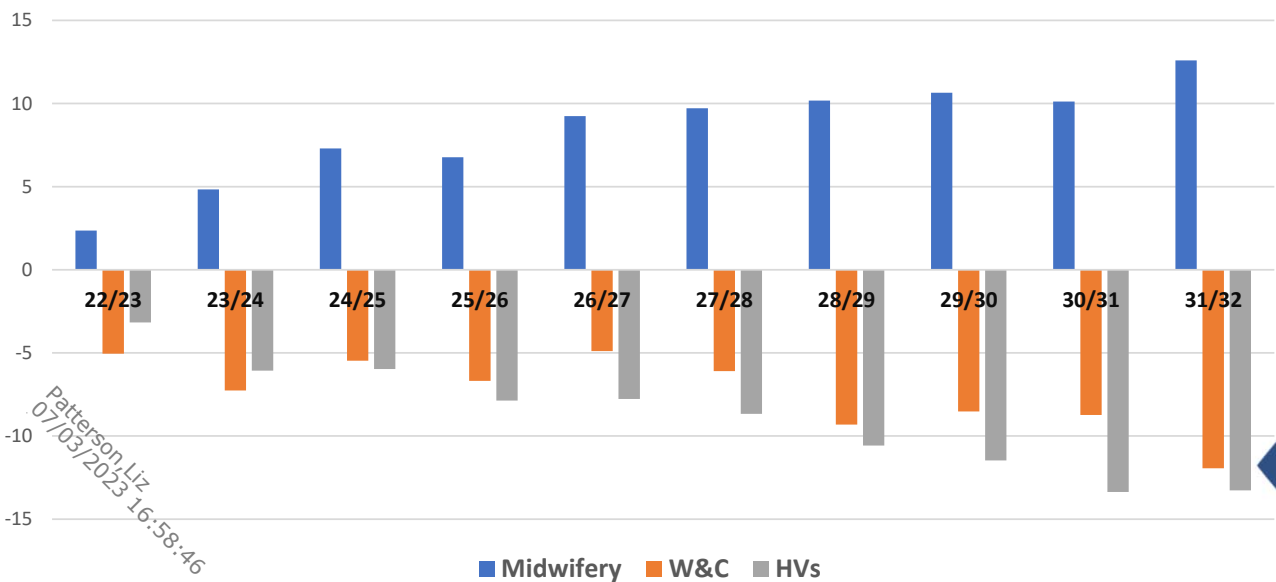
## MH LD

BE= 12.04  
SIP= 10.15  
**-1.89 to -12.73**  
Resourcing = 2/yr  
Turnover = 2.76/yr  
Retirement = 0.5/yr

# Workforce Projections – W&C incl.MW



## Women & Children N&M Breakdown



## Midwifery

BE= 34.23 SIP= 36.59

10 yr forecast 2.36 to 12.59

## W&C Nursing

BE= 64.04 SIP= 58.99

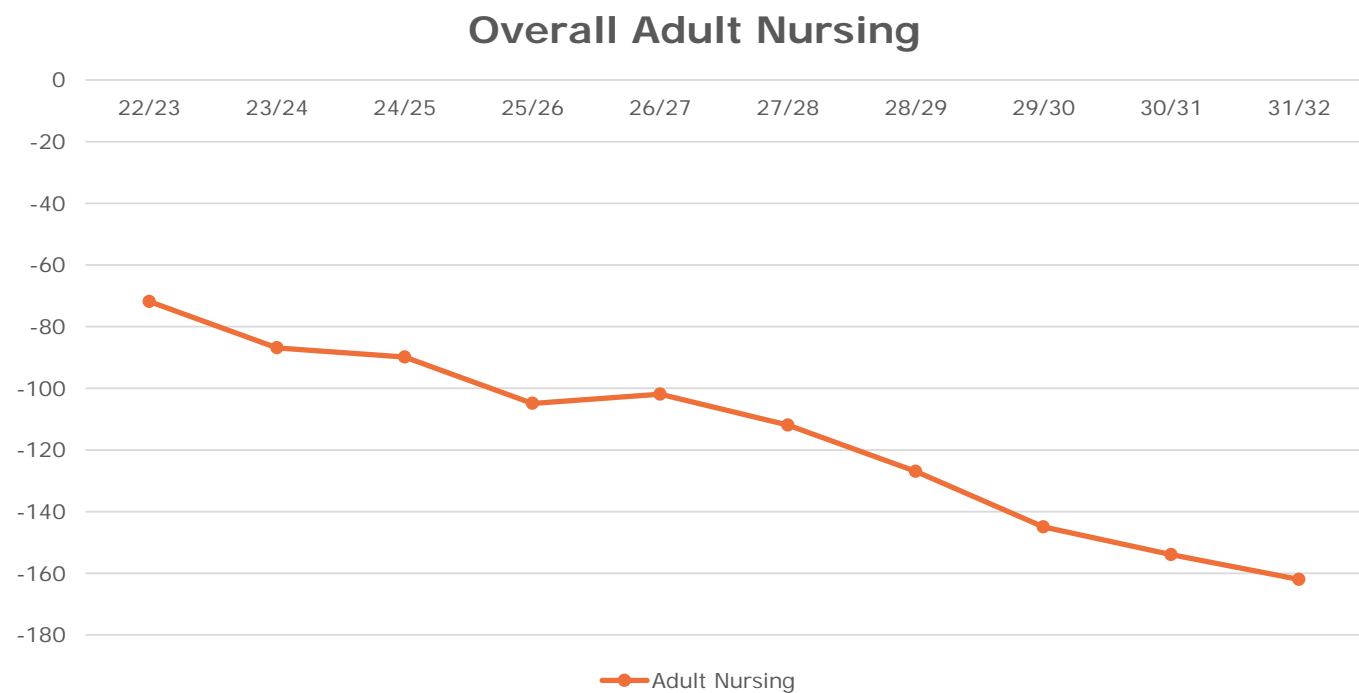
10 yr forecast -5.05 to -11.94

## Health Visitors

BE= 33.20 SIP= 30.03

10 yr forecast -3.17 to -13.27

# Workforce Projections – Adult



## Adult Nursing

BE= 373.01

SIP 301.15

10 yr forecast -  
**71.86 to -161.95**

Avg. resourcing = 40/yr

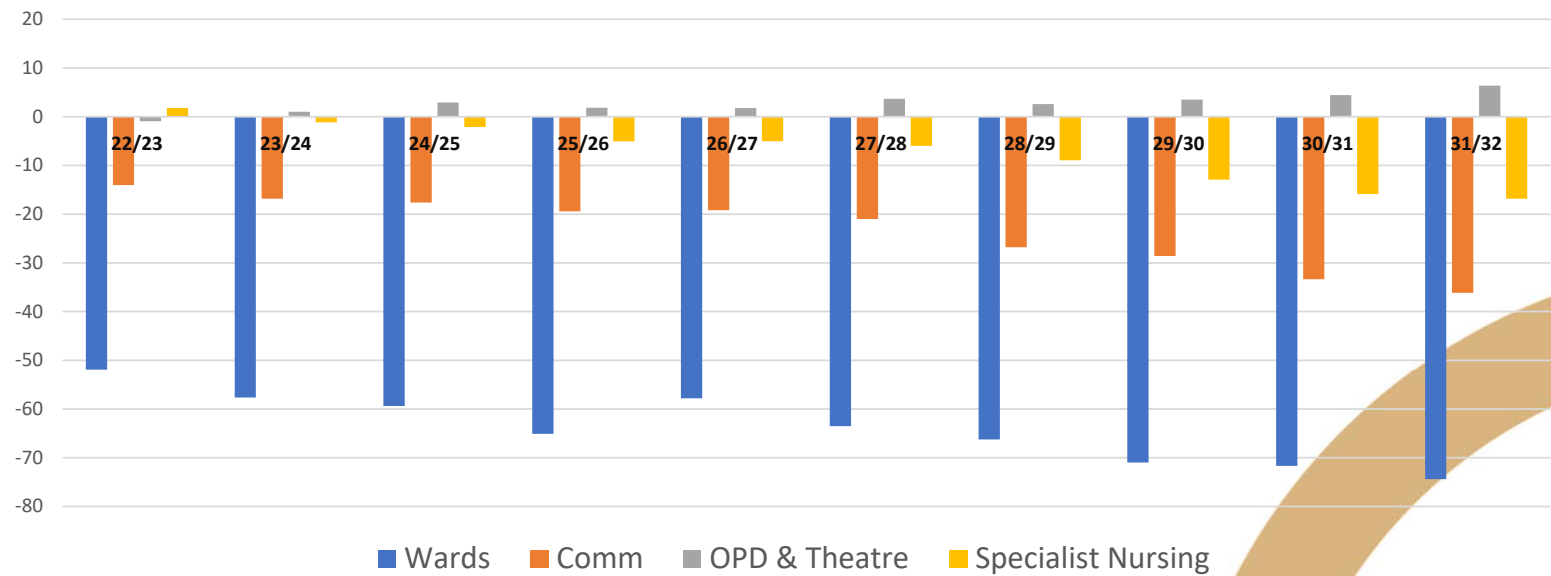
Avg. Turnover = 41/yr

Avg. retirement  
projections = 12/yr

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# Workforce Projections – Adult by area

Adult Nursing Projections



Wards  
BE= 141.03 SIP 89.11  
-51.92 to -74.4  
Resourcing = 13/yr  
Turnover = 14/yr  
Retirement = 4/yr

Community  
BE= 96.93 SIP 82.89  
-14.04 to -36.15  
Resourcing = 8/yr  
Turnover = 9/yr  
Retirement = 2.6/yr

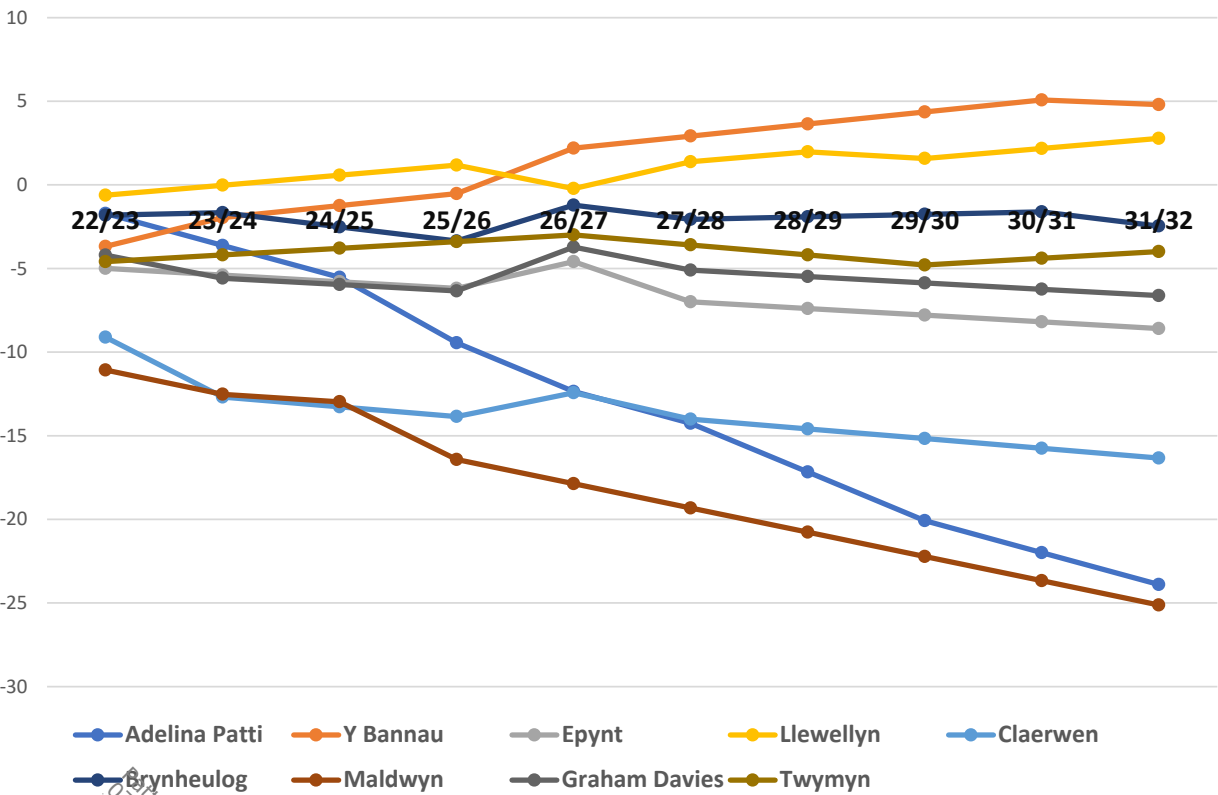
OPD/Theatres  
BE= 29.30 SIP 28.39  
-0.91 to 6.37  
Resourcing = 5/yr  
Turnover = 3/yr  
Retirement = 1/yr

