

Workforce and Culture Committee

Thu 03 October 2024, 14:00 - 16:30

Agenda

14:00 - 14:00 1. PRELIMINARY MATTERS 0 min

1.1. Welcome and Apologies

Chair

1.2. Declarations of Interest

All

1.3. Minutes of the previous meeting held on the 4 June 2024, for approval

Chair

📄 W&C_1.3_WC Minutes_04JUNE2024_UNCONFIRMED.pdf (10 pages)

1.4. Committee Action Log

Chair

📄 W&C_1.4_Action Log OCT 2024.pdf (1 pages)

14:00 - 14:00 2. ITEMS FOR ASSURANCE 0 min

2.1. Workforce Performance Report

Assurance Executive Director of People and Culture

Assurance

📄 W&C_2.1_Workforce Performance Report 08 2024.pdf (13 pages)

2.2. Executive Director of People and Culture Report

Assurance Executive Director of People and Culture

📄 W&C_2.2_Directors Report October 2024.pdf (10 pages)

2.3. Workforce Futures: Theme 2 - Great Place to Work

Assurance Executive Director of People and Culture

📄 W&C_2.3_A Great Place to Work.pdf (10 pages)

2.4. Workforce Futures: Theme 4 - Welsh Language, Equality, Diversity and Inclusion

To follow Executive Director of People and Culture

📄 W&C_2.4_Welsh Language, Equality, Diversity Aug 2024.pdf (8 pages)

2.5. Wellbeing of Future Generations Act Report - Deffered to December Meeting

Assurance Executive Director of Planning, Performance and Commissioning

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2.6. Temporary Service Changes

Assurance

Executive Director of People and Culture

14:00 - 14:00 **3. ITEMS FOR APPROVAL - There are no items for approval**
0 min

14:00 - 14:00 **4. ITEMS FOR DISCUSSION**
0 min

THERE ARE NO ITEMS FOR DISCUSSION

4.1. Service Change

Director of People and Culture

14:00 - 14:00 **5. ESCALATED ITEMS - There are no escalated items**
0 min

THERE ARE NO ESCALATED ITEMS

14:00 - 14:00 **6. ITEMS FOR INFORMATION**
0 min

6.1. Audit Wales Report - Audit Wales Workforce Planning

 W&C_6.1_Audit Wales Workforce Planning Report.pdf (34 pages)

6.2. Agile Working

Executive Director of Finance, Capital and Estates

 W&C_6.2_Agile Working Update October 2024.pdf (8 pages)

6.3.

14:00 - 14:00 **7. OTHER MATTERS**
0 min

7.1. Corporate Risk Register

To follow

Director of Corporate Governance

7.2. Committee Work Programme

Chair

 W&C_7.2_Work Programme.pdf (1 pages)

7.3. Items to be brought to the attention of the Board and/or other committees

Chair

7.4. Any other Urgent Business

7.4.1.

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7.5. Committee Reflections

All

7.6. Date of Next Meeting: 10 December 2024

14:00 - 14:00 **8.**
0 min

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POWYS TEACHING HEALTH BOARD

UNCONFIRMED

**WORKFORCE AND CULTURE COMMITTEE MEETING HELD ON
TUESDAY 4 JUNE 2024, 10:00-12.30
VIA MICROSOFT TEAMS**

Present:

Ian Phillips (IP)	Independent Member (Chair)
Jennifer Owen Adams (JOA)	Independent Member (Third Sector)
Chris Walsh (CW)	Independent Member (Local Authority)

In Attendance:

Debra Wood Lawson (DWL)	Executive Director of People and Culture
Mark McIntyre (MM)	Deputy Director of People and Culture
Rhys Brown (RB)	Head of Organisational Development (Item 2.7)
Sarah Powell (SaP)	Assistant Director Workforce and OD
Pete Hopgood (PH)	Executive Director of Finance, Capital and Support Services
Helen Bushell (HB)	Director of Corporate Governance
Stephen Powell (SP)	Executive Director of Planning, Performance and Commissioning
Kate Wright (KW)	Executive Medical Director
Adam Pearce (AP)	Equality Lead (Items 2.5 and 2.6)
Julia Williams (JW)	Workforce Retention Lead (Item 2.4)
Carl Cooper (CC)	PTHB Chair
Julia Toy (JT)	Strategic Workforce Lead
Anna-Marie Mason (AM)	Joint Widening Access Manager
Jonathan Pearce (JP)	Joint Health and Social Care Trainer
Chris James (CJ)	Lead for 14+ Education, Powys County Council
Emma Nicholas-Pugh (EMP)	Widening Access Professional and Clinical Educator
Ian Virgil (IV)	Head of Internal Audit

Apologies for absence:

Kirsten Jones	Llais
Hayley Thomas	Chief Executive
Cathie Poynton	Independent Member (Trade Union)
Mick Giannasi	Independent Member
Claire Roche	Executive Director of Nursing, Quality, Women and Family Health
Bethan Hopkins	Audit Wales

Committee Support:

Sue Wilcox
 Fran Carapinha

Senior Administrator
 Corporate Governance Risk and Assurance
 Officer

PRELIMINARY MATTERS	
W&C/24/01	<p>WELCOME AND APOLOGIES FOR ABSENCE IP welcomed Members to the meeting, formal introductions took place. Apologies for absence were noted as recorded above.</p>
W&C/24/02	<p>DECLARATIONS OF INTEREST No interests were declared in addition to those already declared in the published register.</p>
W&C/24/03	<p>MINUTES FROM THE PREVIOUS MEETING, HELD 5 MARCH 2024 The Committee APPROVED the minutes of the meeting, subject to the following amendment:</p> <ul style="list-style-type: none"> • Duplicate entry on the attendance list – Claire Roche
W&C/24/04	<p>ACTION LOG All outstanding actions were confirmed as completed.</p>
ITEMS FOR ASSURANCE	
W&C/24/05	<p>WORKFORCE PERFORMANCE REPORT MM presented the new style of report which aligned the data sets to the three overarching strategy objectives within the Integrated Plan, putting greater emphasis on workforce planning capacity. Attention was drawn to the following areas:</p> <ul style="list-style-type: none"> • prediction of age profile in five years' time • downward trend in registered nurses' vacancies • workforce modelling projections to better understand future needs • stood up a variable pay reduction group • sustained reduction in staff turnover • PADR compliance rates were improving • above the national target for mandatory and statutory training compliance • building a portfolio of data from the team climate surveys, and • continuing downward trajectory in sickness absence levels. <p><i>There is a 26% increase in overall vacancy rate and the narrative behind that is partially linked to an increase to budgeted establishments across all areas. What does that mean, and how does overall increase in vacancy corresponds with the narrowing of the gap?</i></p>

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MM updated on ongoing work with the Finance team to align the budget with the number of roles in an area, how many jobs any area has, and the data in the Electronic Staff Record (ESR) showing the actual number of staff in post.

There had been an adjustment around the budgeted establishment compared with the data in ESR, which had some anomalies and had enabled the move of spend on agency staff into the establishment, although those vacancies had not yet been filled.

There has been an increase of 3.8% of whole-time equivalents, has this been benchmarked against other Health Boards? Are other Health Boards growing at the same or a lower rate?

MM reported that some national work had been carried out to profile the different workforces within other Health Boards and Trusts. It was difficult to create a comparator as the profile of the workforce will depend on the nature of the organisation. Powys Teaching Health Board (PTHB) spends 50% of its budget on commissioned care so looks very different to a self-sustained organisation.

Areas of growth had been reviewed and were being benchmarked for overall workforce numbers, including looking at the rate of growth in the other organisations.

A business efficiency programme had been launched for the next two years which would consider administrative processes, technology and the skillsets within teams.

Once people reach 55 years of age, they can potentially retire and leave the service. What succession planning is in place and has an analysis been undertaken of the impact of a loss of skills which could jeopardise the services provided?

MM confirmed age profile was a fundamental part of workforce planning, which links with the work on retention, the ACEES programme and Aspiring Nurses programme ensuring staff have the right people with the right skills, in the right place at the right time.

There were ongoing discussions around planning and preparing for a newer workforce with less experience, to determine what the Health Board's response needs to be to support staff in the future.

The Committee **NOTED** the Workforce Performance Report

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W&C/24/06	<p>MEDICAL JOB PLANNING ANNUAL REPORT</p> <p>This item was taken early due to presenter availability.</p> <p>KW presented the report, advising that job planning was the scheduling of activities for the senior medical staff, alongside objectives and expectations. She highlighted;</p> <ul style="list-style-type: none"> • updated guidance which is going through Joint Local Negotiating Committee (JLNC) • all job plans were currently completed except for two specialities – Paediatricians and Geriatricians which are nearing finalisation, and • for any disputes in the process, the Medical Director was the final point of arbitration. <p>The Committee</p> <ul style="list-style-type: none"> • RECEIVED the report and • took ASSURANCE that annual medical job planning is in place across the Health Board.
W&C/24/07	<p>THE EXECUTIVE DIRECTOR OF PEOPLE AND CULTURE REPORT</p> <p>DWL presented the report, and drew attention to:</p> <ul style="list-style-type: none"> • appendix A outlined recent activities which were reported to the Local Partnership Forum (LPF), • funding awarded from the Value and Sustainability Board for an additional 18 internationally educated nurses placements, • continued roll out of the 'Speaking Up Safety' work including launch of 'Your Voice' portal, • changes to online translation had achieved savings, and • a changed portfolio to People and Culture included temporary oversight of Improvement and Transformation. <p>DWL welcomed the team involved in Academy Careers Education Enterprise Scheme (ACEES), who shared some of the recent work undertaken, outlining;</p> <ul style="list-style-type: none"> • this scheme was a key element of the Workforce Futures programme, a partnership between the Local Authority, Health Board and Third Sector • it was piloted in the 2022/23 academic year with two schools one each in North and South Powys which totalled 242 contacts • the Health Board's Integrated Plan for 2023/24 set a target of engaging with four schools in the last academic year

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	<ul style="list-style-type: none"> • it achieved engagement with ten mainstream schools plus additional learning needs (ALN) settings • the Evaluation Report 2023/24 outlines lessons learnt to understand the areas for improvement, and • the report has been approved by the Workforce Futures Programme Board. <p>JT and AM gave a brief presentation of the key highlights of the ACEES Evaluation Report 2023/2024.</p> <p>JP noted there was evidence that students needed more guidance for their future career pathway choices. He gave an overview of the benefits Powys County Council have seen since working with the ACEES team and was pleased the team had worked with the ALN settings and Welsh medium streams to ensure an equitable approach.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED the Executive Director of People and Culture (DP&C) Report and Appendix A – the DP&C report to the LPF as an update on priorities within the Workforce section of the Integrated Plan for 2023/24 that are not part of the committee’s agenda • took ASSURANCE against delivery of those priorities. • RECEIVED further updates since the DP&C report and took ASSURANCE against those.
W&C/24/08	<p>WORKFORCE FUTURES: THEME 1 - STAFF HEALTH AND WELLBEING</p> <p>SaP provided an overview of the work undertaken in quarter four of the last financial year, drawing attention to:</p> <ul style="list-style-type: none"> • staff wellbeing roadshows had been well attended • staff road runs had reached over 200 staff • ‘You said, we will do’ the 15-minute wellbeing break publicity had been refreshed • Occupational Health system improvements included: <ul style="list-style-type: none"> ○ ongoing work with the dashboards ○ new module to be added to allow Managers to upload referrals electronically ○ improvement in waiting times for appointments ○ new Occupational Health Physician appointed • VIVUP Employee Assistance programme is being well received with two new modules to be added – Menopause and Accessing GPs, and • Wellbeing at Work Group had identified focus areas that would align to the Wellbeing and Engagement work recently launched by Health Education and Improvement Wales (HEIW).

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	<p><i>How much of this work comes from the staff upwards?</i></p> <p>There is an equal balance of things known nationally to the Health Boards, which have been tried and tested. The work with the Roadshows and Road runs had provided opportunities for more frequent conversations with staff, plus using survey data to determine what matters to the staff.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • REVIEWED the information provided in the update; • took ASSURANCE of delivery against the plan.
W&C/24/09	<p>STAFF RETENTION IMPLEMENTATION PLAN PRESENTATION</p> <p>JW provided a presentation on staff turnover and retention; possible reasons for attrition and how the organisation will be addressing the reasons. Attention was drawn to:</p> <ul style="list-style-type: none"> • the Health Board had a higher turnover than the All-Wales average • turnover of clinical and non-clinical roles was similar • some professions were experiencing higher turnover than others • 46% of staff have left the organisation with under two years' service • in some areas, high vacancy rates correlated with high turnover • in some areas, high sickness correlated with high turnover • geographical location had impact on retention • retirement of staff is a substantial risk to the workforce, • reasons for attrition are not fully understood due to limited data, and • future turnover organisationally was difficult to predict. <p>Key actions include:</p> <ul style="list-style-type: none"> • analyse feedback following engagement with staff, • continue analysis of the staff survey results, • alignment with HEIW Nurse Retention Plan, • development of Retention Steering Group, • develop a local retention plan, and • involvement with All Wales Retention Community of Practice. <p>Further discussions outside of the meeting were required to determine the priorities and the action plan.</p> <p>ACTION: Director of Corporate Governance</p> <p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED the presentation, and

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	<ul style="list-style-type: none"> took ASSURANCE that a review of workforce retention has been undertaken and further plans are in place to positively focus on retention in the future.
W&C/24/10	<p>WELSH LANGUAGE REPORT This item was taken early due to presenter availability.</p> <p>AP introduced the statutory report which was produced on a yearly basis under Welsh Language Standards; providing an update on the steps taken to meet the requirements of the Standards. The report also included the 'More than just words' framework. Attention was drawn to:</p> <ul style="list-style-type: none"> the Health Board had passed the Strategy for Welsh in Healthcare which had been incorporated into the Manager's Training programme one of the two investigations from the Welsh Language Commissioner had been closed the Welsh Language in the Workplace Policy had been introduced to meet Standard 79, and the Welsh Language Standards audit had moved from limited to reasonable assurance. <p><i>Does this report go to Board?</i> AP confirmed it would go to Board for final approval after this Committee.</p> <p><i>In relation to the Manager training, has there been any feedback?</i> AP advised this had recently been introduced, having been delivered to one or two cohorts. No specific feedback has been received to date.</p> <p><i>Have any of the internationally educated nurses come forward looking for Welsh language skills?</i> AP confirmed there had not been any specific approaches, but the offer was there for all staff.</p> <p>The Committee:</p> <ul style="list-style-type: none"> CONSIDERED the report and took ASSURANCE on the progress made against plan; RECOMMENDED the report for submission to the Board on the 24 July 2024 meeting.
W&C/24/11	<p>EQUALITIES ANNUAL REPORT This item was taken early due to presenter availability.</p> <p>AP presented the statutory report, which was published on a four-year cycle. A consultation across the teams was carried out, the responses were incorporated in the report. The report highlighted the:</p>

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	<ul style="list-style-type: none"> • work of the Therapies and Healthcare Science Directorate, • introduction of a general awareness training session, • introduction of Equality for Managers into the Managers training programme, and • achievement of the Pride in Veterans Standard from the Ministry of Defence. <p>The Committee:</p> <ul style="list-style-type: none"> • CONSIDERED the report and took ASSURANCE on the progress made against plan; • RECOMMENDED the report for submission to the Board for assurance to the 24 July 2024 meeting.
W&C/24/12	<p>NHS WALES STAFF SURVEY</p> <p>RB gave an overview of the detailed findings from the NHS Wales staff survey (November 2023) which had recently been received. The PTHB response rate was the highest of all Health Boards, capturing a significant amount of data, which had been presented by themes including:</p> <ul style="list-style-type: none"> • Thinking about leaving • Unpaid overtime • Speaking up Safely • Career progression, and • Wellbeing <ul style="list-style-type: none"> ○ Line Management ○ Organisation ○ Bullying ○ Negative Experiences ○ Time Pressures <p>If staff had specific details they wish to know the dashboard was available from the Organisational Development team.</p> <p><i>Only 28% of PTHB staff responded to this survey. What work is being undertaken to ascertain the views of staff who did not respond?</i></p> <p>RB advised a survey response rate over 20% was considered to be good response.</p> <p><i>What support packages such as clinical supervision, debriefs are being put in place to support staff after clinical incidents?</i></p> <p>DWL acknowledged the NHS survey results and noted the need to look at the general themes and trends across all the different surveys and forthcoming wellbeing roadshows to ensure the main themes had been captured, particular in relation to those staff in the harder to reach environments to inform the action plans.</p>

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	The Committee REVIEWED the information provided in the update.
W&C/24/13	<p>COMMITTEE ANNUAL REPORT This item was taken early due to presenter availability.</p> <p>HB presented the report, which outlined:</p> <ul style="list-style-type: none"> • the Committee’s roles and responsibilities • attendance of both Independent and Executive members • the remit of the Committee • the scope of the work covered throughout the year • assurance to the Board, and • Committee effectiveness. <p>The Committee:</p> <ul style="list-style-type: none"> • CONSIDERED the Workforce and Culture Committee Annual Report for 2023/24 • took ASSURANCE that the Committee is fit for purpose and operating effectively in fulfilling its terms of reference; • RECOMMENDED the report for submission to the Board on the 24 July 2024 meeting.
W&C/24/14	<p>ANNUAL WORK PROGRAMME This item was taken early due to presenter availability.</p> <p>HB introduced the annual work programme which had been developed to cover the areas contained within the terms of reference. However, the work programme was flexible and would continue to be reviewed throughout the year in response to changing priorities and circumstances.</p> <p>The Committee</p> <ul style="list-style-type: none"> • CONSIDERED the Workforce and Culture Committee Annual Report for 2023/24 summarising the key areas of business activity undertaken; • took ASSURANCE that the Workforce and Culture Committee is fit for purpose and operating effectively in fulfilling its terms of reference; • RECOMMENDED the report for submission to the Board on the 24 July 2024 meeting.
W&C/24/15	<p>CORPORATE RISK REGISTER This item was taken early due to presenter availability.</p> <p>HB stated that because of work undertaken in recent months, including the Annual Delivery Plan and the Integrated Plan which were previously approved by Board, all corporate risks were being reviewed; therefore, no risk register was presented at this meeting.</p>

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	<p>There was one risk that falls under the remit of this Committee, which is linked to workforce recruitment and retention which would continue to be the case moving forwards.</p> <p>A revised risk register would be presented for approval to the Board in July, which will flow in the committee cycle of assurance reports.</p>
ITEMS FOR DISCUSSION	
	There were no items for inclusion in this section.
ESCALATED ITEMS	
	There were no escalated items to consider.
ITEMS FOR INFORMATION	
W&C/24/16	<p>Audit Wales Report:</p> <ul style="list-style-type: none"> Audit Wales Workforce Planning <p>'The Review of Workforce Planning Arrangements – Powys Teaching Health Board' was RECEIVED for information.</p>
OTHER MATTERS	
W&C/24/17	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES</p> <p>There were no matters to be brought to the attention of Board or other Committees.</p>
W&C/24/18	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no other urgent business.</p>
W&C/24/19	<p>DATE OF THE NEXT MEETING:</p> <p>10 September 2024</p>

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RAG Status:

- At risk Red - action date passed or revised date needed
- On track Yellow - action on target to be completed by agreed/revised date
- Completed Green - action complete
- No longer needed Blue - action to be removed and/or replaced by new action
- Transferred Grey - Transferred to another group



Workforce and Culture Committee									
Meeting Date	Item Reference	Lead	Meeting Item Title	Details of Action	Update on Progress	Original target date	Revised Target Date	RAG status	
OPEN ACTIONS FOR REVIEW - NONE									
04-Jun-24	W&C/24/09	DCG	Staff Retention Implementation Plan Presentation	Further discussions outside of the meeting required to determine the priorities and the action plan		Sep-24		On track	
07-Dec-23	CF/23/33b	Director of Corporate Governance / Board Secretary	General bids for approval	<p>The Director of Corporate Governance to liaise with the Director of Workforce and OD and the Chair regarding additional volunteer programme assurance.</p> <p>Further discussion on the long-term strategic development of the volunteer programme, and the potential for further Charitable Funds support will be discussed by the Executive Committee.</p>	<p>The Charity team will be supporting the WOD and Safeguarding teams with the implementation of the volunteering policy with regards to Leagues of Friends volunteers. Support is needed in developing memorandums of understanding with each organisation to ensure the safe delivery of the new PTHB volunteering policy. The upcoming Powys Health Alliance partnership will help support the delivery of this work and future programme development.</p> <p>June 2024: The committee discussed, and it was agreed that the Chair and Director of Corporate Governance would pick this issue up outside the meeting. It was raised that this action should be referred to another committee for consideration.</p>	04-Mar-24	Sep-24	On track	Transferred from Charitable Funds
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE - NONE									
ACTIONS RECOMMENDED FOR CLOSURE (MEETING XXXXXX)									

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People and
Culture
Report
August 2024



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

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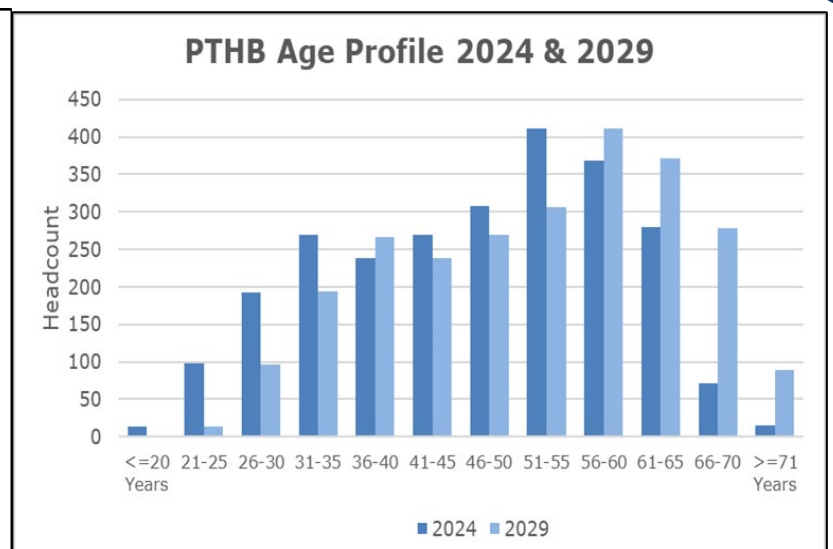
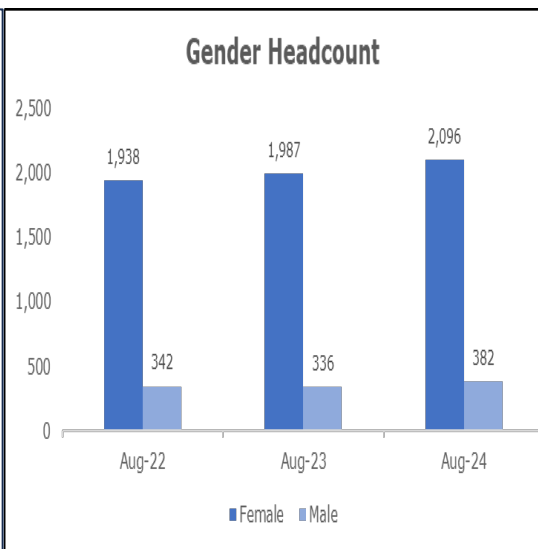
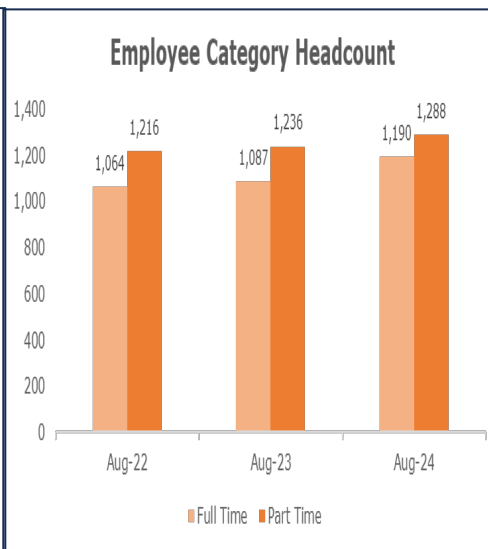
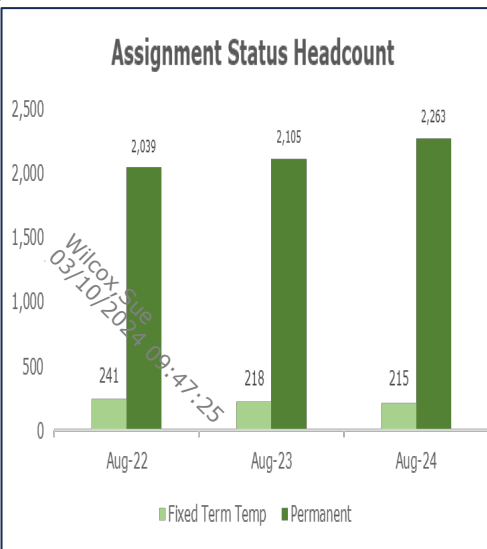
Staff Transformation & Sustainability of the Workforce