Specialist Nursing  
BE= 40.27 SIP 42.09  
1.82 to -16.82  
Resourcing = 4/yr  
Turnover = 4/yr  
Retirement = 2.6/yr



# Workforce Projections – Adult Wards

Community Wards Projections



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Liz  
Person

Assumption – Knighton remains closed

## Adelina Patti

BE= 17.67 SIP 15.96  
-1.71 to -23.9

## Y Bannau

BE= 10.71 SIP 7.03  
-3.68 to 4.8

## Epynt

BE= 10.71 SIP 5.72  
-4.99 to -8.59

## Llewellyn

BE= 13.32 SIP 12.70  
-0.62 to 2.78

## Claerwen

BE= 17.67 SIP= 8.56  
-9.11 to -16.33

## Brynheulog

BE= 13.32 SIP 11.51  
-1.81 to -2.46

## Maldwyn

BE= 17.67 SIP= 6.60

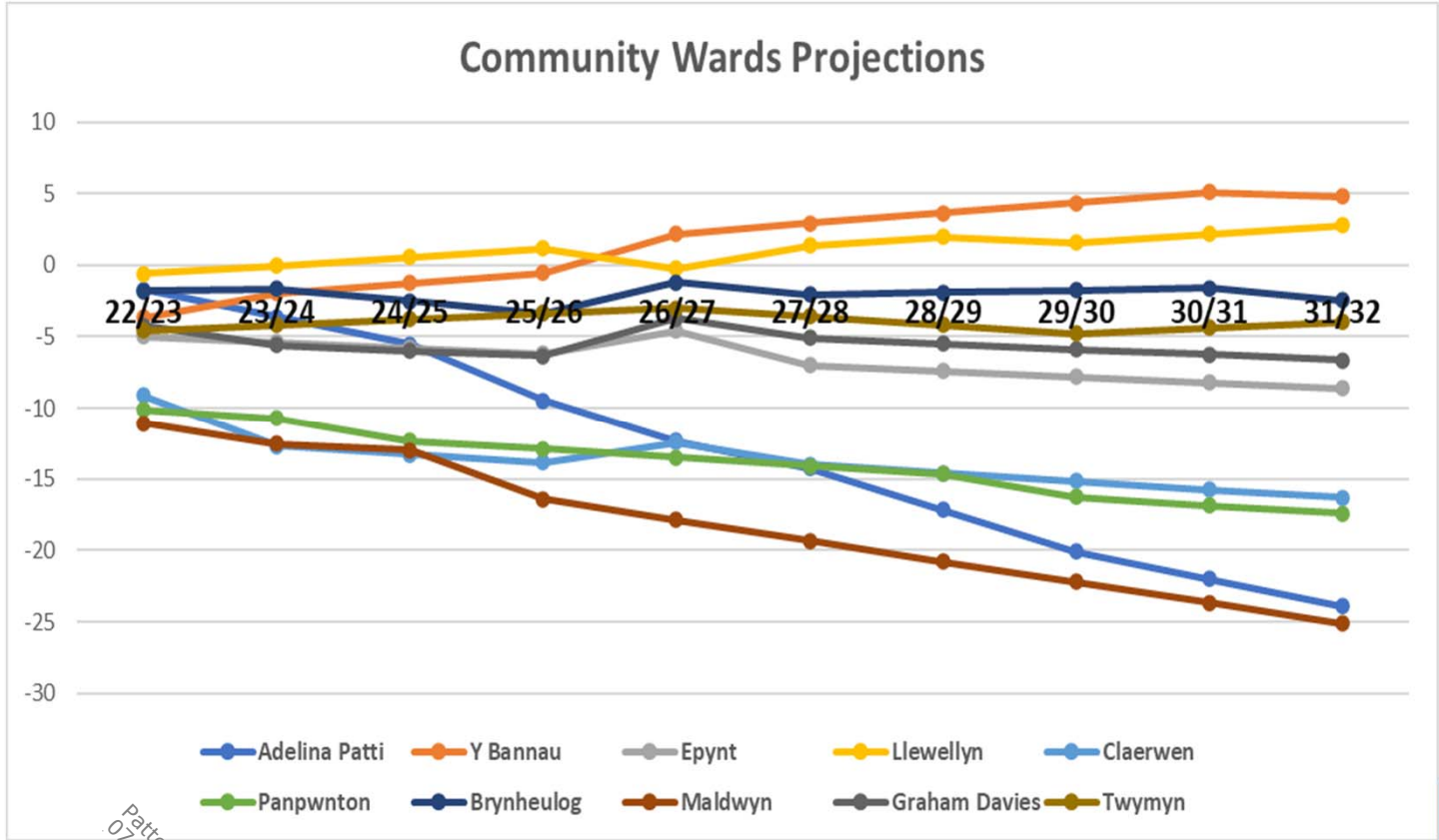
## Graham Davies

BE= 13.32 SIP= 9.12  
-4.20 to -6.62

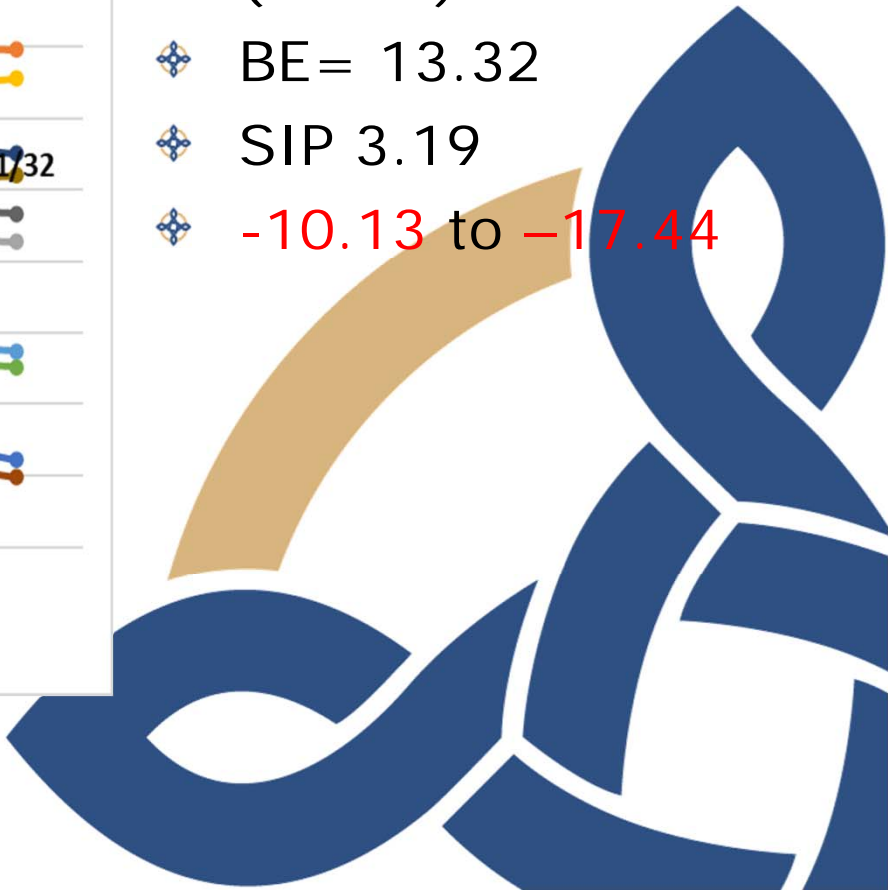
## Twymyn

BE= 13.32 SIP 8.73  
-4.59 to -3.99

# Workforce Projections – Adult Wards incl. Knighton



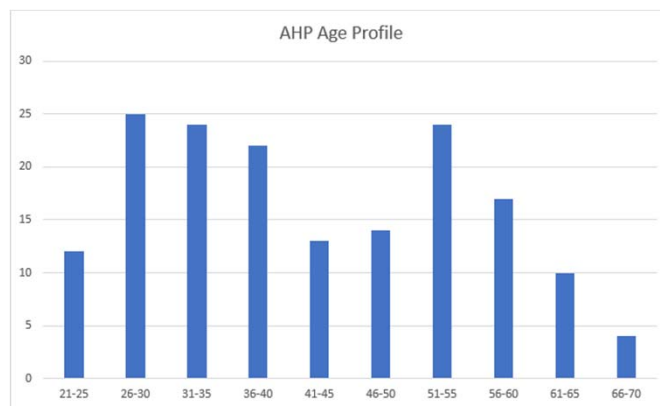
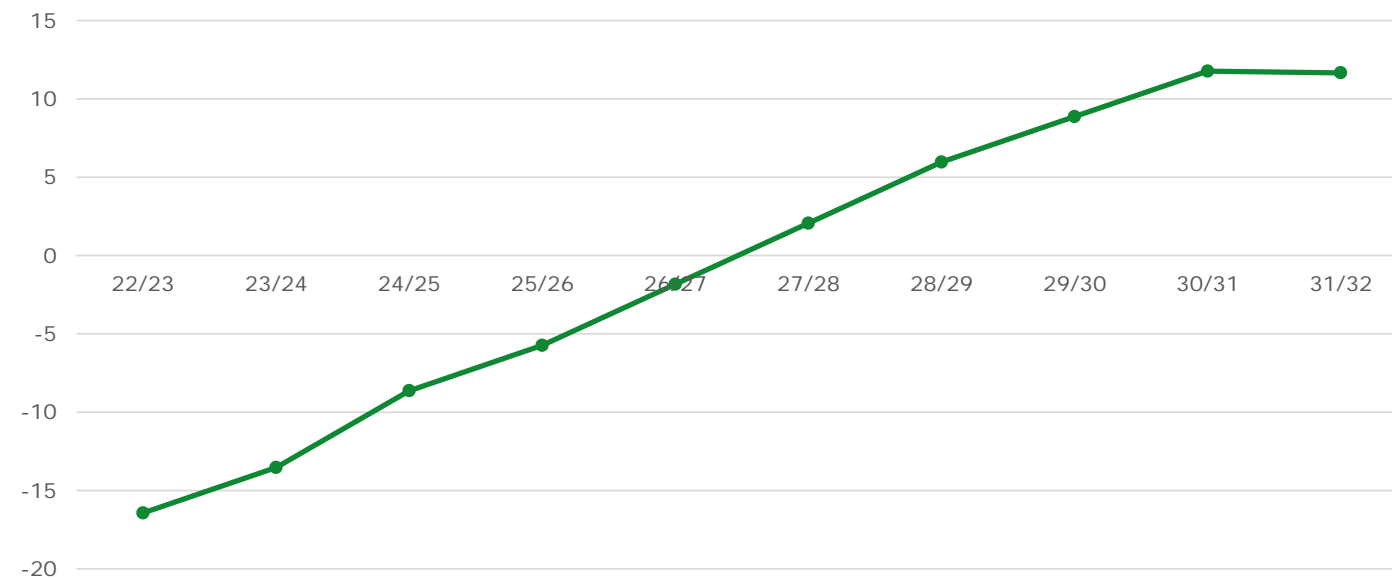
- ✦ Knighton Included (Green)
- ✦ BE= 13.32
- ✦ SIP 3.19
- ✦ -10.13 to -17.44