Staff in Post WTE



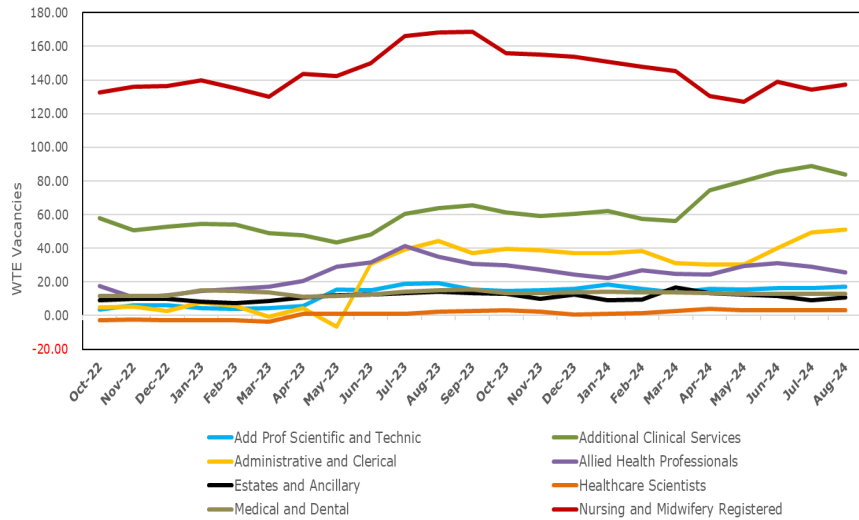
Directorate	WTE Staff in Post			Variance Aug-22 & Aug-24
	Aug-22	Aug-23	Aug-24	
Chief Executive Office	15.88	19.00	20.80	4.92
Community Care & Therapies	772.65	784.45	858.29	85.64
Community Dental Service	38.38	40.72	43.91	5.53
Corporate Governance	19.07	20.80	21.88	2.81
Estates & Works	48.69	51.51	53.61	4.92
FID Finance Directorate	31.45	32.69	32.86	1.41
Facilities & Support Services	150.05	147.85	149.87	-0.17
MED Medical Directorate	10.59	9.29	10.37	-0.22
MHD Mental Health	345.10	364.13	400.03	54.93
Medicines Management	28.02	27.78	30.69	2.67
NUD Nursing Directorate	25.37	31.35	27.65	2.28
PHD Public Health Directorate	69.72	62.37	56.25	-13.47
PLD Planning Directorate	21.13	14.79	14.39	-6.75
People & Culture Directorate	61.00	66.30	68.54	7.54
Primary Care	27.45	16.99	17.46	-9.99
THD Therapies & Health Sciences Directorate	52.97	61.79	71.12	18.15
Women and Children Directorate	137.25	137.02	154.17	16.92
Grand Total	1,861.16	1,888.82	2,031.88	170.72

Staff Group	WTE Staff in Post			Variance Aug-22 & Aug-24
	Aug-22	Aug-23	Aug-24	
Add Prof Scientific and Technic	74.86	80.09	81.21	6.35
Additional Clinical Services	385.93	388.27	429.97	44.04
Administrative and Clerical	514.38	539.80	573.67	59.29
Allied Health Professionals	134.18	139.12	152.51	18.32
Estates and Ancillary	177.13	162.13	168.15	-8.97
Healthcare Scientists	4.61	7.61	10.21	5.60
Medical and Dental	27.62	32.23	34.35	6.74
Nursing and Midwifery Registered	542.45	539.56	580.81	38.36
Students			1.00	1.00
Grand Total	1,861.16	1,888.82	2,031.88	170.72



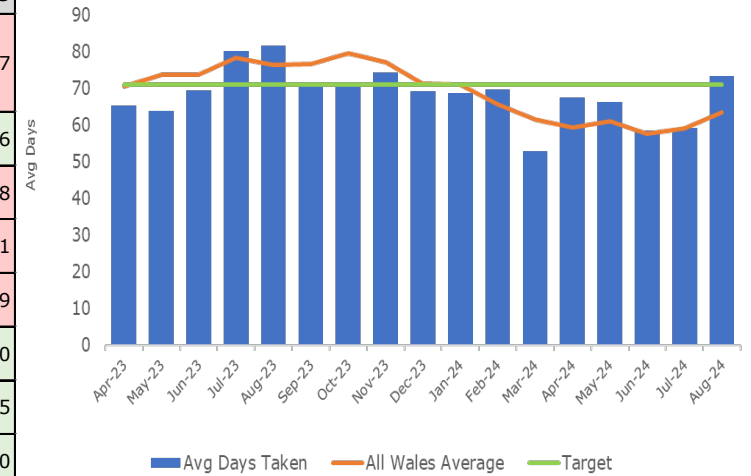
Staff Transformation & Sustainability of the Workforce

PTHB Vacancies Trend by Staff Group

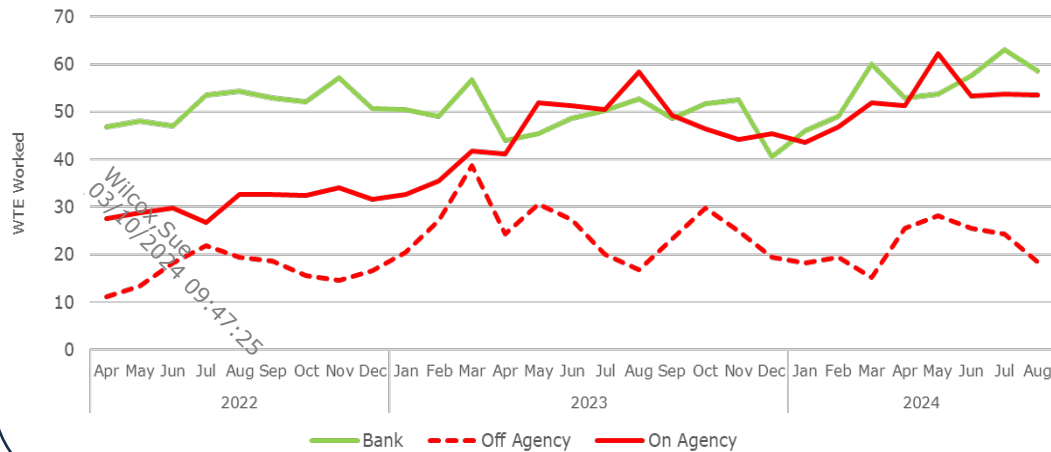


TRAC Performance August 2024	Target time in days	Powys Average	All Wales Average
Notice Date to Authorisation Start Date	5	27.6	36.7
Time to Approve Vacancy Request	10	7.4	6.6
Time to Shortlist	3	7.2	5.8
Time to Update Interview Outcomes	3	2.2	3.1
Time to Approve References	2	1.2	2.9
Vacancy Creation to Conditional Offer	44	40.5	44.0
Vacancy Creation to Ready for Start date	71	73.4	63.5
Conditional Offer to Ready for Start date	27	31.2	22.0

Average Days taken from Vacancy Creation to Start Date



Total PTHB Bank/Agency WTE (Exc Medical)



Average Bank Worked – Last 12 Months

52.9 WTE



Previous 12 months Average Worked 50.9 WTE

Average Agency Worked – Last 12 Months

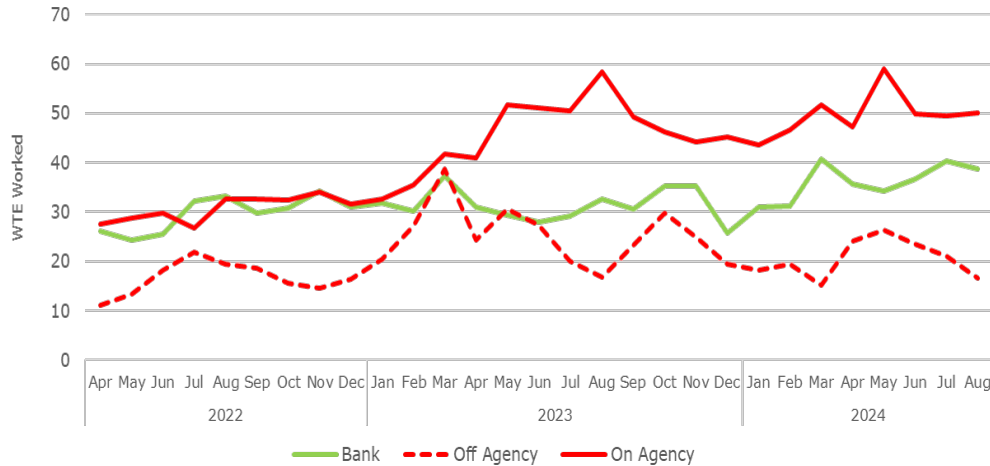
72.9 WTE



On Con (50.2 WTE)
Off Con (22.7 WTE)

Previous 12 months Average Worked 63.7 WTE
On Con (41.1 WTE) & Off Con (22.6 WTE)

Total Nursing Bank/Agency WTE



Average Bank Worked – Last 12 Months

34.6 WTE



Previous 12 months
Average Worked 31.3 WTE

Average Agency Worked – Last 12 Months

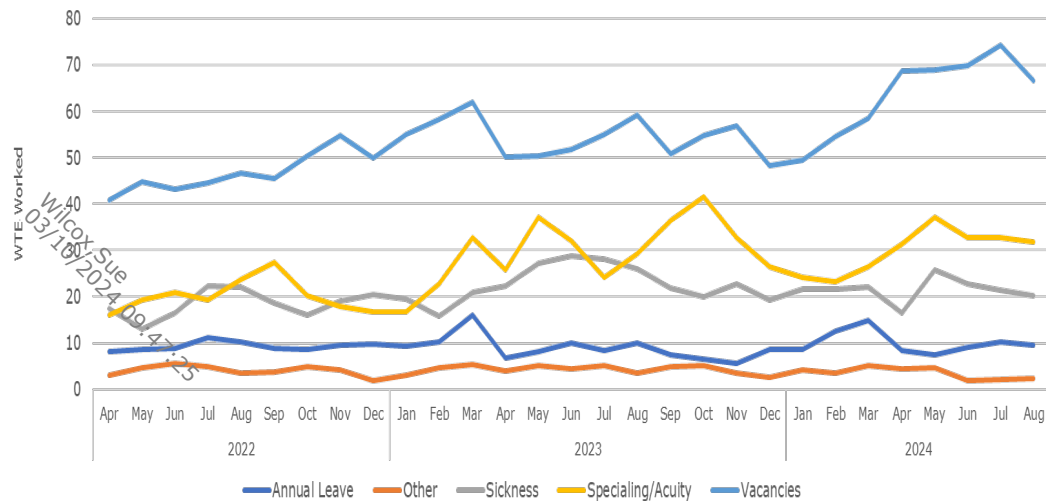
70.4 WTE



On Con (48.6 WTE)
Off Con (21.8 WTE)

Previous 12 months
Average Worked 63.7 WTE
On Con (41.1 WTE) & Off Con (22.6 WTE)

Total Monthly Bank/Agency WTE Worked by Reason



What is the Table showing: Total number of Bank and Agency (on/off contract) Shifts and Hours used last year and utilisation to date this year, along with a crude 12 month forecast for the financial year

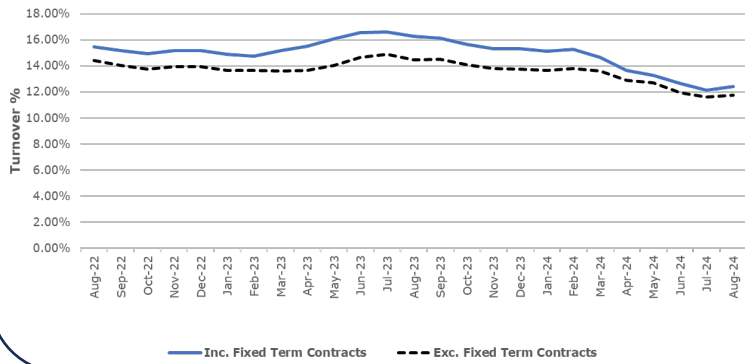
Bank / Agency	On/Off Contract Agency	2023/24 12 Months		202/25 5 Months		Crude 12 Month Forecast 2924/25			
		No of Shifts	Hours	No of Shifts	Hours	No of Shifts	% Increase	Hours	% Increase
Agency	On Agency	9,318	94,606	4,541	44,674	10,898	17%	107,217	13%
	Off Agency	4,787	43,908	2,214	19,827	5,314	11%	47,585	8%
Agency Total		14,105	138,514	6,755	64,501	16,212	15%	154,802	12%
Bank	Bank	12,994	96,082	6,132	46,565	14,717	13%	111,756	16%
Bank Total		12,994	96,082	6,132	46,565	14,717	13%	111,756	16%
Grand Total		27,099	234,596	12,887	111,066	30,929	14%	266,559	14%

Staff Transformation & Sustainability of the Workforce

What the charts tells us	Areas of Concern	Actions/Mitigations
<p><u>Staff in Post</u> The organisation currently employs 2,031.88 WTE staff. In the last 2 years (August 2022), the WTE staff employed has increased by 9.04% (170.72 WTE). The majority of the increase can be seen mainly in Admin & Clerical (59.29 WTE) - Therapies & Health Science Directorate (18.15 WTE), and Mental Health (17.29 WTE) Directorates, Community Care & Therapies (114.98 WTE).</p> <ul style="list-style-type: none"> 9% (215) of the workforce are currently on fixed term contracts 85% (2,096) of the workforce are female. 52% (1,288) work part time. <p><u>Recruitment & Vacancies</u></p> <ul style="list-style-type: none"> As of August 2024, the organisation has a vacancy rate of 14.70% (341.65 WTE). When compared with August 2023 (16.20%), the overall vacancy % rate in August 2024 has decreased by 1.50% <p>The majority of vacancies remain within Registered Nursing, of which out of a budgeted establishment of 718.17 WTE, there are 137.36 WTE vacancies (19.13%). Of these 32.33 WTE are within Adult Wards and 6.22 WTE on Mental Health Wards.</p> <p><u>Bank & Agency Usage</u> Between August 23 and August 24, a monthly average of 52.9 WTE Bank hours were worked, along with 72.4 WTE Agency hours (69% of which was on contract). The health board has continued to see increases in the demand for bank and agency staffing over the last 12 months. However, since October 2023, on contract Agency has seen a steady rise with off contract showing a downward trend. In the last 5 months;</p> <ul style="list-style-type: none"> 6,755 agency shifts (79 WTE Average) were worked 6,132 bank shifts (57 WTE Average) were worked 	<p><u>Staff in Post</u></p> <ul style="list-style-type: none"> 28% (723 Headcount) of the workforce are currently over the age of 56, this will increase to 41% (1,060) in 2029. As of August 2024, 29% (213) of Registered Nurses within the organisation are over the age of 56, this is set to increase to 41% (309) in 2029. <p><u>Vacancies</u> In August 2024, the average time to hire for PTHB was 73.4 days. This is the first time in approximately 8 months that PTHB has not met the national target. The ability to meet this target is impacted upon by multiple factors including how responsive recruiting managers and candidates are to actions and requests.</p> <p><u>Bank & Agency Usage</u> In the month of August vacancies was the main reason for bank and agency requests (71.1 WTE), followed by specialing (31.7 WTE).</p> <p>The average agency usage in the last 12 months has increased by an average of 6.7 WTE when compared to the average agency usage between 2022/23. Comparatively, bank usage has seen an increase of 3.3 WTE.</p> <p>Based on the last 5 months, forecast figures show that Agency hours are set to rise by 12% (13% on agency and 8% off agency). Bank also shows a possible increase of 16%.</p>	<p><u>International Recruitment</u> A total of 13 Internationally Educated Nurses (IEN's) have been successfully employed in Welshpool, Llandrindod Wells and Llanidloes hospitals having successfully completed their OSCE training and have received their NMC pins enabling them to take up role as registered nurses on the wards.</p> <ul style="list-style-type: none"> A further cohort of 6 IEN's are to be employed in Newtown Hospital, once they have completed their training and OSCE qualification. Training commenced on the 4 September 2024. There are another 12 IENs that have accepted an offer following successful interviews, within the remaining financial year. <ul style="list-style-type: none"> Current plans expect an approx. arrival landing date into Powys for 6 in November 2024 and the remaining 6 approx February/March 2025. <p>PTHB attended an all-Wales international medical recruitment event in Kerala, India. The trip has resulted in 2 offers of appointment being accepted by Specialty Doctors – a further 2 declined an offer.</p> <p><u>Recruitment Approach</u> The people and culture resourcing team are in the midst of a campaign of open days targeting the recruitment of bank staff, which is accompanied by a rolling advert. This is proving to be very fruitful with multiple applicants to the advert and successful interviews conducted during the open days. The progress of the recruitment of these staff is routinely reported to the Deputy Director.</p> <p>A review of the time to hire activity will also take place to understand whether this is likely to be an isolated impact or whether more targeted intervention is required to reduce time to hire.</p> <p><u>Aspiring Nurses</u></p> <ul style="list-style-type: none"> The 2023 Aspiring nurses cohort are about to depart the ward where they have been working for the past year to commence their full-time (distance learning) academic studies with Bangor University. There are 19 successful candidates on the 2024 scheme, who commenced their 4-week induction programme on 19th August. At the end of their induction, they will start in their ward-based roles for the first year, as Healthcare Support Workers.

Great Place to Work

Rolling Turnover - Aug-22 to Aug-24



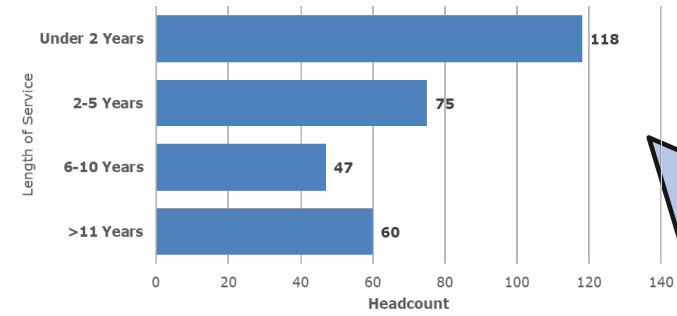
Staff Stability - Percentage of Staff Retained over last 12 months (exc Fixed Terms)

88%

Staff Turnover :
Aug-24: 12.27% (11.73 % Exc F/T)
Aug-23: 16.23% (14.43% Exc F/T)
NHS Wales 7.2% (Jun-24)



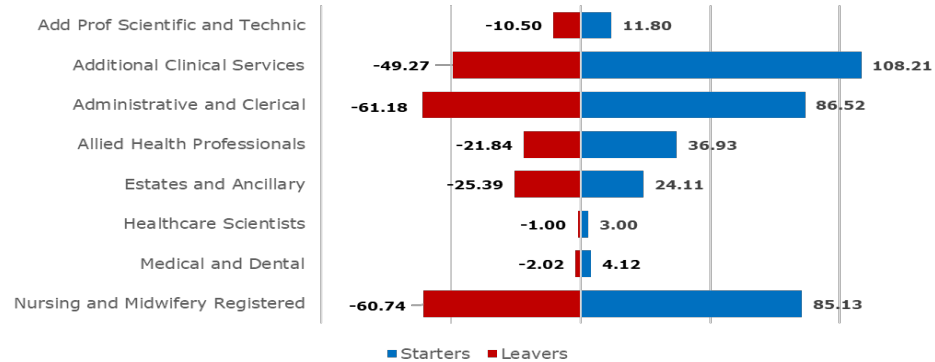
Leavers by Length of Service



The Organisation saw a total of 300 leavers in the last 12 months, 118 (39%) left within 2 years of service, 45 of which were nursing staff, and 29 Admin & Clerical

- Of the 300 leavers:**
- 60 left due to Age Retirement
 - 19 left on Flexi Retirement
 - 192 left due to Voluntary Resignation, of which 30 were relocation, 21 promotion and 28 work life balance.
 - 13 staff left due to end of fixed term contracts.
 - 121 Nursing staff left the organisation, 72 of which were voluntary resignation.

Leavers v Starters by Staff Group - 12 month



PADR Compliance: Aug-24

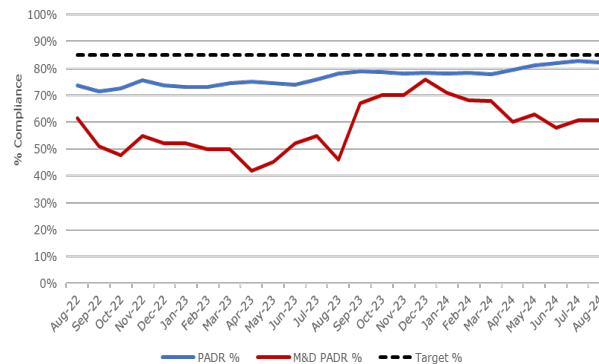
82%

Medical & Dental (61%)
NHS Wales 76% (Jun-24)

Aug-23 : 78% M&D: 46%
Aug-22: 74% M&D: 61%



PADR Compliance Trend



Mandatory & Statutory Training Compliance: Aug-24

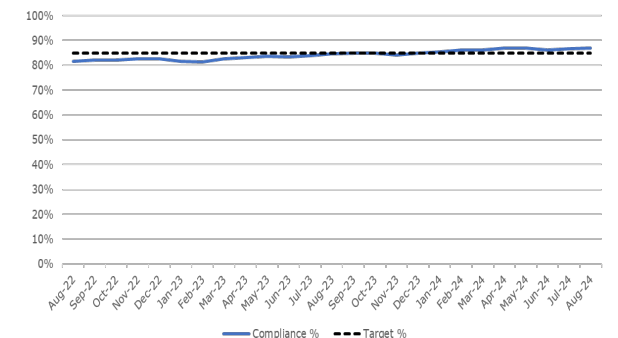
87%

NHS Wales 84% (Jun-24)

Compliance Aug-23 : 85%
Compliance Aug-22 : 82%



Mandatory & Statutory Training Compliance Trend



Great Place to Work

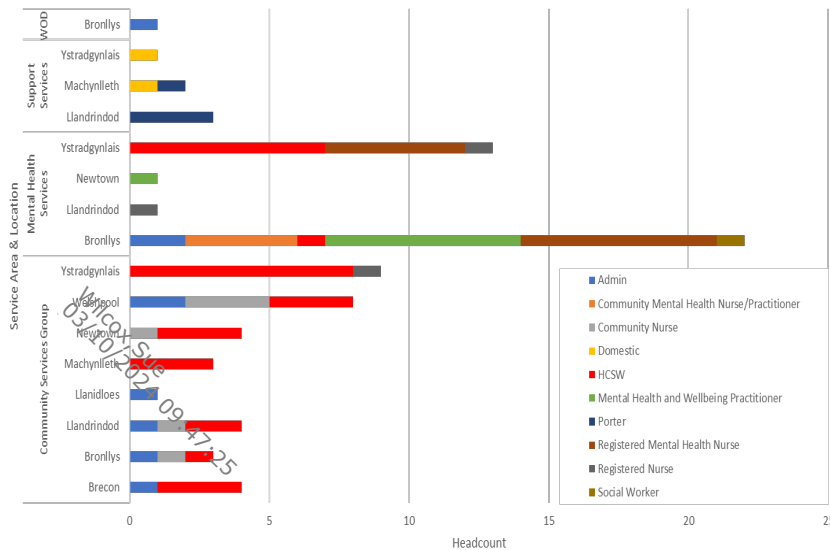
Core Skills Competencies (All Levels)	Required	Achieved	Compliance %
Equality, Diversity and Human Rights - 3 Years	2548	2367	92.90%
Fire Safety - 2 Years	5007	4363	87.14%
Health, Safety and Welfare - 3 Years	2548	2370	93.01%
Infection Prevention and Control - Level 1 - 2	2398	2075	86.53%
Information Governance (Wales) - 2 Years	2548	2275	89.29%
Moving and Handling - Level 1 - 2	2350	1929	82.09%
Resuscitation - Level 1 - 3	2660	1938	72.86%
Safeguarding Adults - Level 1 - 4	2316	1823	78.71%
Safeguarding Children - Level 1 - 4	2406	2136	88.78%
Violence and Aggression (Wales) - Module B - 3 Years	2059	1888	91.69%
Grand Total	26840	23164	86.30%

This table shows the compliance for the 10 Core Competencies (All Levels)

Core Skills Competencies - Levels under 85%	Required	Achieved	Compliance %
Fire Awareness Classroom - 2 Years	2459	2020	82%
Infection Prevention and Control - Level 2 - 1 Year	1606	1363	85%
Manual Handling for Managers - No Renewal	211	158	75%
Moving and Handling - Level 2 - 2 Years	1577	1250	79%
Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	1067	709	66%
Resuscitation - Level 2 - Newborn Basic Life Support - 1 Year	49	32	65%
Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year	302	202	67%
Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	237	100	42%
Resuscitation - Level 3 - Paediatric Immediate Life Support	25	4	16%
Safeguarding Adults (Version 2) - Level 3 - 3 Years	588	237	40%
Safeguarding Adults Level 4 - 3 years	6	4	67%
Safeguarding Children - Level 3 - 3 Years	174	114	66%
Safeguarding Children Level 4 - 3 years	7	4	57%

Core Skills Levels with less than 85% Compliance

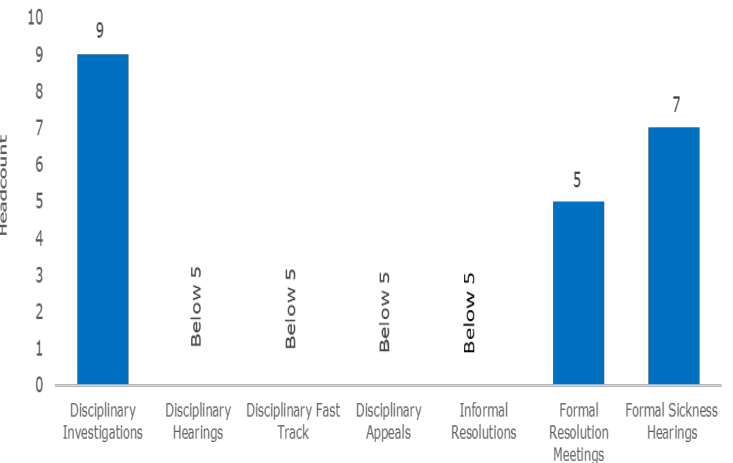
Bank Staff Enrolled in Wagestream



Position	Number of Bank Staff
Admin	9
Community Mental Health Nurse/Practitioner	4
Community Nurse	6
Domestic	2
HCSW	31
Mental Health and Wellbeing Practitioner	8
Porter	4
Registered Mental Health Nurse	12
Registered Nurse	3
Social Worker	1
Grand Total	80

Base	Number of Bank Staff
Brecon	4
Bronllys	26
Llandrindod	8
Llanidloes	1
Machynlleth	5
Newtown	5
Welshpool	8
Ystradgynlais	23
Grand Total	80