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# Workforce Projections – AHP's overall

All Allied Health Professionals Projections

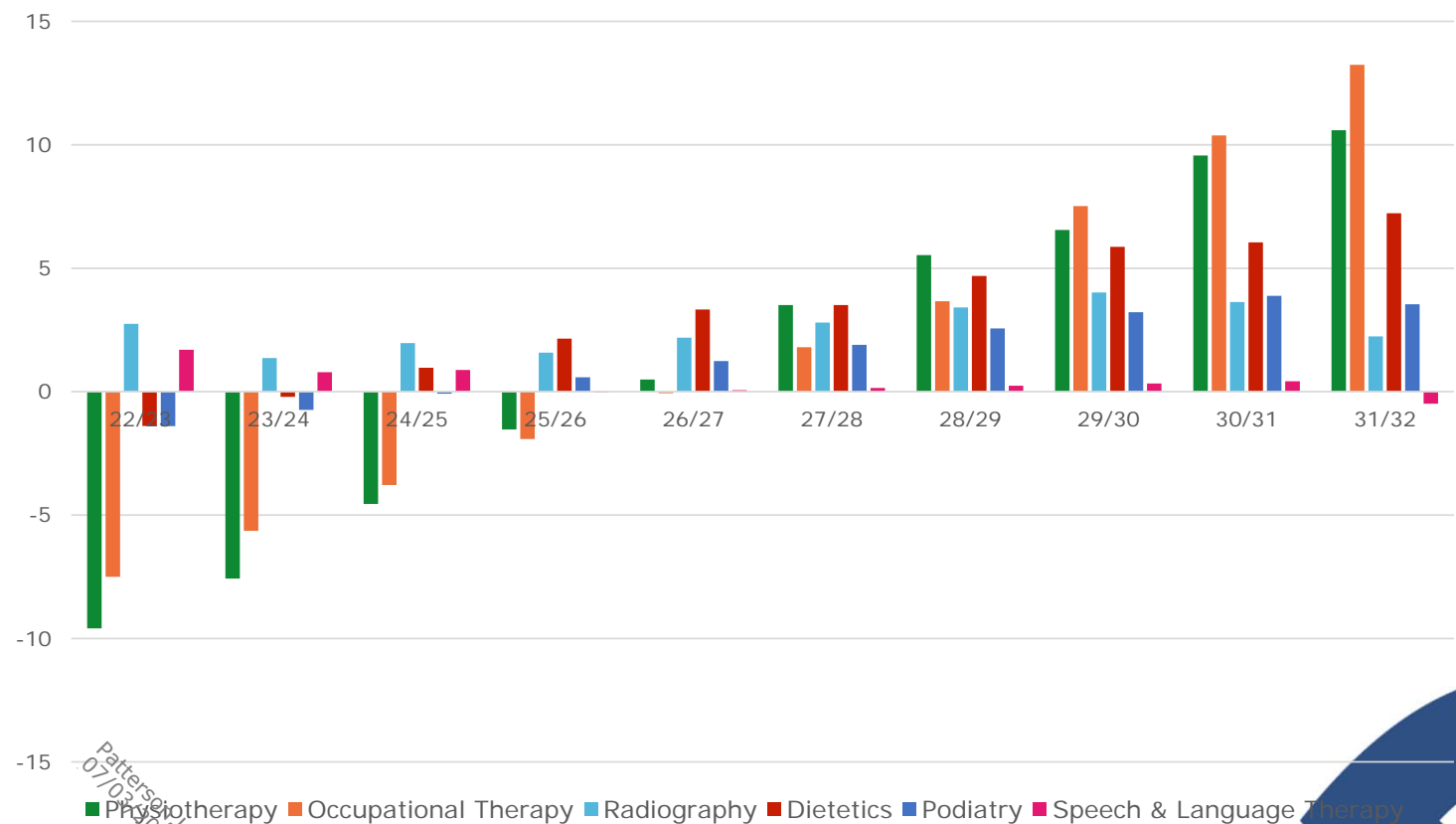


- Budgeted Establishment 1 49.51 wte
- SIP 133.08 wte
- 10 yr forecast -16.43 to 11.67
- Avg. resourcing per year = 25
- Avg. Turnover = 18
- Avg. retirement projections = 4 per year
- Age profile is younger, therefore potential retirement numbers are lower over next 10 years
- 89% AHP WF are Female - ?high maternity leave rate

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# Workforce Projections – AHP's by Profession

AHP Breakdown by Profession



Physiotherapy

BE = 55.53 SIP= 45.94

-9.59 to 10.59

Occupational Therapy

BE= 49.51 SIP= 42.01

-7.50 to 13.24

Radiography

BE= 10.34 SIP= 13.09

2.75 to 2.24

Dietetics

BE= 9.10 SIP= 7.71

-1.39 to 7.23

Podiatry

BE= 10 SIP= 8.60

-1.40 to 3.54

SaLT

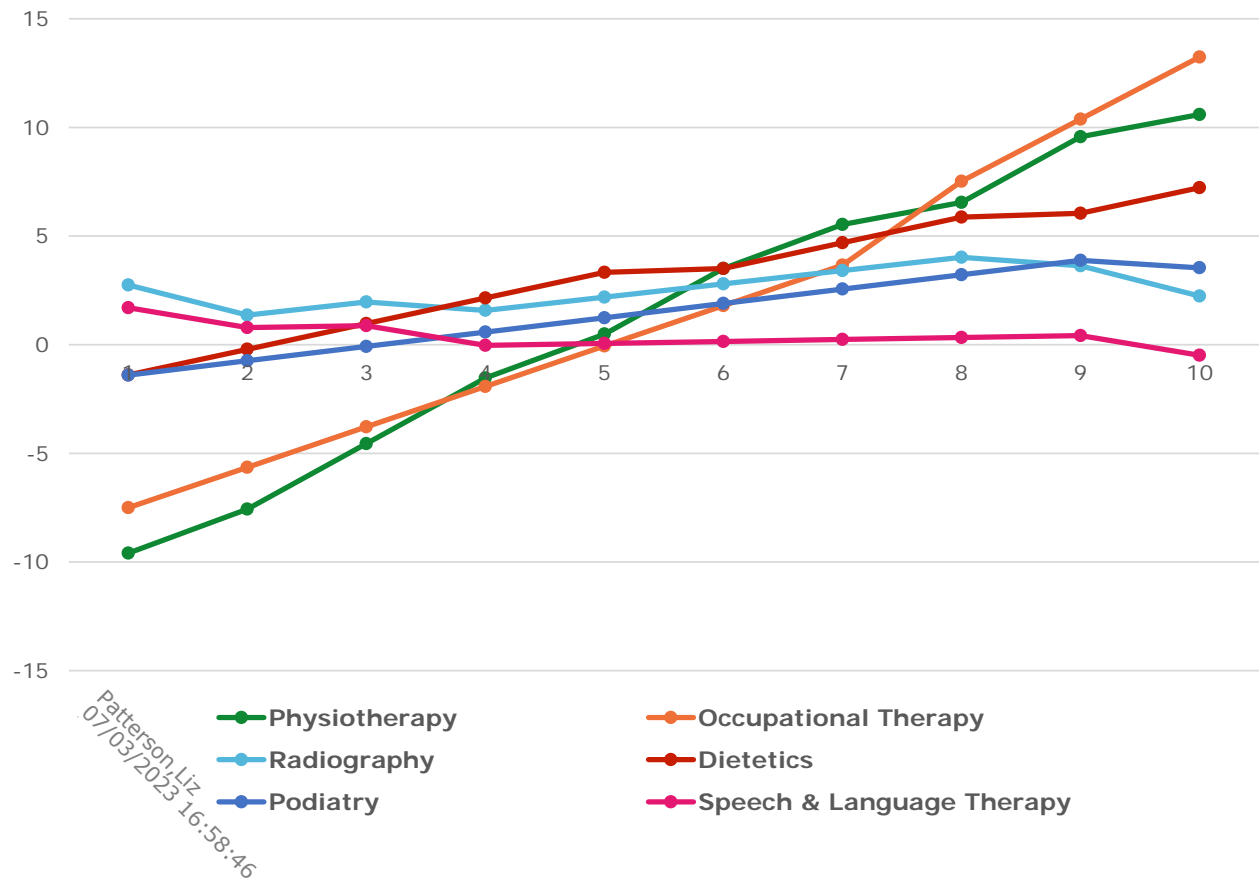
BE= 13.03 SIP= 14.73

1.70 to -0.49

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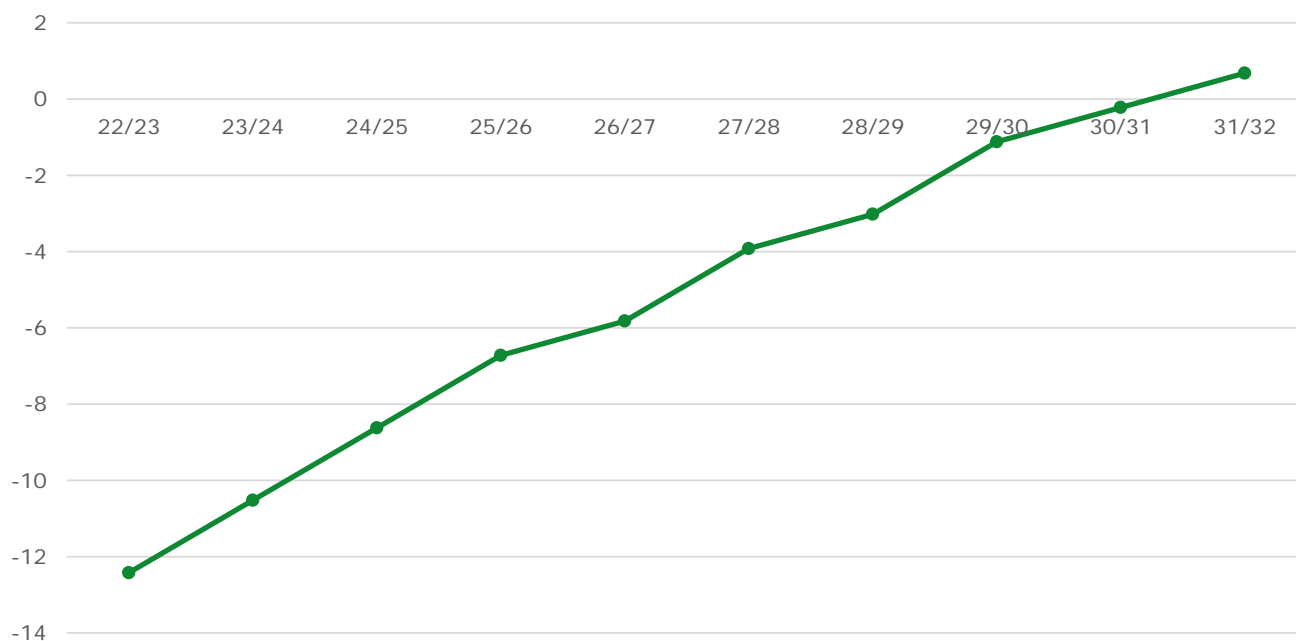
# Workforce Projections – AHP's by Profession