Formal Employee Relations Activity 12 Months



Great Place to Work

What the chart tells us	Areas of Concern	Actions/Mitigations
<p><u>Turnover</u> Turnover shows a rolling rate of 12.27% for August 2024, a decrease of 3.96% when compared to August 2023 (16.23%).</p> <ul style="list-style-type: none"> Excluding staff on fixed term contracts, turnover in August 2024 is 11.73%. The organisation exceeds the All-Wales Position of 7.2% (Jun-24) Stability Index for the Health Board remained at 88% this month (excluding fixed term contracts). <p><u>PADR</u> Appraisal rates are based on the percentage headcount of staff who have had a PADR in the last 12 months (Doctors and Dentists in the last 15 months).</p> <ul style="list-style-type: none"> Compliance in August 24 is at a rate of 82%, which is an increase of 4% when compared to August 23. Medical & Dental reported at 61%. The health board benchmarks positively when compared with All Wales position of 76% (Jun 2024). <p><u>Mandatory & Statutory Training</u> Compliance of Mandatory and Statutory includes all role specific competencies attached to positions.</p> <ul style="list-style-type: none"> The health board reported a rate of 87% for August 24, an improvement of 2% when compared to August 23, which exceeds the 85% Target. The health board benchmarks positively when compared with All Wales position of 84% (Jun 2024). <p><u>Wagestream</u> A further 5 Bank staff have enrolled on Wagestream in the last month.</p> <p><u>Employee Relations</u> In the last 12 months there were 7 formal sickness hearings, 9 Disciplinary Investigations and 5 formal resolution meetings, all other areas reported under 5.</p>	<p><u>Turnover</u> Although organisation turnover has shown significant improvement over the last 12 months, current turnover is 5.07% higher than the All-Wales NHS position (7.2%).</p> <ul style="list-style-type: none"> 39% (118) staff left the organisation within 2 years of service 64% (192) of the 300 staff that left were due to voluntary resignation. 20% (60) staff left due to age retirement <p><u>PADR</u> There has been little change overall to PADR compliance in the last 6 months. Whilst there has been a decline in Medical and Dental compliance, we understand this is due to a recording and reporting issue which is being investigated further.</p> <p><u>Mandatory & Statutory Training</u> There are 3 Core Skills Competencies that report under 50%;</p> <ul style="list-style-type: none"> Resuscitation - Level 3 - Paediatric Immediate Life Support - 1 Year Safeguarding Adults (Version 2) - Level 3 - 3 Years Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year <p><u>Employee Relations</u></p> <ul style="list-style-type: none"> There are no distinct themes identified by directorate or service. There have been several cases where an investigation was commissioned, however have resulted in outcomes of 'no case to answer' or lower level of sanction. 	<p><u>Turnover</u></p> <ul style="list-style-type: none"> Wellbeing roadshows are starting again this coming Autumn. The Workforce Retention Lead Chairs a Workforce Retention Steering group that has members from across the organisation, overseeing actions to improve staff retention. Information gathered from staff engagement has been key to guiding this work, which also aligns to the HEIW Nurse Retention Plan. Many of the actions being considered are in the early stages and we hope to see progress over the coming months. Information gathered in staff engagement has also been fed back to service leads, to implement actions to improve retention in their own areas. <p><u>PADR and Statutory & Mandatory</u> The WOD BP team continue to discuss compliance at senior management meetings within services, escalating to Assistant Directors areas of concern as required.</p> <p><u>Employee Relations</u> Workforce & OD Business Partners and trade unions agreed a programme of work to review, redesign and implement toolkits for Workforce policies in July 2023. These toolkits will support employees and managers with managing employee relation matters. This work is ongoing and is monitored via the workforce policy review group.</p> <p>Workforce & OD Business Partners and trade unions have regular Partnership development sessions as a forum to escalate and discuss any concerns in relation to organisational policy and process.</p> <p>Initial discussions have been held with ABUHB/HEIW around the delivery of 'Preventing Avoidable Harm' workshops to senior leaders in the organisation. The WOD BP team will promote All Wales online sessions that have been set up by HEIW for operational managers</p>

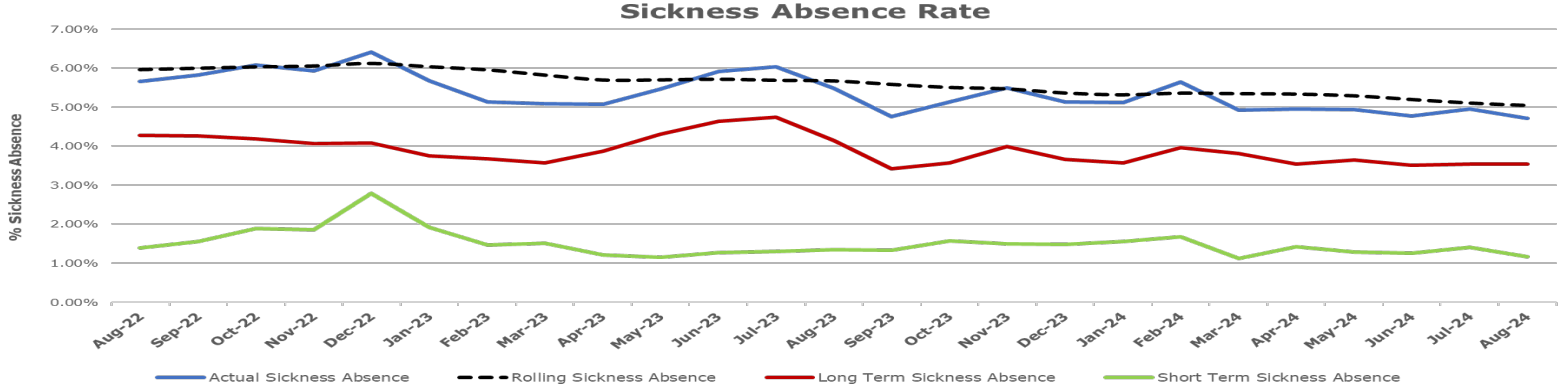
Employee Health & Well Being

Sickness Absence Percentage Aug-24:

4.72% (Actual)
5.04% (Rolling)



Aug-23 - 5.47% (Actual) 5.67% (Rolling)
Aug-22 - 5.66% (Actual) 5.96% (Rolling)
NHS Wales 6.2% Rolling (Jun-24)

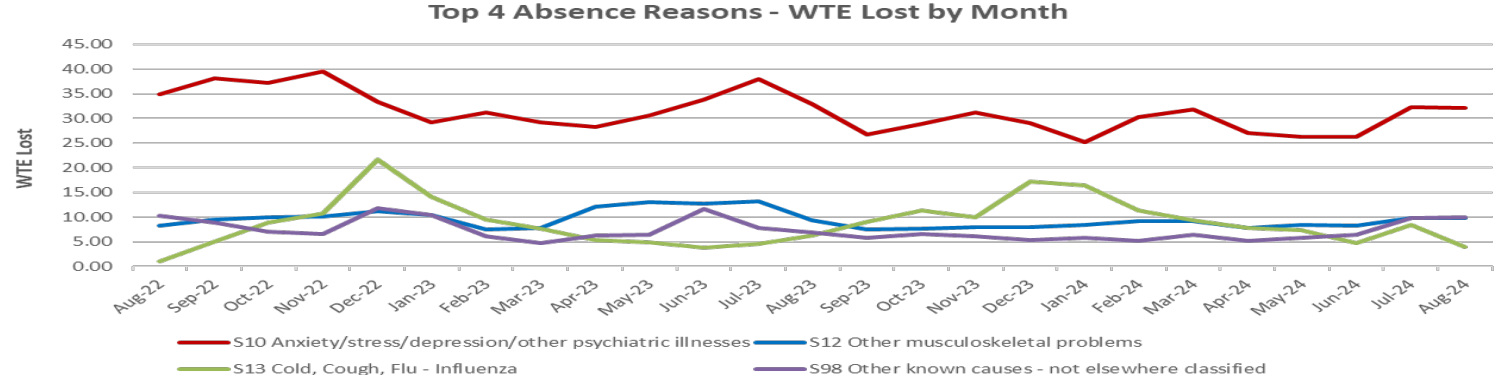


Sickness Absence Sep-23 to Aug-24 Average Number of Staff lost :

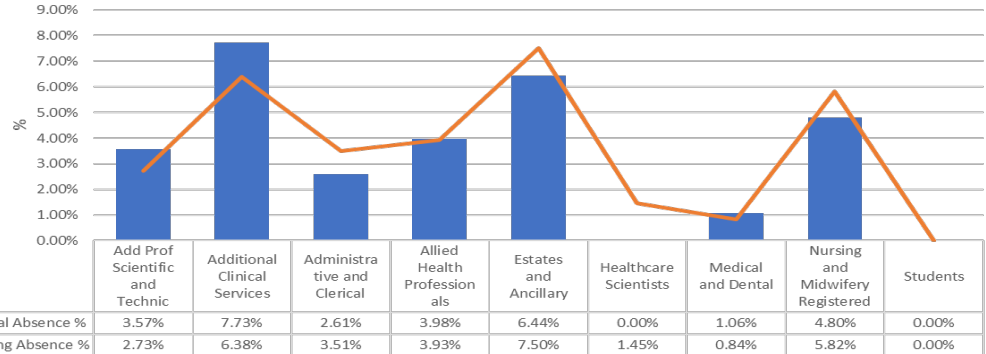
100.6 WTE



Sep-22 to Aug-23: 109.3 WTE
Sep-21 to Aug-22: 111.5 WTE

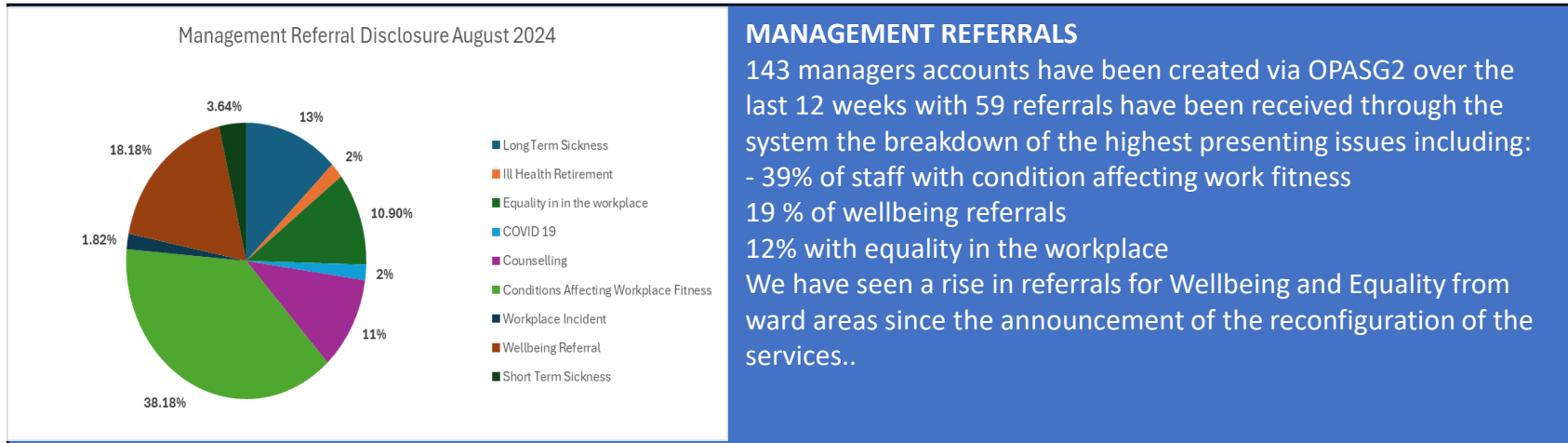


Actual/Rolling Sickness Absence by Staff Group - August 2024



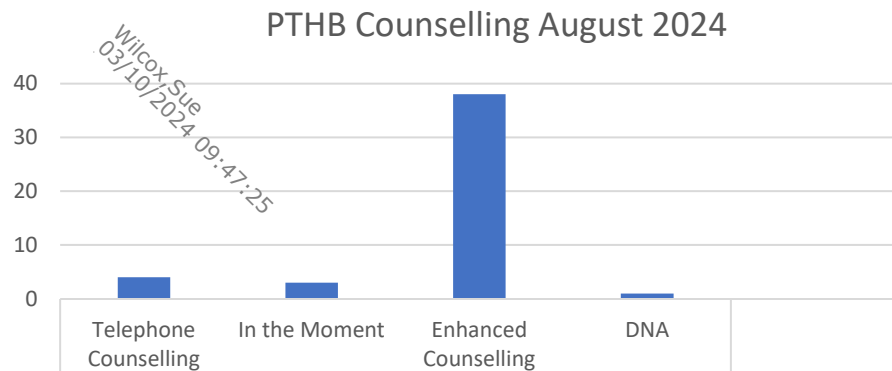
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Occupational Health VIVUP Employee Assistance Programme/Counselling Service August 2024

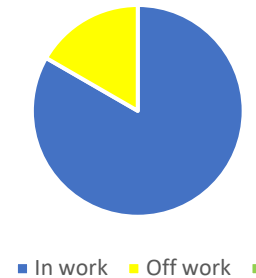


Wellbeing pages : VIVUP employee assistance programme is in place to develop wellbeing specific intranet pages and providing wellbeing resources and activities – we have now launched the new Menopause Helpline for staff

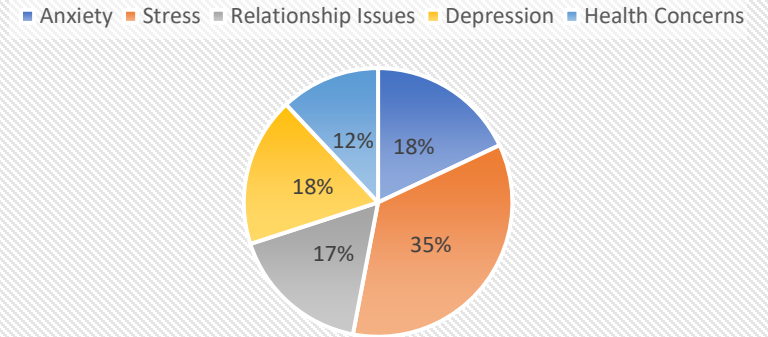
- Employees receive up to 6 sessions when a presenting issue is disclosed at triage – this is recorded as Enhanced Counselling.
- To encourage usage of the Employee Assistance Programme (EAP) service, we are planning:
 - Banner advertisement on ESR
 - Posters/flyers/business cards in staff areas and changing areas/rest rooms
 - Engagement with the HR Business Partners to encourage management referrals through 1:1 and PADR activities.