AHPs By Profession



# Workforce Projections - Psychologists

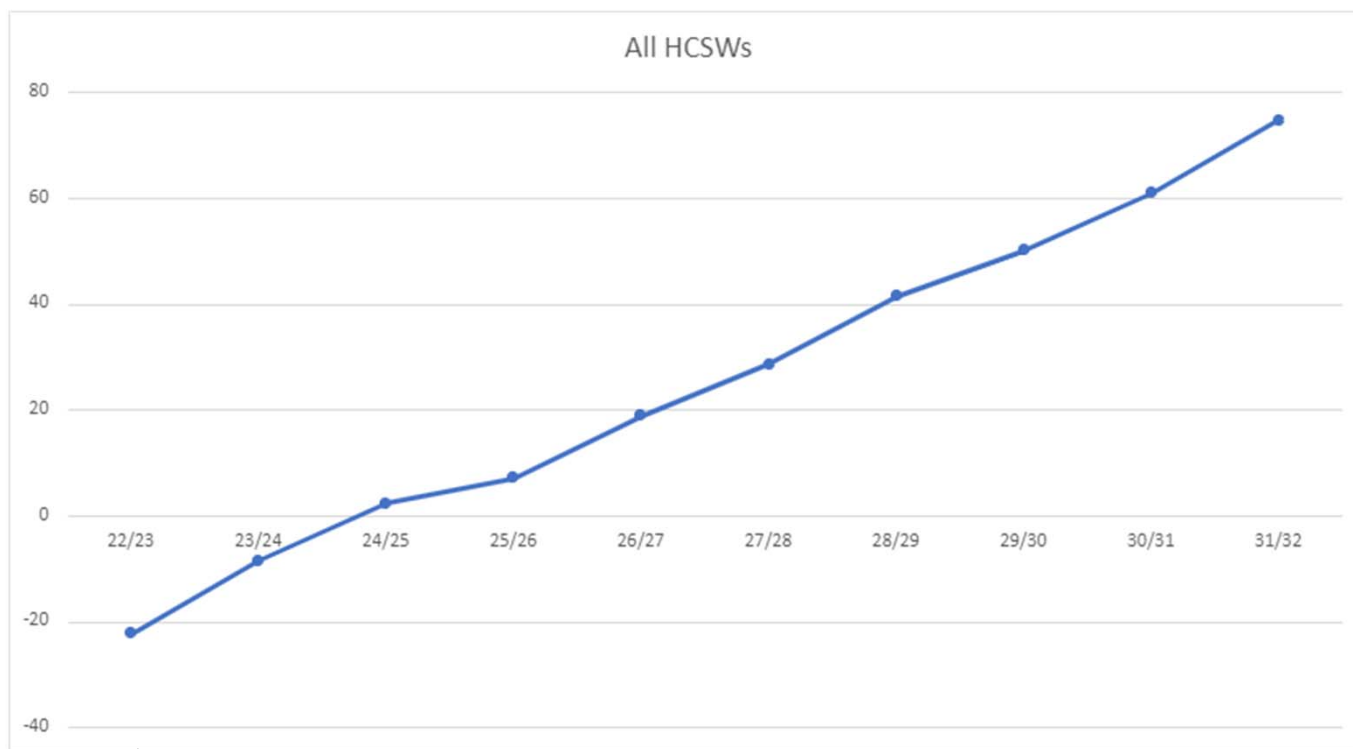
Psychologist Projections



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- ✦ Budgeted Establishment 34.21 wte
- ✦ SIP 21.79
- ✦ 10 yr forecast - 12.4 to 0.68
- ✦ Avg. resourcing per year = 4
- ✦ Avg. Turnover = 2.1
- ✦ Avg. Retirement projections = 0.6 per year

# Workforce Projections – HCSWs overall



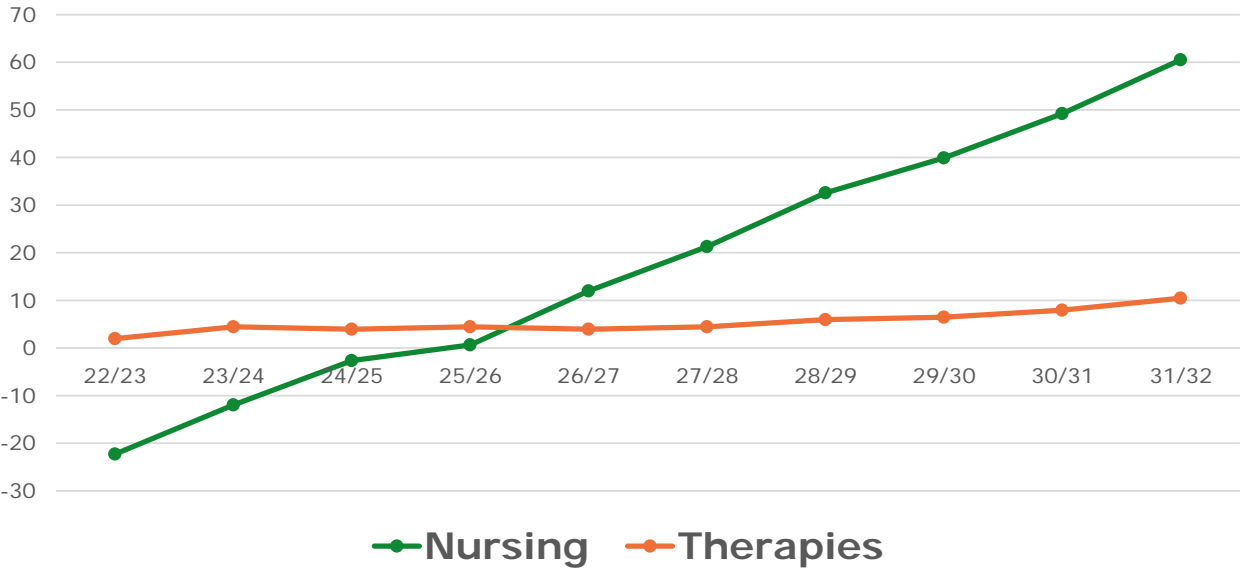
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- ✦ Budgeted Establishment 302.42 wte
- ✦ SIP 208.21
- ✦ 10 yr forecast ~~-22.21~~ to 74.81
- ✦ Avg. resourcing per year = 50
- ✦ Avg. Turnover = 25.22
- ✦ Avg. retirement projections = 13.6 per year



# Workforce Projections - HCSWs split by AHPs & Nursing

HCSWs split by Area

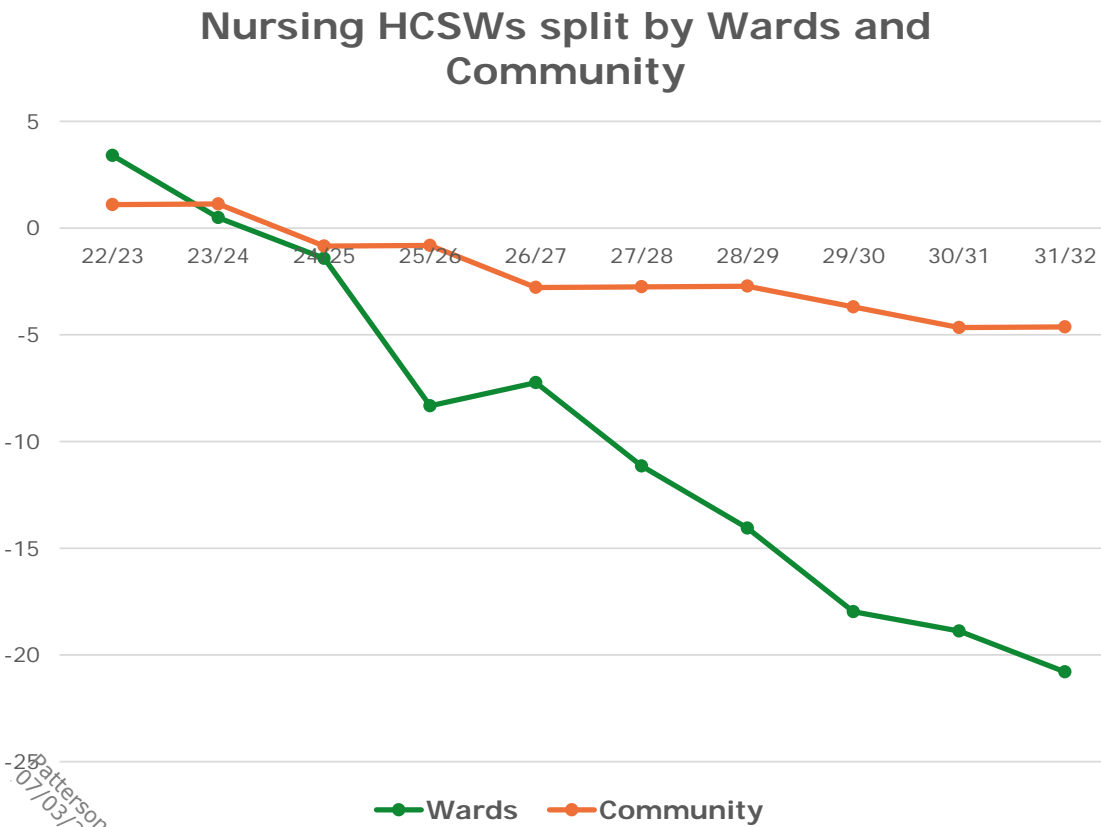


- ✦ Budgeted Establishment **Nursing** 260.29 wte
- ✦ SIP 238.02
- ✦ 10 yr forecast **-22.27** to **60.52**
- ✦ Avg. resourcing per year = 42
- ✦ Avg. Turnover = 20.69
- ✦ Avg. retirement projections = 12 per year
- ✦ Budgeted Establishment **Therapies** 38.91 wte
- ✦ SIP 40.86 wte
- ✦ 10 yr forecast **1.95** to **10.45**
- ✦ Avg. resourcing per year = 8
- ✦ Avg. Turnover = 4.5
- ✦ Avg. retirement projections = 2 per year

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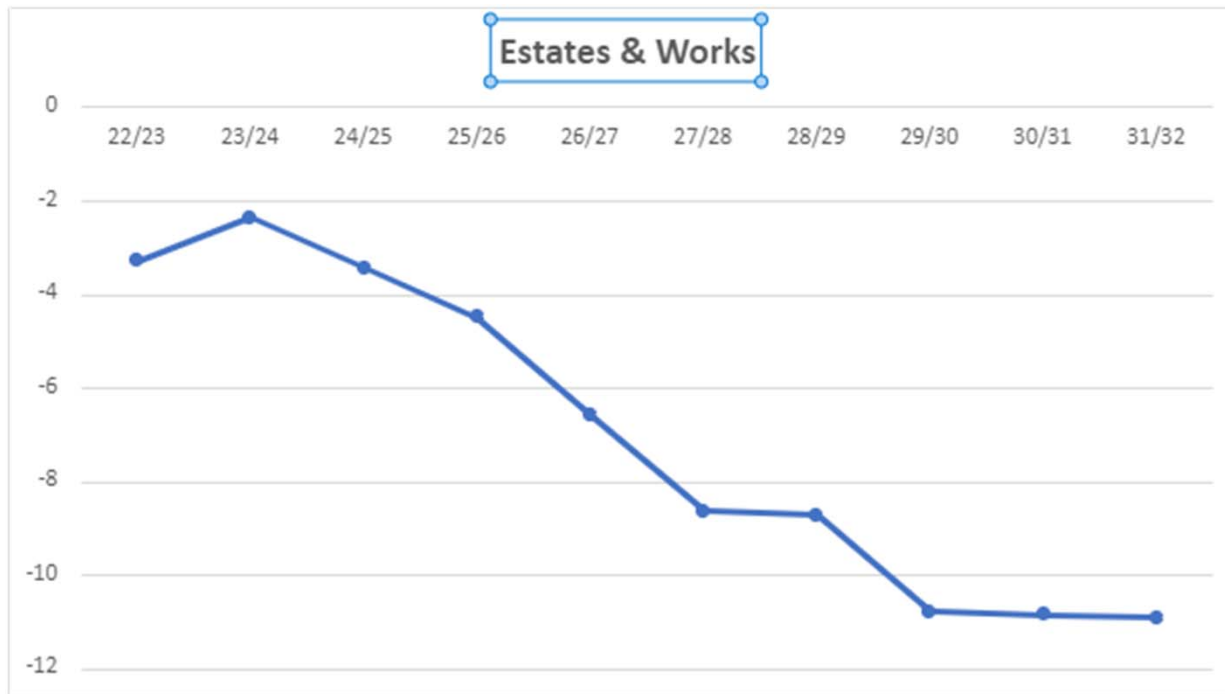
# Workforce Projections – Nursing HCSWs split by Ward and Community



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- Budgeted Establishment **Wards** 116.52 wte
- SIP 119.92
- 10 yr forecast 3.40 to -20.79
- Avg. resourcing per year = 10
- Avg. Turnover = 7.91
- Avg. retirement projections = 5 per year
- Budgeted Establishment **Community** 23.38 wte
- SIP 24.48 wte
- 10 yr forecast 1.10 to -4.63
- Avg. resourcing per year = 3
- Avg. Turnover = 1.97
- Avg. retirement projections = 1.5 per year

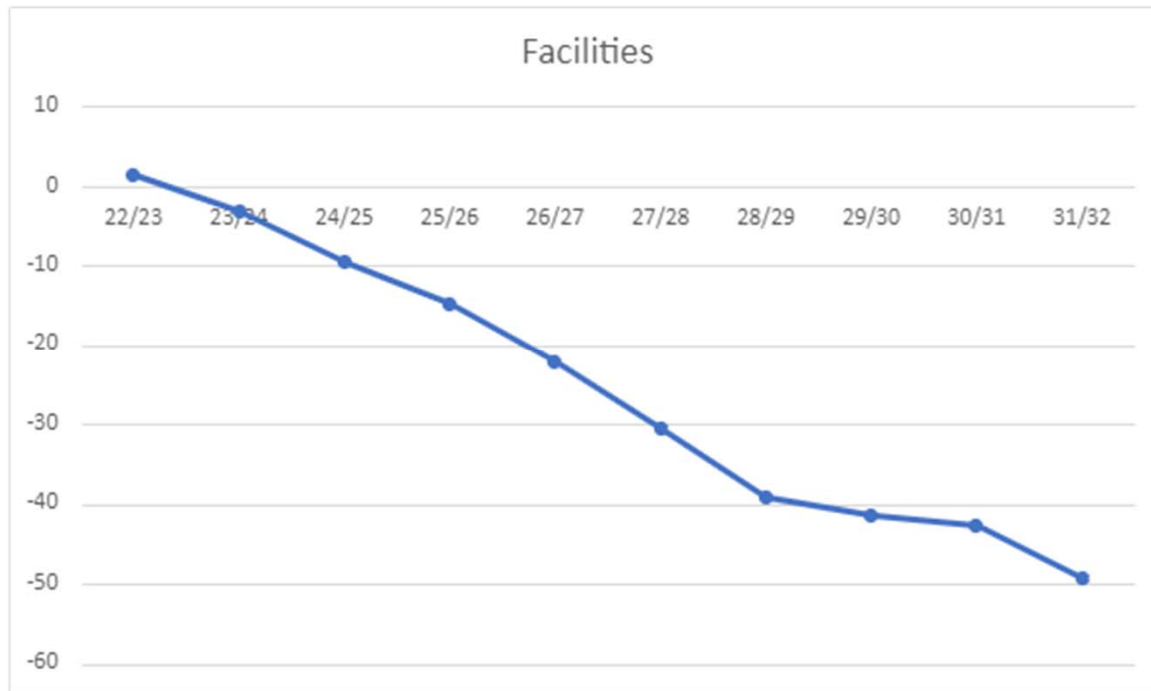
# Workforce Projections – Estates & Works



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- ❖ Budgeted Establishment 47.21 wte
- ❖ SIP 43.93
- ❖ 10 yr forecast - 3.28 to -10.91
- ❖ Avg. resourcing per year = 5
- ❖ Avg. Turnover = 4

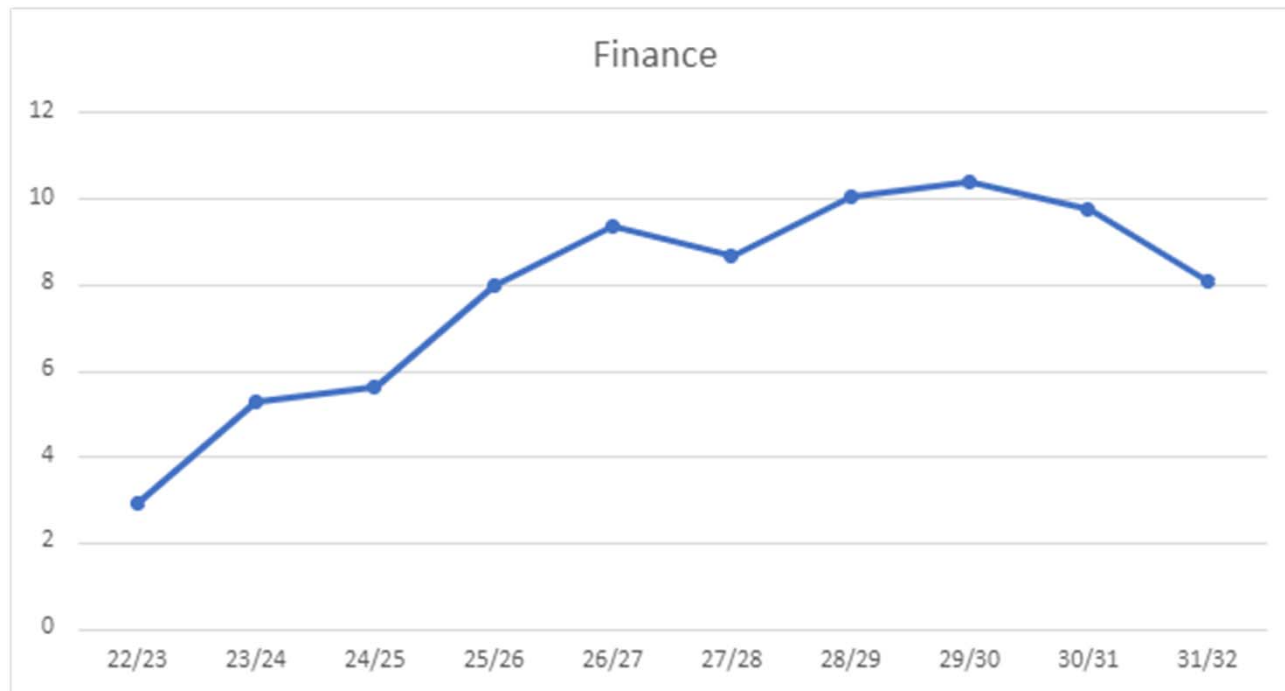
# Workforce Projections - Facilities



- ❖ Budgeted Establishment 154.32 wte
- ❖ SIP 155.76 wte
- ❖ 10 yr forecast 1.44 to -49.07
- ❖ Avg. resourcing per year = 13
- ❖ Avg. Turnover = 11
- ❖ High numbers of retirees (avg. 7 per year looking fwd)

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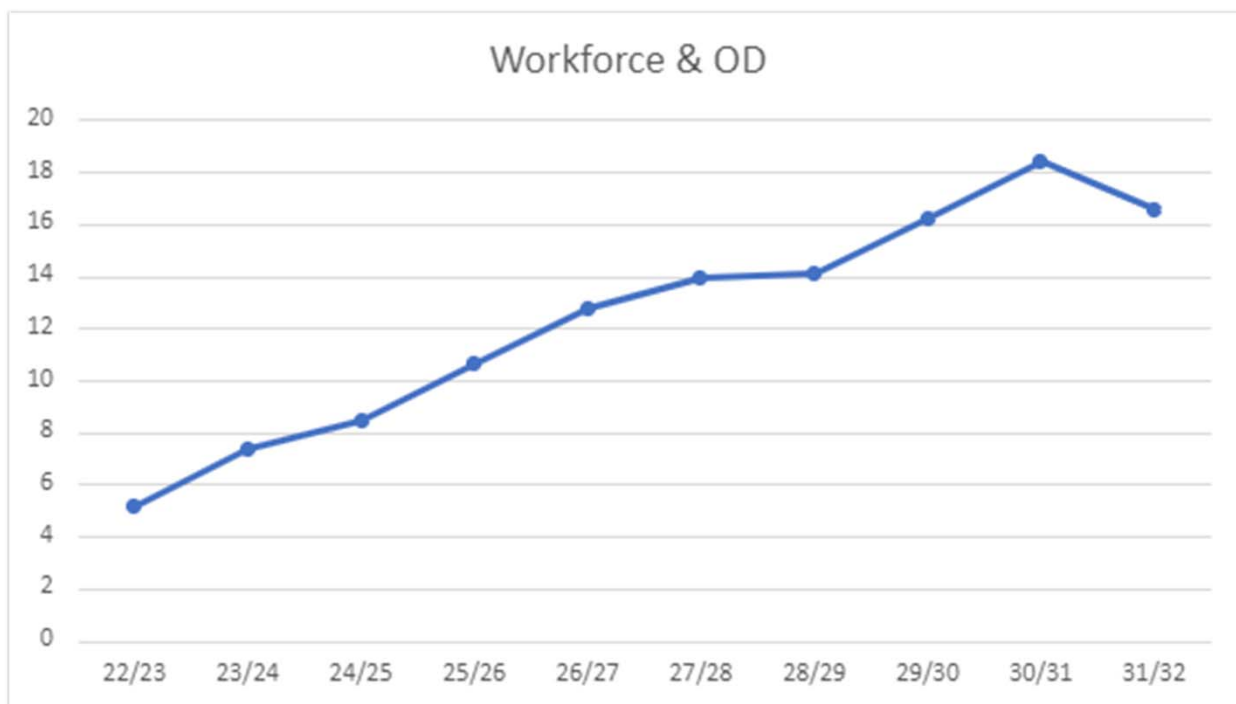
# Workforce Projections - Finance



- ❖ Budgeted Establishment 65.91 wte
- ❖ SIP 68.86
- ❖ 10 yr forecast 2.95 to 8.1
- ❖ Avg. Resourcing per year = 6
- ❖ Avg. Turnover = 3.65

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# Workforce Projections - WOD



- ❖ Budgeted Establishment 44.14 wte
- ❖ SIP 49.35
- ❖ 10 yr forecast 5.21 to 16.56
- ❖ Avg. resourcing per year = 7
- ❖ Avg. Turnover = 4.85
- ❖ Over established because of external funding for additional Partnership roles and PEFs which are in addition to budgeted establishment

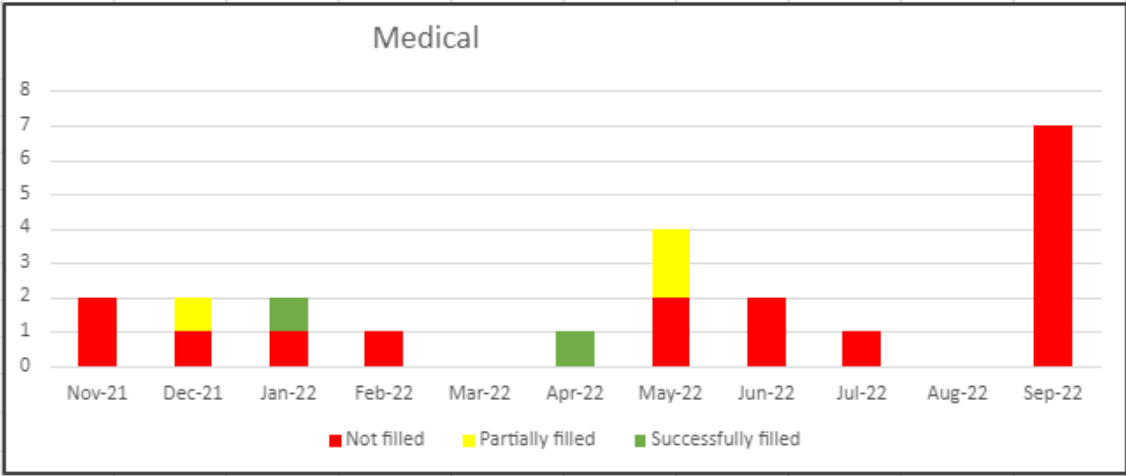
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# Recruitment success data