Work Status at time of call



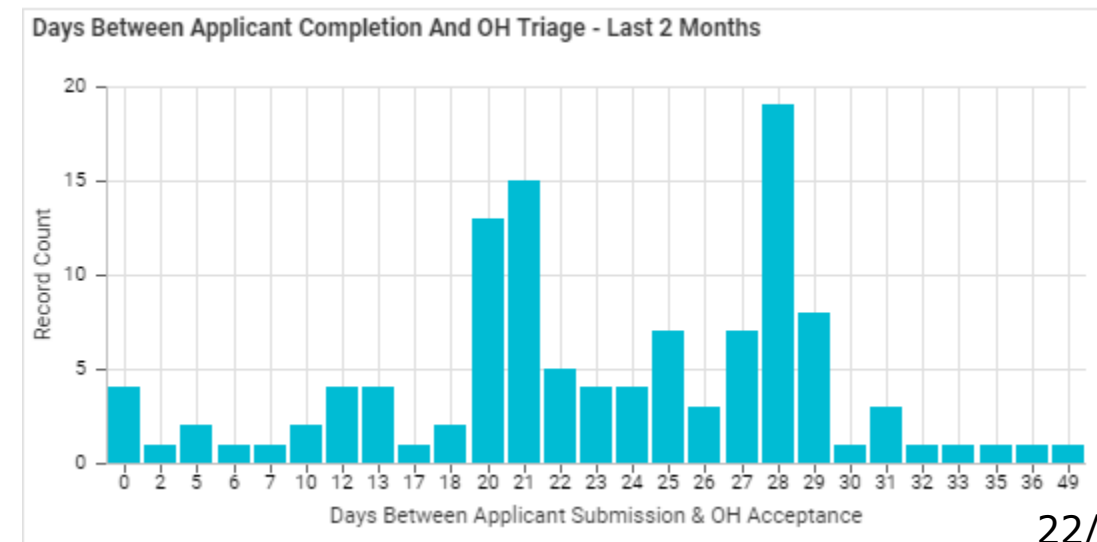
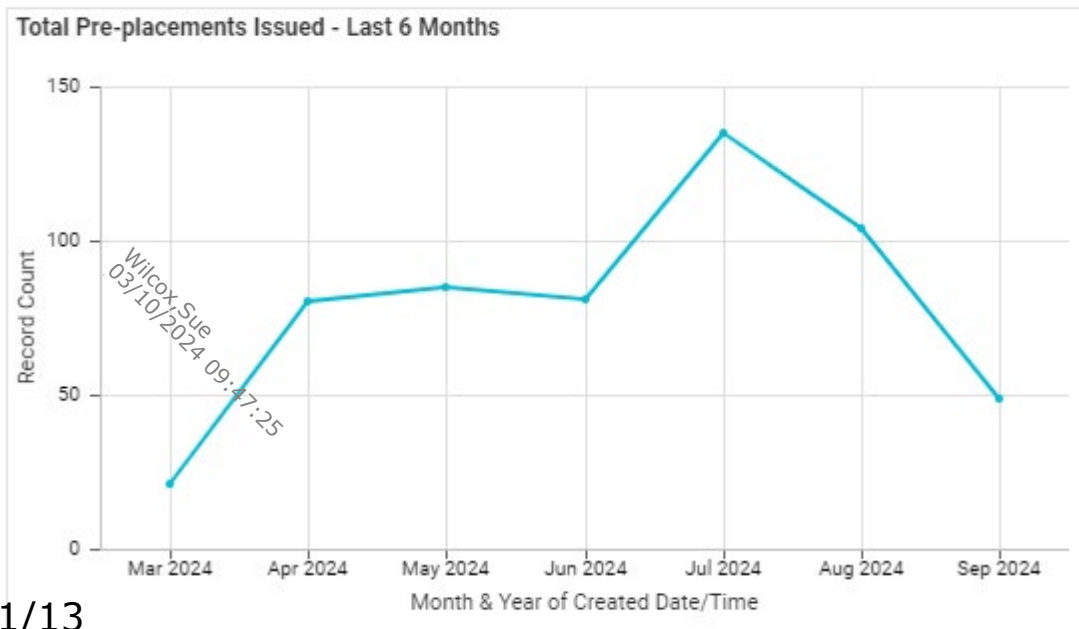
PTHB Presenting Issue - August 2024



Occupational Health OPAS G2 Dashboard- Snapshot August 2024

All OH Pre-placements checks are now managed through the OPASG2 system – from the graph below you can see that there is an average of 92 checks being completed in a calendar month – This are new posts and internal movement posts –

The days between submission and completion has peaked at 28 days due to capacity versus quantity - when we are fully staffed we will be able to achieve the **All Wales NHS Occupational Health (OH) Scope of Practice and Minimum Service Standards - June 2024** of 7 working days for standard clearances. There has also been a large number of forms incorrectly completed by applicants that have required chasing, unfortunately this adds to the waiting times. These peaked in July/early August due to annual leave and sickness in the department. We have also recruited to a Bank Nurse with pre-employment experience so will be on track to achieve the All Wales Standards by the end of September 2024.



Employee Health & Well Being

What the chart tells us

Sickness Absence

Overall, both rolling and actual absence reported has seen a steady decline over the last 2 years.

- Actual sickness for August 24 is reported at 4.72%, **0.75%** lower than August 23 (5.47%). Compared with last month (July 24, 5.09%) sickness has decreased by **0.39%**
- Rolling sickness for August 24 is 5.04%, **0.63%** lower than August 23 (5.67%).

The organisation saw an average of **100.6 WTE** absent in the last 12 months, which is 8.7 WTE lower when compared with the previous 12 months **109.3 WTE**.

The four top reasons for sickness identified within the charts are accountable for **51%** of all sickness reported in the last 12 months.

In August 2024, of the absence reported, the top 4 reasons contributed to the following WTE's lost:

- Anxiety/ Stress/ Depression saw 31.8 WTE (61 headcount) staff absent.
- Other musculoskeletal problems 9.9 WTE (21 headcount)
- Other known causes not elsewhere classified 8.5 WTE (27 headcount)
- Injury Fracture 7.6 WTE (17 headcount)

Areas of Concern

Sickness Absence

Rolling sickness absence for the year is particularly high in:

- Estates & Ancillary (7.50%) *majority of days lost were due Anxiety, Stress & Depression (31.4%) and Other Musculoskeletal problems (22.7%)*
- Additional Clinical Services (6.38%) *majority of days lost were due Anxiety, Stress & Depression (23.3%) and Other Musculoskeletal problems (9.8%)*
- (9.7%)
- Nursing & Midwifery Registered (5.82%) *majority of days lost were due to Anxiety, Stress & Depression and Injury and fracture (28.2%), followed by Injury, Fracture (10.2%).*

Actions/Mitigations

The WOD BP team are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed.

Sickness absence is monitored via directorate SMT meetings and escalated to AD's where necessary.

All long-term absence cases over 6 months are reviewed with managers to ensure all actions are up to date in line with the Managing Attendance at Work policy.

The managers training programme covers the managing attendance at work policy and manager responsibilities in detail.

WOD BP team are reviewing their approach to absence monitoring to enable more efficient targeted interventions in directorates. This has included delivery of a number of bespoke sessions to directorates.

A focussed deep dive into absence relating to anxiety, stress and depression will take place to better understand trends within this area and enable more focussed interventions where possible.

Wilcox-Sue
03/10/2024 09:47:25

Workforce Monthly Dashboard – August 2024

The tables below give a breakdown for the month by Staff Group and Directorate

- Staff in Post excludes Aspiring Nurses, Career Break and External Secondments
- For the purpose of vacancies only, Chief Executive Office includes Directors and PA's etc (Cost Centre B440) and Corporate Governance, Communication (B425)

Staff Group	Actual Contracted WTE	Budgeted WTE	Vacancy WTE	Vacancy %	Monthly Sickness %	Rolling Sickness %	Bank WTE in Month	Agency Use Off Contract WTE in Month	Agency Use On Contract WTE in Month	Total Agency WTE use in Month	PADR %	M&S Training %	External Starters in Month WTE	Leavers in Month WTE	Bank to Substantive in Month	Substantive to Bank in Month	12 month Rolling Turnover Rate (Headcount)	12 month Rolling Turnover Rate (Exc. Fixed Terms)
Add Prof Scientific and Technic	82.21	99.40	17.19	17.30%	3.57%	2.73%	1.58	0.00	1.74	1.74	76%	85%	1.00	1.00	0.00	0.00	12.12%	12.12%
Additional Clinical Services	381.37	465.25	83.88	18.03%	7.73%	6.38%	20.22	3.53	23.25	26.79	82%	90%	22.55	5.08	3.53	0.00	11.88%	11.29%
Administrative and Clerical	573.67	624.61	50.94	8.16%	2.61%	3.51%	6.77	0.00	0.00	0.00	87%	93%	6.51	5.20	1.00	0.00	11.87%	11.11%
Allied Health Professionals	151.51	177.10	25.59	14.45%	3.98%	3.93%	0.87	1.51	1.91	3.41	84%	84%	4.00	2.43	0.00	0.00	14.93%	14.33%
Estates and Ancillary	168.15	178.73	10.58	5.92%	6.44%	7.50%	9.48	0.00	0.00	0.00	79%	86%	0.48	3.84	0.43	0.00	16.59%	15.70%
Healthcare Scientists	10.21	13.32	3.11	23.32%	0.00%	1.45%	0.00	0.18	0.00	0.18	91%	94%	0.00	0.00	0.00	0.00	10.53%	10.53%
Medical and Dental	34.35	47.35	13.00	27.45%	1.06%	0.84%	0.00	5.64	3.61	9.25	61%	67%	0.00	0.00	0.00	0.00	7.84%	5.88%
Nursing and Midwifery Registered	580.81	718.17	137.36	19.13%	4.80%	5.82%	19.62	13.16	26.72	39.88	79%	84%	5.41	10.71	0.69	0.00	11.66%	11.52%
Students					0.00%	0.00%	0.00	0.00	0.00	0.00	100%	95%	0.00	0.00	0.00	0.00	0.00%	0.00%
Grand Total	1,982.28	2,323.93	341.65	14.70%	4.72%	5.04%	58.55	24.02	57.23	81.25	82%	87%	39.95	28.26	5.65	0.00	12.38%	11.73%

Directorate	Actual Contracted WTE	Budgeted WTE	Vacancy WTE	Vacancy %	Monthly Sickness %	Rolling Sickness %	Bank WTE in Month	Agency Use Off Contract WTE in Month	Agency Use On Contract WTE in Month	Total Agency WTE use in Month	PADR %	M&S Training %	External Starters in Month WTE	Leavers in Month WTE	Bank to Substantive in Month	Substantive to Bank in Month	12 month Rolling Turnover Rate	12 month Rolling Turnover Rate (Exc. Fixed Terms)
Chief Executive Office	26.80	27.86	1.06	3.80%	5.12%	2.98%	0.00	0.00	0.00	0.00	89%	86%	0.00	0.00	0.00	0.00	14.63%	9.76%
Community Care & Therapies	788.31	954.01	165.70	17.37%	5.23%	5.47%	29.00	6.75	34.52	41.27	83%	87%	24.96	13.92	4.69	0.00	12.68%	12.29%
Community Dental Service	43.91	51.89	7.98	15.38%	2.48%	2.78%	0.00	0.00	0.00	0.00	94%	85%	0.00	0.00	0.00	0.00	3.25%	3.25%
Corporate Governance - Communications	8.30	6.10	-2.20	-36.07%	1.11%	0.56%	0.00	0.00	0.00	0.00	82%	92%	0.00	0.00	0.00	0.00	12.77%	12.77%
Estates & Works	47.11	48.21	1.10	2.29%	3.45%	3.00%	0.00	0.00	0.00	0.00	87%	96%	0.00	3.00	0.00	0.00	12.84%	12.84%
Facilities & Support Services	149.87	158.47	8.60	5.42%	7.21%	8.05%	8.52	0.00	0.00	0.00	79%	84%	0.48	1.84	0.43	0.00	16.46%	15.50%
FID Finance Directorate	89.70	94.12	4.42	4.69%	0.00%	1.29%	0.00	0.00	0.00	0.00	97%	88%	0.75	0.00	0.00	0.00	11.43%	11.43%
MED Medical Directorate	10.37	11.21	0.84	7.50%	0.64%	0.45%	0.00	0.00	0.00	0.00	75%	65%	1.00	0.00	0.00	0.00	14.29%	7.14%
Medicines Management	30.69	30.95	0.26	0.85%	1.48%	2.58%	0.74	0.00	0.00	0.00	89%	94%	1.00	0.00	0.00	0.00	17.39%	14.49%
MHD Mental Health	393.03	505.50	112.47	22.25%	5.99%	5.58%	18.09	16.34	22.43	38.77	73%	82%	5.00	5.40	0.53	0.00	9.78%	9.78%
NUD Nursing Directorate	27.65	33.28	5.63	16.93%	6.23%	6.56%	0.02	0.00	0.00	0.00	79%	94%	0.00	1.00	0.00	0.00	8.96%	8.96%
PHD Public Health Directorate	56.25	69.55	13.30	19.12%	2.08%	3.70%	0.18	0.00	0.00	0.00	92%	98%	2.00	0.00	0.00	0.00	11.32%	11.32%
PLD Planning Directorate	29.09	40.80	11.71	28.69%	6.38%	4.52%	0.00	0.00	0.00	0.00	67%	92%	0.00	1.00	0.00	0.00	20.69%	20.69%
People & Culture Directorate	59.34	63.74	4.40	6.91%	2.81%	3.17%	0.21	0.00	0.00	0.00	92%	90%	2.76	0.40	0.00	0.00	12.99%	11.69%
Primary Care	17.46	15.84	-1.62	-10.23%	0.00%	2.79%	0.00	0.00	0.00	0.00	89%	89%	0.00	0.00	0.00	0.00	15.00%	15.00%
THD Therapies & Health Sciences Directorate	21.86	25.33	3.47	13.70%	1.55%	4.70%	0.00	0.00	0.00	0.00	88%	95%	1.00	0.90	0.00	0.00	21.48%	17.45%
Women and Children Directorate	182.54	187.07	4.53	2.42%	3.00%	3.76%	1.79	0.93	0.28	1.21	87%	87%	1.00	0.80	0.00	0.00	10.41%	10.41%
Grand Total	1982.28	2323.93	341.65	14.70%	4.72%	5.04%	58.55	24.02	57.23	81.25	82%	87%	39.95	28.26	5.65	0.00	12.38%	11.73%

Agenda item: 2.2

Workforce & Culture Committee		Date of Meeting: 3 October 2024
Subject:	Executive Director of People and Culture -Summary Report for Workforce and Culture Committee	
Approved and presented by:	Debra Wood-Lawson, Executive Director of People and Culture	
Prepared by:	Sarah Powell Assistant Director People and Culture/OD	
Other Committees and meetings considered at:	This paper will be presented at Executive Committee 18 September 2024 for approval to go to Workforce and Culture Committee on 3 October and then to Local Partnership Forum on 7 October 2024.	

PURPOSE:		
<p>The purpose of this paper is for the Workforce and Culture Committee to RECEIVE an update on priorities within the Workforce section of the Integrated Plan for 2023/24.</p> <p>To take ASSURANCE against delivery of those priorities. The paper also provides an update on any workforce areas identified nationally.</p>		
RECOMMENDATION(S):		
<p>This Committee is asked to RECEIVE this report as an update on priorities within the Workforce section of the Integrated Plan for 2023/24 that are not part of the committee’s agenda and take ASSURANCE against delivery of those priorities.</p>		
Approval/Ratification/Decision¹	Discussion	Information
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	✓/x
	2. Provide Early Help and Support	✓/x
	3. Tackle the Big Four	✓/x

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

	4. Enable Joined up Care	✓/x
	5. Develop Workforce Futures	✓/x
	6. Promote Innovative Environments	✓/x
	7. Put Digital First	✓/x
	8. Transforming in Partnership	✓/x
Health and Care Standards:	1. Staying Healthy	✓/x
	2. Safe Care	✓/x
	3. Effective Care	✓/x
	4. Dignified Care	✓/x
	5. Timely Care	✓/x
	6. Individual Care	✓/x
	7. Staff and Resources	✓/x
	8. Governance, Leadership & Accountability	✓/x

EXECUTIVE SUMMARY:

This paper provides an update on priorities within the Workforce section of the Integrated Plan for 2024/25 since June 2024. The report also includes updates on other aspects of workforce matters both local and national.

- Transformation and Sustainability of Our Workforce.
- A Great Place to Work – separate agenda item.
- Employee Health and Wellbeing.
- Welsh Language, Equalities including Anti Racism - separate agenda item.
- Workforce Futures -Partnership.
- Update on Corporate Induction compliance: an Action from Local Partnership Forum.
- Update from the Business Efficiencies Programme.
- Update from the Value Based Health Care Programme.

National Updates:

- Welsh Health Circular (2024) 017 'Implementation of the Non-pay Elements of the 2022-4 Collective Agreement'.
- All Wales Assistant Practitioner Job Descriptions.

DETAILED BACKGROUND AND ASSESSMENT:

Key activities since June 2024:

Transformation and Sustainability of Our Workforce

- **Internationally Educated Nurses- Update on cohorts**

Shared Services through the Value and Sustainability Board on 16th May 2024 confirmed that PTHB was successful in our bid for £260K to fund additional cohorts of Internationally Educated Nurses. This will enable Powys Teaching Health Board to recruit a further 18 adult nurses during 2024/25.

Cohort 4 - Llanidloes: Four nurses arrived in February 2024 and all four have passed the OSCE exam and have received their NMC Pins.
Cohort 5 - Newtown: Six nurses joined us in August. They commenced their OCSE training on 4 September 2024.

Wilcox Sue
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Cohort 6/Cohort 7 - TBC: Recent recruitment trip to Kerala, India saw the recruitment of 12 IENs for PTHB. Aiming to onboard six of these new recruits in October 2024, and then the remaining six early 2025 (localities TBC). An options appraisal is being drawn up to consider bringing the remainder 12 IENS over in one cohort.

- **International Medical Recruitment**

Two Medics have been recruited from India and are currently going through the onboarding process with a view to starting later this year in Mental Health Services.

- **Aspiring Nurses**

The 2023 cohort all past their Level 4 qualification and are about to depart the ward where they have been working for the past year to commence their full-time (distance learning) academic studies with Bangor University.

There were 20 successful candidates on the 2024 scheme, one of which into a Welsh-speaking position, and they started their four-week induction programme (mixture of in-person training at Bronllys and remotely online) on 19 August. At the end of their induction, they will start their placements for the first year as a Healthcare Support Worker at their local hospital.

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

The recent advert for our fifth cohort of HCSW apprentices attracted 46 applicants (including an applicant for the Welsh Language essential post) of which 21 were called to interview in August. This is a huge increase in applications on past years when we have had on average 10/ 12 applicants. A number of the applicant referenced our schools ACEES programme. Based on the budget we appointed five apprentices and those that were unsuccessful but appointable were signposted to Social Care Domiciliary roles and the Jobs Growth Programme (16-19 years) with Neath Port Talbot colleague group

- **Bank recruitment activity**

We have held seven Bank Recruitment days across out hospital sites since June 2024 which included interviewing interested applicants on the day. In addition, from July 2024 we have also maintained a rolling advert for both Bank Registered Nurses and Bank Health Care Support Workers. This has resulted in 76 successful applicants (55 Health Care Support workers and 21 Registered nurses) who are all undertaking their Pre-employment checks. The bank recruitment activity and progress is reported weekly.

- **Wagestream**

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The Temporary Staffing Unit continues to try and recruit to Bank and explore ways in which the Health Board can compete with Agencies, most of whom offer weekly pay. We have engaged with Wagestream who offer an alternative payment system to staff which allows individuals to draw down a part of their accrued wages at any time in the month. To date 75 have enrolled and are using Wagestream. We continue to promote the Wagestream app across Powys.

- **Academy Career and Education Enterprise Scheme (ACEES)**

Health Education and Improvement Wales (HEIW) funded the resource to undertake the initial schools pilot, which preceded the Academy Careers Education Enterprise Scheme. The Academy team recently presented the approved ACEES evaluation report to the HEIW team who were extremely impressed with the speed with which the work had mushroomed from pilot to region-wide inclusive programme.

Accelerated work is underway to plan the programme for 2024/25 in line with the recommendations within the evaluation report. This includes a stronger and more interactive online resource area for teachers and learners.

All 13 mainstream secondary schools in Powys engaged with the programme for the 2024/25 academic year. NPTC FE college have also confirmed their involvement of both their campuses. We will continue to engage with Additional Learning Needs settings.

- **Multiply Project**

Neath & Port Talbot College Group of Colleges (NPTC) have successfully secured funding via the Shared Prosperity Fund to offer a range of level 1 face to face and online numeracy learning opportunities. The Powys Health, Care and Social Care Academy is acting as a partner and have been responsible for the promotion of the courses which have been available since April 2024 and will continue to be offered until the end of the project in December 2024. 31 colleagues have enrolled on bitesize numeracy course (15 from PTHB) and 10 on level 1 AAT (2 from PTHB).

- **Clinical Education**

Recruitment to the vacant Clinical Skills trainers (1.8WTE) has been successful and the on boarding is currently taking place. The new Resuscitation Officer post was also successful with appointed person starting in the next few months.

The vacant Practice Education Facilitator (PEF), has been recruited to and the post holder has started. As part of the PEFs work we now have seven confirmed GP practices willing to take on student placements and discussions are happening with a further two GP practices. HEIW have recognised that Powys are leading the way in being able to open GP practice placements.

WILCOX SUE
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During September a review of current skills provision with clinical leads/ heads is being undertaken to inform the future clinical skills training offer.

Ten newly appointed Health Care Support Workers have been through the All Wales Clinical Skills induction since April.

Employee Health and Wellbeing

- **Compassionate Leadership courses**

324 PTHB staff have attended the Introduction to Compassionate Leadership Behaviours training since March 2023 (15% of the workforce). A further 106 colleagues from partners have also attended the training. Average evaluation score is 4.6/6 from partner organisations, and 5/6 from PTHB colleagues.

Overall, I thought the session was excellent ... I would highly recommend it to anyone who is interested in developing their leadership skills or improving their ability to work with and support others.” – PTHB Attendee

Work is underway on the Future Approach to Academy Leadership Offering :

- Consultancy approach to deliver.
- Standing Offer for Teams and Individuals to access to compliment the sovereign offering.
- Undertake Needs Analysis against offer.
- Develop engagement approach for Voluntary Sector e.g. Attend revitalised PAVO Leadership Networks events. Team support and management and leadership development mapped across H&SC. Coaching fundamentals course piloted in PTHB.

- **Staff wellbeing roadshows/surveys**

Roadshows will commence on 17 September 2024 in Brecon and run through until end of January 2025. A mix of fixed locations and outreach session will be held.

- **Staff surveys.** Common questions in place in staff surveys across the WFF partnership. The NHS national survey is due to be released in October this year. PTHB continues to feedback to staff via a series of 'You said/ we did' posters and information, which will continue throughout August and lead into the promotions of the release of 2024 survey.

- **Wellbeing and Occupational Health**

Wellbeing promoted across the partnership and Learning is taken from staff voice and networks, e.g. neurodiversity network. Through The WFF academy work a directory of interventions are being developed for review in late August. A number of bespoke wellbeing interventions have taken place across the partnership.

- **Occupational Health**

Internally we have just launched the online managers tool through the OPASG2 management system for making an OH referral. This will enable

managers to track where their referral is for their staff member in the system once triaged and receive electronic OH reports back in a more timely way. Between the May launch and end of July 82 managers had registered on the system. The ability for staff to also register and self-refer will soon be released.

All OH Pre-employment checks are now managed through the OPASG2 system, with an average of 81 checks being completed in a calendar month which includes new to organisation/bank, internal moves, volunteers, and work experience.

We are currently building a set of KPI dashboards in line with the new all Wales OH minimum standards for core service delivery. Once we have sufficient data we will then be able to report on percent compliance with the KPIs both at a local and all Wales level.

The OH service is currently struggling with capacity to meet service demands, due to long term sickness, annual leave and vacant posts. This has impacted on clinical waiting times, seeing a rise from a four week wait to 6 weeks. A recruit campaign has commenced for clinical bank staff, OH nurses and administrators. Once these have been appointed to then we anticipate waiting times decreasing.

The employee assist service through VIVUP continues to be well utilised. The data shows a range of ways in which our staff access support – with online PDFs, Vlogs and self-help tools to virtual and face to face counselling along with in the moment urgent support. During July there were five in the moment support sessions, and 20 counselling sessions as well as the self-service options. The top four referral reasons being: Anxiety, bereavement , depression and stress. As at end of July 49 staff are using the 'yourcare' APP to monitor their own wellbeing and take steps to ensure they stay well. Whilst the menopause support line and online GP appointments have gone live we will not receive an uptake report until end of September.

Workforce Futures Partnership

- **Education, training and development**

A recently set up joint working project with Hywel Dda UHB aims to develop an offer of education / skills training, CPD and joint inductions for staff in Health and Social Care, primarily aimed at bands 2-4. This project will be the first of its kind across Wales; sharing a coordinated approach to skills delivery for staff in Health boards and Local Authority Social Services.