## Medics (HB only)

Conversion rate of vacancies advertised to successful hire over a 9 month period : **9.09%**

Month/Year	Not filled	Partially filled	Successfully filled	Total
Nov-21	2	0	0	2
Dec-21	1	1	0	2
Jan-22	1	0	1	2
Feb-22	1	0	0	1
Apr-22	0	0	1	1
May-22	2	2	0	4
Jun-22	2	0	0	2
Jul-22	1	0	0	1
Sep-22	7	0	0	7
Total	17	3	2	22



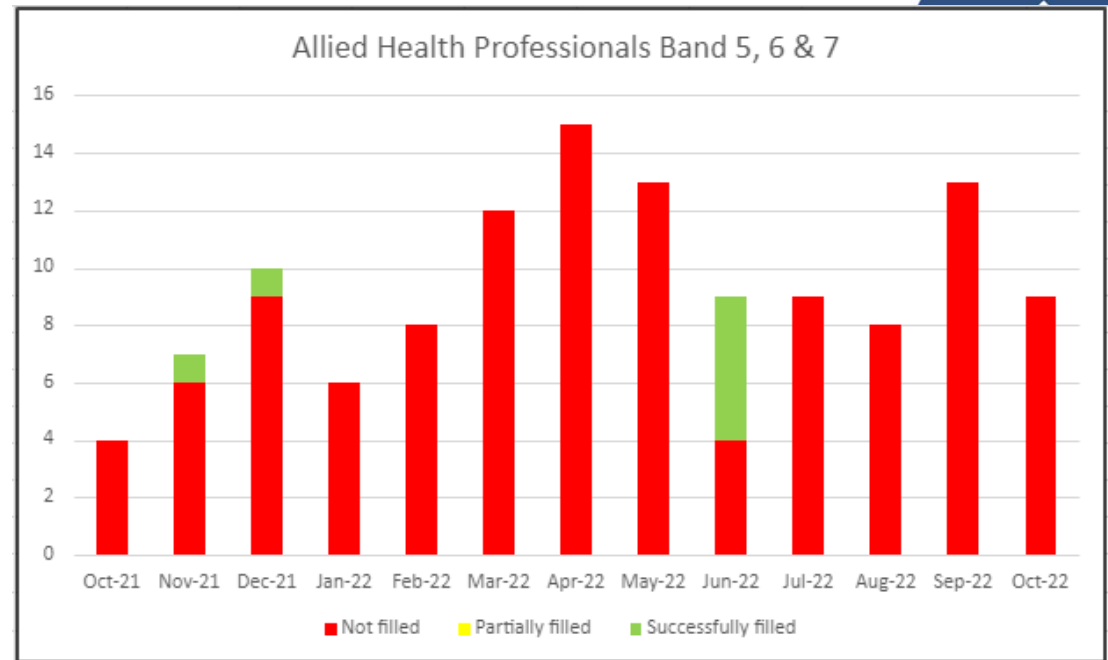
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# Recruitment success data

## AHPs B5,6,7

Conversion rate of vacancies advertised to successful hire over a 13 month period: **5.69%**

Month/Year	Not filled	Partially filled	Successfully filled	Total
Oct-21	4	0	0	4
Nov-21	6	0	1	7
Dec-21	9	0	1	10
Jan-22	6	0	0	6
Feb-22	8	0	0	8
Mar-22	12	0	0	12
Apr-22	15	0	0	15
May-22	13	0	0	13
Jun-22	4	0	5	9
Jul-22	9	0	0	9
Aug-22	8	0	0	8
Sep-22	13	0	0	13
Oct-22	9	0	0	9
Total	116	0	7	123



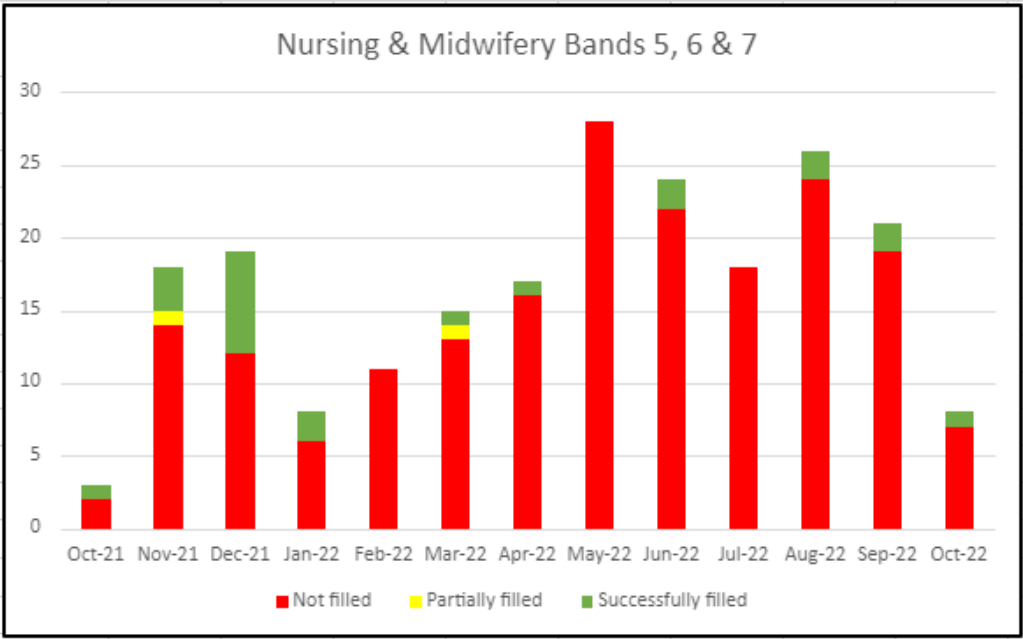
# Recruitment success data

## Nursing and Midwifery Bands 5, 6 & 7

Conversion rate of vacancies advertised to successful hire over a 13 month period: **10.19%**

Band 5's = 7.96%  
Band 6's = 9.21%  
Band 7's = 22.22%

Month/Year	Not filled	Partially filled	Successfully filled	Total
Oct-21	2	0	1	3
Nov-21	14	1	3	18
Dec-21	12	0	7	19
Jan-22	6	0	2	8
Feb-22	11	0	0	11
Mar-22	13	1	1	15
Apr-22	16	0	1	17
May-22	28	0	0	28
Jun-22	22	0	2	24
Jul-22	18	0	0	18
Aug-22	24	0	2	26
Sep-22	19	0	2	21
Oct-22	7	0	1	8
Total	192	2	22	216





# Commissioning Data vs Streamlining Success

## Nursing Data

Field of Nursing	Numbers Commissioned for output 2020	Total recruited through SS 2020 (wte)	Fill Rate - Comm'd vs Recruited (%)	Numbers Commissioned for output 2021	Total recruited through SS 2021 (wte)	Fill Rate - Comm'd vs Recruited (%)	Numbers Commissioned for output 2022	Total recruited through SS 2022 (wte)	Fill Rate - Comm'd vs Recruited (%)
Adult	85	4.6		90	11.8		120	1	
Child	0	0		0	1		2	0	
MH	0	1		22	0		34	6	
LD	0	0		3	0		3	2	
Total	85	5.6	6.60%	115	12.8	11.00%	159	9	5.60%

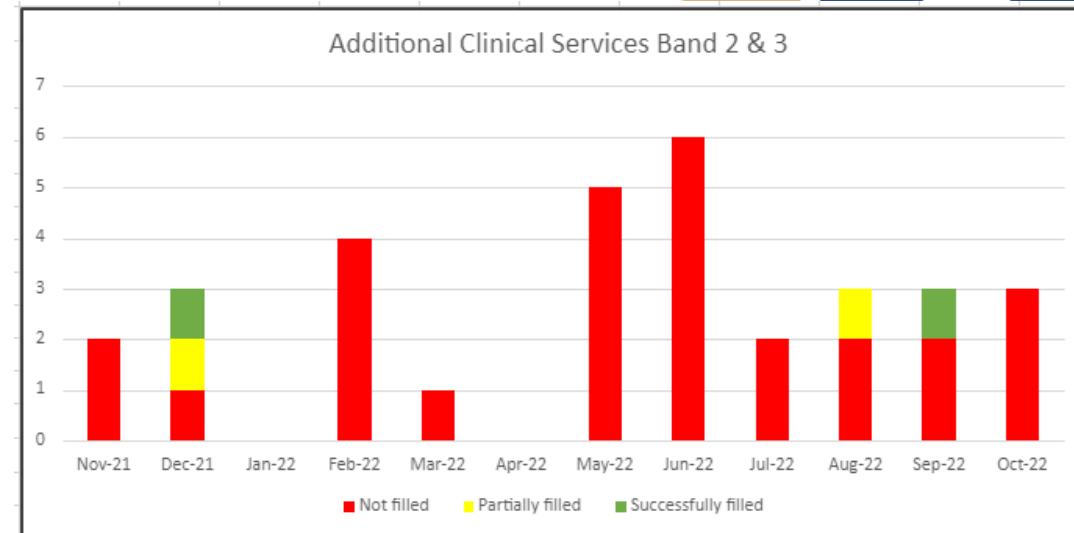
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# Recruitment success data

## Additional Clinical Services (HCSW) B2 & 3

Conversion rate of vacancies advertised to successful hire over a 10 month period: **6.25%**

Month/Year	Not filled	Partially filled	Successfully filled	Total
Nov-21	2	0	0	2
Dec-21	1	1	1	3
Feb-22	4	0	0	4
Mar-22	1	0	0	1
May-22	5	0	0	5
Jun-22	6	0	0	6
Jul-22	2	0	0	2
Aug-22	2	1	0	3
Sep-22	2	0	1	3
Oct-22	3	0	0	3
Total	28	2	2	32

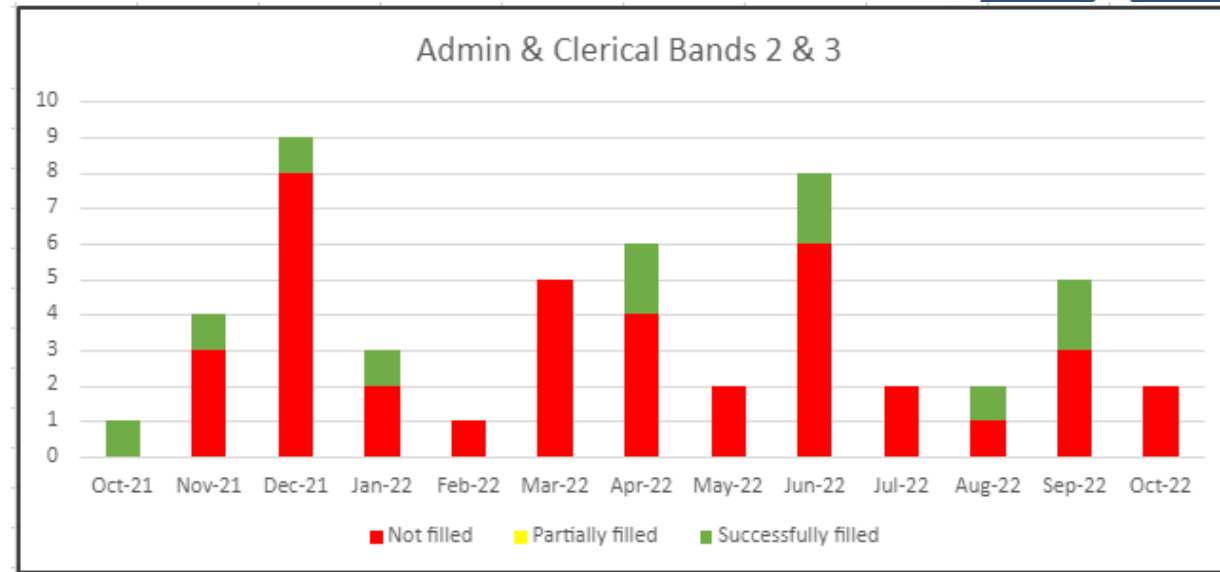


# Recruitment success data

## Administrative and Clerical B2 & 3

Conversion rate of vacancies advertised to successful hire over a 13 month period: **22%**

Month/Year	Not filled	Partially filled	Successfully filled	Total
Oct-21	0	0	1	1
Nov-21	3	0	1	4
Dec-21	8	0	1	9
Jan-22	2	0	1	3
Feb-22	1	0	0	1
Mar-22	5	0	0	5
Apr-22	4	0	2	6
May-22	2	0	0	2
Jun-22	6	0	2	8
Jul-22	2	0	0	2
Aug-22	1	0	1	2
Sep-22	3	0	2	5
Oct-22	2	0	0	2
<b>Total</b>	<b>39</b>	<b>0</b>	<b>11</b>	<b>50</b>

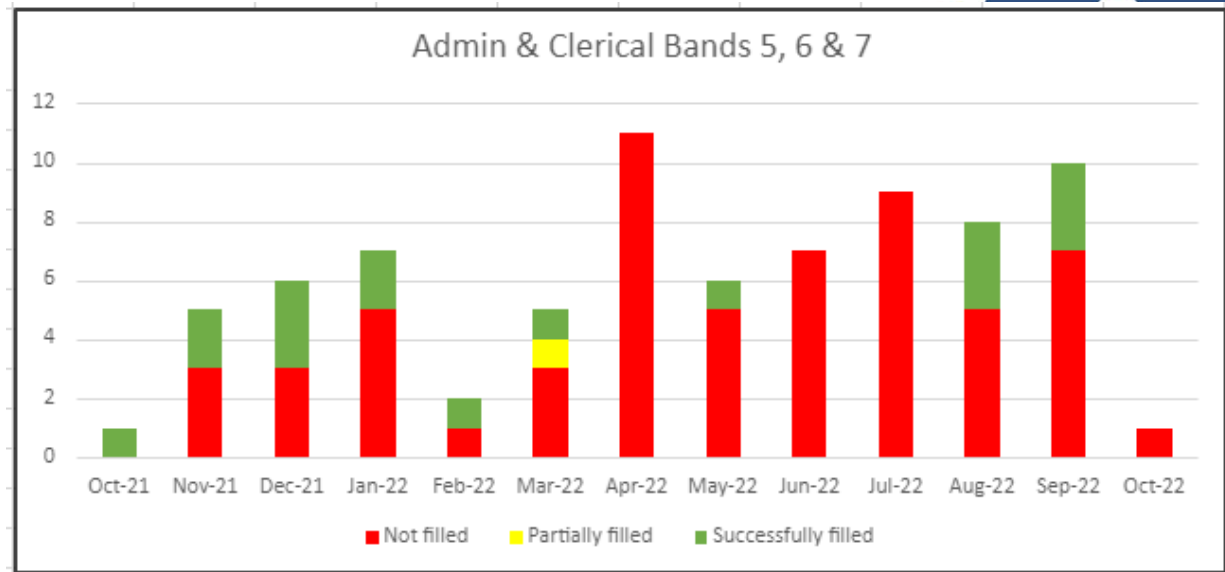


# Recruitment success data

## Administrative and Clerical B 5, 6 & 7

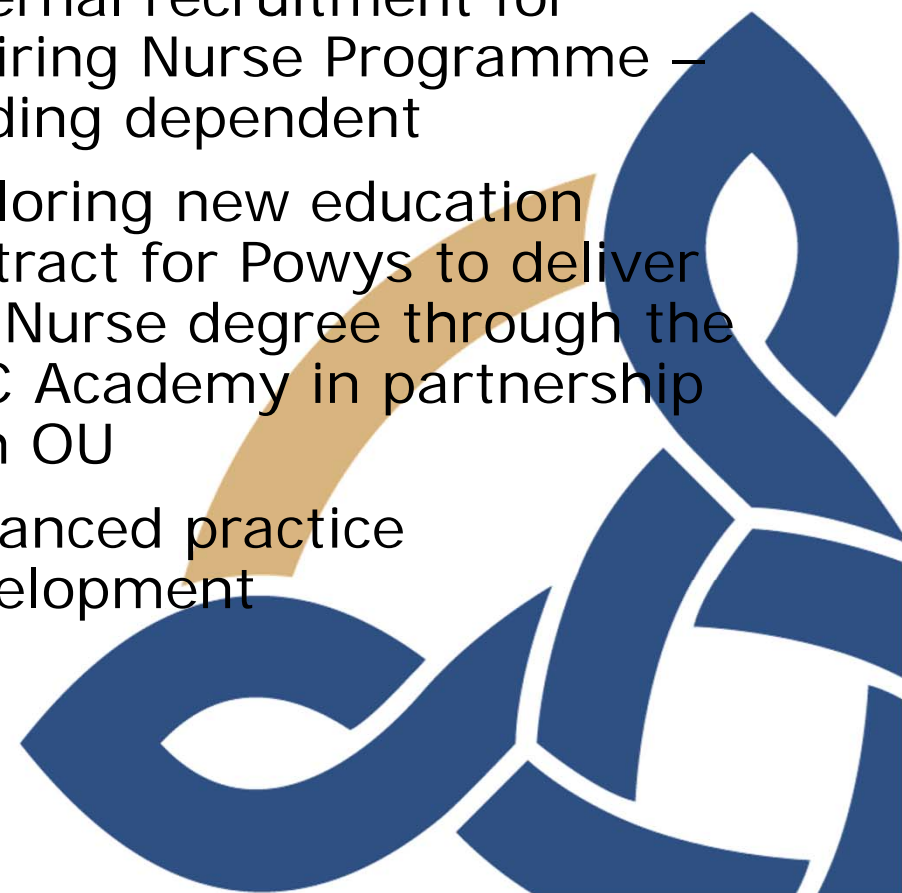
Conversion rate of vacancies advertised to successful hire over a 13 month period: **22%**

Month/Year	Not filled	Partially filled	Successfully filled	Total
Oct-21	0	0	1	1
Nov-21	3	0	2	5
Dec-21	3	0	3	6
Jan-22	5	0	2	7
Feb-22	1	0	1	2
Mar-22	3	1	1	5
Apr-22	11	0	0	11
May-22	5	0	1	6
Jun-22	7	0	0	7
Jul-22	9	0	0	9
Aug-22	5	0	3	8
Sep-22	7	0	3	10
Oct-22	1	0	0	1
Total	60	1	17	78



# Ongoing work that will impact workforce

- ❖ Ongoing conversations with HEIW – Transformation of Education Commissioning Processes for Powys
- ❖ Dispersed Learning programme – Bangor Uni
- ❖ New Nursing degree – Aber Uni (small numbers)
- ❖ Increasing opportunity to GOO Physio/OT/Psych (CAPPs)
- ❖ Career pathway development – Schools to Registrants & beyond
- ❖ Ongoing internal pipeline for Aspiring Nurses
- ❖ External recruitment for Aspiring Nurse Programme – funding dependent
- ❖ Exploring new education contract for Powys to deliver F/T Nurse degree through the H&C Academy in partnership with OU
- ❖ Advanced practice development



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# Transforming our workforce

- ❖ Workforce plans
- ❖ Consider Overseas Nurse Recruitment proposal
- ❖ Consider new models of care and new ways of working
  - ❖ New WF models
  - ❖ Extending/Redesigning current roles
    - Physician Associates
    - Advanced Practitioners / Non-Medical Consultants
    - Blended Roles

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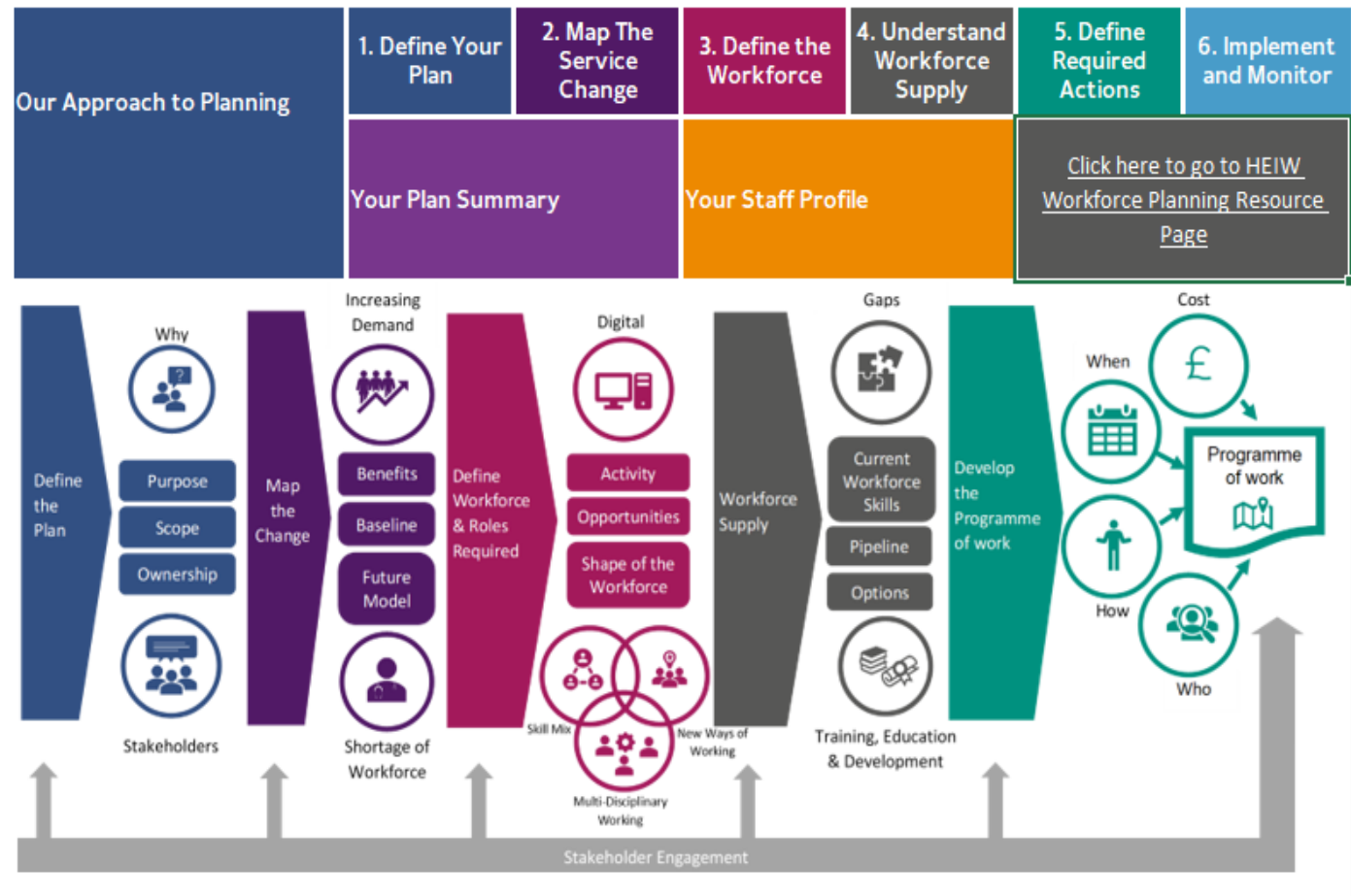
- ❖ Consider new roles
  - ❖ Dual registrants (Nurse-Paramedic / Nurse-SW)
  - ❖ Integrated Roles with Social Care

# Proposed Organisational Approach to Workforce Planning

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# Proposed Approach

- Based on All Wales National WFP Toolkit
  - Underpinned by Skills for Health Six Step methodology
- Can be used for short, medium and long-term planning
- Step by step process supported by an interactive toolkit



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# Overview of the 6 steps within the toolkit

## 1. Define the plan

- Purpose
- Scope
- Ownership

## 4. Workforce supply

- Understand current WF
- WF Forecasting
- Supply options

## 2. Map the service change

- Goals/Benefits of change
- Current baseline
- Drivers/constraints
- Options appraisal/working models

## 5. Action plan

- Gap analysis
- Priority planning
- Managing change

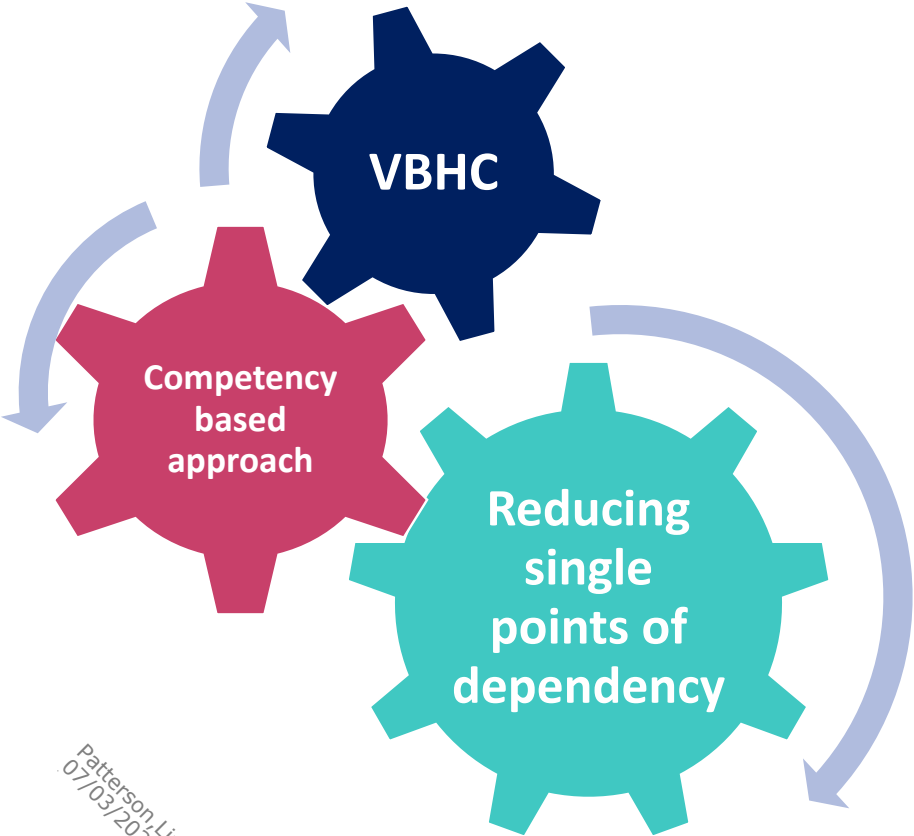
## 3. Define the workforce

- Activity Analysis
- Roles and numbers needed
- New roles/new ways of working

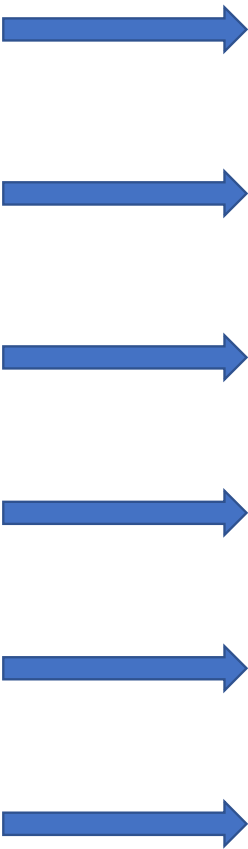
## 6. Implement and monitor

- Implementation
- Measure progress
- Evaluate

# Tailoring the approach for PTHB



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# Feedback from Stakeholders



❖ Paper drafted and shared with key stakeholders for comments and views – end Sept 2022

... a competency-based approach will not only help us with recruitment' it will also improve our safety and governance.

**Very heavy on theory and process**

**Need to give consideration to Quality, Safety and Experience**

**Regarding prioritisation – Paediatrics needs to be considered as an area of priority**

... welcome the opportunity to be innovative, take a population-based approach to designing services and looking at single points of dependency

**Need to reference role of Professional Leads and Professional Matters**

**Need to include non-clinical areas/ directorates**

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# Support and Training Available



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# Suggested Next Steps



1. Share Toolkit and Resources to all Service Managers with support from BPs for local conversations



2. In addition to MDS, expectation that all service areas develop WFP's as part of annual IMTP submissions



3. Offer specialist consultancy support for targeted areas:

- Community Services Group (New Model of Care - Q3-4)
- North Powys Wellbeing Programme – Resource Plans
- Mental Health Services

- Finalise paper, taking comments into consideration
- Present paper to Executive Committee for final consideration and approval
- Suggest 3 levels of implementation ...

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# Audit – Key Lines of enquiry

## Audit Wales planning an audit on WFP -2023

- Part 2 – local review of WFP arrangements

Does the organisation's approach to workforce planning help it to effectively address current and future NHS workforce challenges?

1. Is the organisation's strategic workforce planning approach likely to address current and future workforce challenges and opportunities?

- Are the organisation's workforce strategy and/or plans likely to address the current and future workforce risks being faced?
- Does the health body have a good understanding of current and future service demands?

Are relevant stakeholders and partners involved in developing the workforce strategy and/or plan and in identifying workforce needs?

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# Audit – Key Lines of enquiry

## 2. Is the organisation taking appropriate operational action to manage current and future workforce challenges?

- Has the organisation identified sufficient resources (people and money) to support workforce planning over the short, medium and long-term?
- Does the organisation understand its resourcing risks that might prevent delivery of the workforce plan over the short, medium and long-term?
- Is the organisation effectively addressing its current workforce challenges?
- Is the way the organisation works with its workforce partners helping to resolve current and anticipated future workforce challenges?

## 3. Are performance management and oversight arrangements helping to strengthen workforce planning and address current and future workforce risks?

- Is delivery of the workforce strategy and/or plan supported by robust monitoring, oversight and review?
- Is the organisation using workforce benchmarking to drive improvement?

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# Any further comments?

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**Agenda item: 2.4**

<b>Workforce and culture committee</b>		<b>Date of Meeting: 14 March 2023</b>
<b>Subject :</b>	Annual Job Planning report	
<b>Approved and Presented by:</b>	Kate Wright, Medical Director	
<b>Prepared by:</b>	Kate Wright, Medical Director	
<b>Other Committees and meetings considered at:</b>	N/A	

**PURPOSE:**

The purpose of this paper is to provide the Workforce and Culture Committee with the annual job planning report for PTHB.

**RECOMMENDATION(S):**

The Committee is asked to receive the **report** and take **assurance** that the annual job planning process is in place for Consultant and Specialty Doctors.

<b>Approval/Ratification/Decision<sup>1</sup></b>	<b>Discussion</b>	<b>Information</b>
✓	x	x

<sup>1</sup> Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

**THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):**

Strategic Objectives:	1. Focus on Wellbeing	✓/
	2. Provide Early Help and Support	/x
	3. Tackle the Big Four	/x
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	/x
	7. Put Digital First	/x
	8. Transforming in Partnership	✓/
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

**EXECUTIVE SUMMARY:**

A recommendation of a previous audit report was for a review and monitoring of the job planning process for substantive medical staff. Work was carried out in 2021 to review practice, update guidance and to ensure that job plans are up to date.

**DETAILED BACKGROUND AND ASSESSMENT:**

Effective job planning underpins the Consultant and Specialty Doctors Contract in Wales. The job planning process is the vehicle for the Consultant and the Health Board to agree the composition and scheduling of activities into the sessions that comprise the working week, mutual expectations of what is to be achieved through these, and for discussing and agreeing changes on a regular basis.

Job plans will set out a Consultants' duties, responsibilities, time commitments and accountability arrangements, including all direct clinical care, supporting professional activities (SPA) and other NHS responsibilities (including managerial responsibilities).

Job plans will also set out the agreed service outcomes. These will be expected to reflect different, evolving phases in Consultants' careers, and appropriate continuing professional development requirements. The delivery of outcomes will not be contractually binding; however Consultants will be expected to participate in and make every reasonable effort to achieve these. Pay progression via commitment awards will be informed by this process.

Job planning should be undertaken on an annual basis for all Consultant and Specialty Doctor grade medical staff and should be led by the Clinical Director/ Clinical Lead, taking into full account the most recent appraisal discussions. Job plans should be drawn up and agreed jointly setting out the Consultants' duties, responsibilities and expected outcomes.

### **Supporting Professional Activity (SPA) Allocation**

**SPAs underpin clinical care and contribute to ongoing professional development as a clinician. This includes activities like:**

- teaching and training
- medical education
- continuing professional development
- clinical governance
- appraisal and revalidation.

In 2021 job planning guidance was updated and agreed via JLNC. The main change was to ensure consistency with allocation of SPA time in line with the rest of Wales. Evidence of output from SPA time should be presented in job planning meetings and through appraisal.

### **Current position**

The service groups to which job planning applies in PTHB are Mental Health, Community Paediatrics, Care of the Elderly and Occupational Health. The number of doctors is very small compared to other Health Boards.

In Mental Health, the Clinical Director and Assistant Director have an established job planning process in line with guidance. It is confirmed that every substantive member of medical staff has had a job plan completed with the past 12 months (9 doctors).

Job plans for the 2 Occupational Health doctors have been completed within the last 12 months.

There have been challenges in Community Paediatrics and Care of the Elderly specialties due to turnover of staff and lack of clinical leads in those areas, however job planning is actively underway for each

member of staff (3 consultants and 1 SAS doctor).

### NEXT STEPS:

Guidance material is being drafted and will be cascaded to service leads. Through liaison and peer discussion it will be ensured that the job planning process remains aligned to the other Welsh Health Boards. Job planning will continue to be monitored annually.

**The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):**

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	X			
Disability	X			
Gender reassignment	X			
Pregnancy and maternity	X			
Race	X			
Religion/ Belief	X			
Sex	X			
Sexual Orientation	X			
Marriage and civil partnership	X			
Welsh Language	X			
<p align="center"><b>Statement</b></p> <p align="center"><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical	X			
Financial	X			
Corporate	X			
Operational	X			
<p align="center"><b>Statement</b></p> <p align="center"><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p>				

Reputational	x				
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GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

# Committee Annual Programme of Business 2023/24

Workforce and Culture 14 March 2023

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# Developing the 2023/24 Annual Programme of Business

- Review:
  - Delivery of 2022/23 annual programme of business
  - Committee terms of reference
  - Feedback from committees (discussions and performance review)
  - Feedback from the Board
- Take into account:
  - The Health and Care Strategy
    - the developing 2023/24 IMTP
  - The development of other Committee plans
  - The Boards workplan and key areas of focus
  - Feedback from Structured Assessment and other relevant audit reports



# Process and Timescales

1. **Feedback from Committees** – *Jan - March 2023*
  - *Committee based discussions*
  - *Performance questionnaire*
2. **Desk based** review *Feb – March*
  - Current years programme of business
  - Structured Assessment
  - Standing Orders and Terms of Reference
3. Feedback from **Executive Team** – *Feb - March 2023*
4. Specific Committee conversations with the **Committee Chair and lead Executive(s)** – *March/April 2023*
5. Feedback from the **Board** – *April 2023*
6. Annual programme of Business (for approval) – *May Board*
7. *Continued review throughout the year to meet business need*



Your initial feedback / reflections?

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