- **Workforce Futures Academy team and infrastructure**

Discussion held with Powys County Council and RPB colleagues regarding communications and engagement support for the programme. Further work to be undertaken to ensure clarity of arrangements across the partnership.

Alternatives to the Regional Partnership Board (RPB) website have been explored as the functionality required by the Academy cannot be met by the current arrangements. A viable platform has been identified and work to prepare an interactive online Academy platform (Engagement HQ) is underway, reflecting all five themes.

- **Regional Partnership Board reporting**

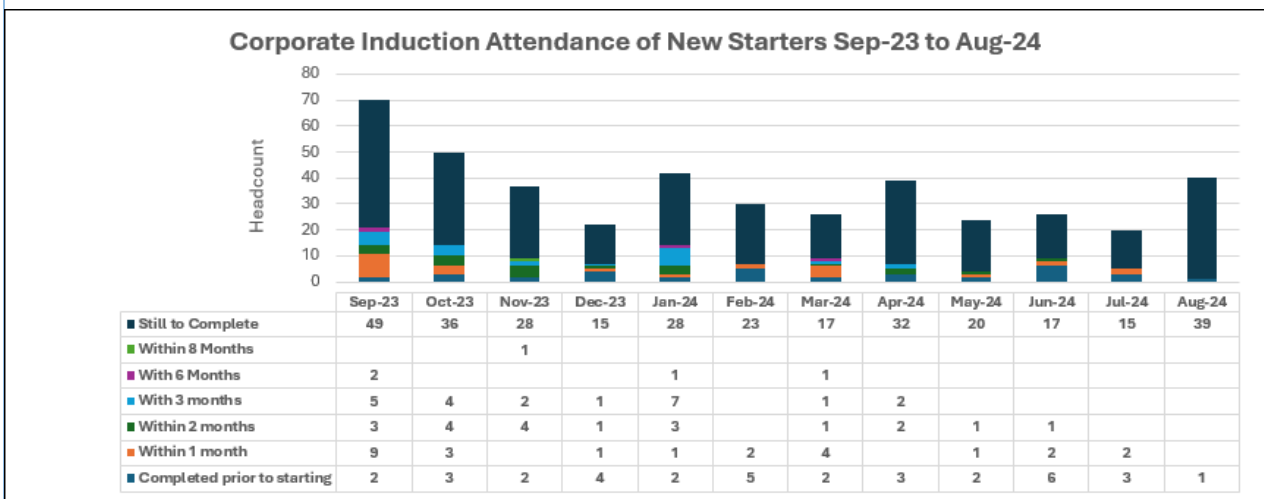
There have been changes nationally to RPB reporting. In Powys, the Start Well, Live Well and Age Well programmes submitted “story of change” reports in April 2024. Workforce Futures information was fed into the process. Following a review, it has been agreed with RPB colleagues that the Workforce Futures Programme will complete story of change reports at end of Q2 and Q4 alongside the Start, Live and Age Well programmes to ensure that the impact of the programme is highlighted in detail to the RPB.

- **Volunteer toolkit –**

Following review of the first draft by PAVO colleagues, discussion took place at the theme 5 co-ordinating group meeting. Further strengthening will be undertaken with input from PAVO, WCVA, PCC and PTHB. Revised draft to be presented for approval at the next WFF Programme board.

Update on Corporate Induction compliance: an Action from Local Partnership Forum

- Corporate Induction is mandatory for all new starters, and is expected that all new starters are booked on to attend the induction within two months of starting their role with the health board. As requested at the last LPF, a review of attendance at corporate induction has been undertaken based on new starters who commenced with the organisation between September 2023 and August 2024.



- The review indicates that around 25% of new starters during this period attended corporate induction of which approximately 19% attended within two months of commencing role. It is recognised that corporate induction is supplemented by local and role specific inductions, however, as set out in policy, it is a mandatory requirement for new starters to be booked to attend a corporate induction. As a result of this analysis, reminder communications

will be circulated to managers to remind them of the process for booking corporate induction. A new KPI will also be added to the workforce performance report to track the progress against this indicator moving forward and further work will be undertaken to support managers to improve compliance in this area.

Business Efficiencies Programme

This is a two-year programme to improve efficiencies across PTHB.

- We need to maximise efficiency and effectiveness across clinical, service and support functions to improve experience and reduce cost, through minimising unnecessary avoidable contacts, reducing variation and improving outcomes.

This will be achieved by:

- Reducing Variation and Streamlining Processes
- Standardise systems and processes throughout the organisation to make sure they align to reduce waste, improve efficiency, and increase productivity. With effective systems we can complete allocation of work and share information quickly, benefiting patient care.
- Increase automation and use of technology
- Robotic Process Automation RPA and artificial intelligence (AI) systems allow a wide range of activities to be automated across functions. This enables staff to spend more of their time on the activities that need human intervention, such as direct patient care, deciding the best course of treatment and devising strategies for improving patient outcomes.

Current work underway:

Future Foundations for our Organisational Administrative Support:

- We have worked with admin teams across the health board to map current roles and requirements:
- All tasks undertaken by all admin staff Bands 2 – 4 across PTHB have been collated. This included, who undertook them, together with the frequency and importance of each task.
- This information has been reviewed to understand what could be automated.
- Mapping of the locations of all admin teams, their staffing & roles has concluded.
- We now understand all fixed term admin roles Bands 2-4 across PTHB and the reasons for these.
- A workshop of key managers from across the admin landscape of PTHB took place on 7 August 2024. This workshop examined what was working well within the current system, how can we improve in the current system and current challenges and threats. Time was also taken to describe how we could better manage the admin resources going forward.
- We are developing options for how we align this resource going forward.

Options for a Single Point of Access for patient booking and referral management:

- We are exploring the development of a single point of access (SPA) for referral management and patient appointment bookings for all appointments across the health board.
- We have worked with patient booking and referral management teams to map the current patient booking and referral management processes, systems and staffing requirements.
- Working with a Professor of Socio-Technical Systems Design (Operations Management) Swansea School of Management, we are developing options that help us achieve the SPA

Update from the Value Based Health Care Programme

Impact of work to date:

- Cross-cutting Value-based approach underpinning the development of options for sustainability, business efficiencies programme and longer-term transformation
- Interventions Not Normally Undertaken Working Group monitoring and analysing potential low value activity to improve value – requesting evidence from commissioned providers of alignment with EBI
- Recruitment commencing to implement next phase of National Cellulitis Improvement Programme in Powys. Anticipated 15% reduction in inpatient admissions being tracked with national team
- Implementing the national High Value High Impact optimum pathways:
- MSK Orthopaedics pilot demonstrated up to 46% of referrals could be diverted from secondary care to alternative offers – business case in development to expand the pilot
- Establishment of Community Cardiology Service in North Powys, now business as usual, with 676 patients seen locally since the service was established and only 26 needing onward referral – next phase of roll out being finalised
- Updated Diabetes Insight & Variation Atlas developed nationally shared with clinical teams and work being developed as part of the Major Conditions Plan to improve coordination of multi-morbidity.

National Updates:

- **Welsh Health Circular (2024) 017 'Implementation of the Non-pay Elements of the 2022-4 Collective Agreement'**. -Programme delivery consist of a three-part control framework.
The responses are to be submitted showing agreement with Local Partnerships (LFP).
Part 1: Immediate – returns by end May 24 (completed)
Part 2: Required- returns by May, July, Sept and Jan'25 (submissions on track)
Part 3: Expected – July, Sept, Jan (submissions on track)

All Wales Assistant Practitioner Job Descriptions

Job descriptions for Assistant Practitioners in Radiography and Screening Mammography services have been developed. These enable top of license working whilst retaining the flexibility needed to meet the requirements of

individual organisations and radiology departments. These job descriptions have been approved by Radiology Professional Heads across Wales and matched via the All-Wales Job Evaluation Lead.

NEXT STEPS:

A further assurance update will be provided to the Workforce and Culture Committee and Local Partnership Forum at their next meeting.

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Execs Committee - 21 August 2024 (Workforce & Culture Committee - 10 September 2024) 'A Great Place to Work'

Prepared by: Rhys Brown Head of OD/Sarah Powell Assistant Director OD
Presented by: Sarah Powell , Assistant Director of OD

Wilcox, Sue
03/10/2024 09:47:25

Subject:

Update against the 'Workforce Futures' priority in the integrated plan. **Strategic Priority 11: A Great Place to Work**

Approved and Presented by:

Debra Wood-Lawson, Executive Director of Workforce and OD

Author:

Rhys Brown, Head of OD
Sarah Powell, Assistant Director of OD

Purpose:

This presentation is to provide an assurance update against the Integrated plan for the 'Great Place to Work' priority.

Recommendations:

The Committee is asked to:

- **REVIEW** the information provided in the update;
- Take **ASSURANCE** of delivery against the plan.

Executive Summary:

Updates are provided to Workforce and Culture Committee for assurance against delivery within the integrated plan. The information in the slide deck has been developed to provide a detailed update against the 'Great Place to Work' priority.

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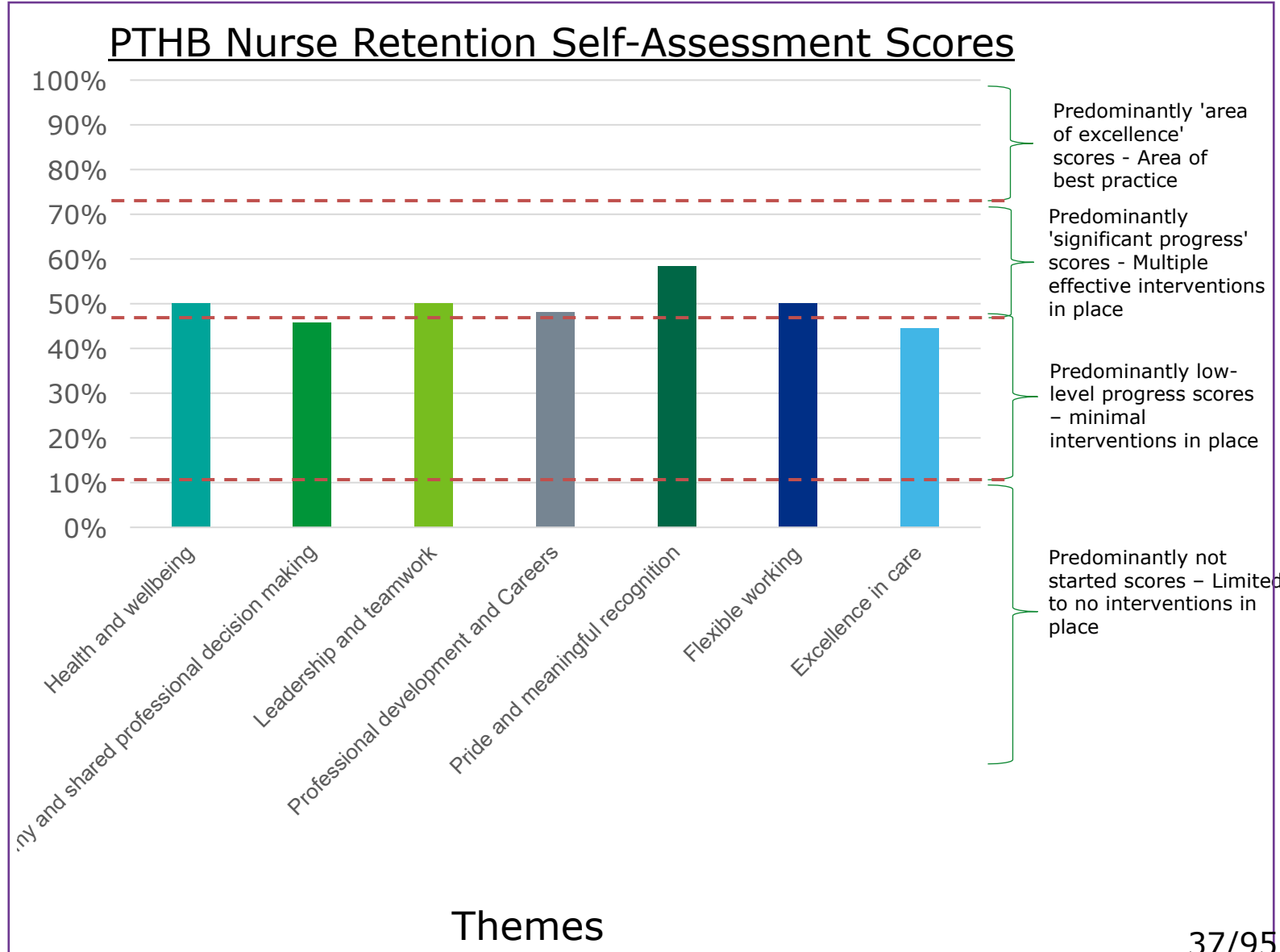
Nurse Retention Plan

Retention Plan Update

Complete the nurse retention self-assessment tool (Q1):

The Nurse retention self-assessment tool was completed with colleagues from across the organisation including Nursing and People and Culture colleagues. The information gathered from this has been used to identify some areas of development. Many of which, are actions covered in the HEIW Nurse Retention Plan itself.

*Wilcox, Sue
03/10/2024 09:47:25*



Nurse Retention Plan

Retention Plan Update

Undertake a gap analysis and deep dive of data and intelligence, to understand retention and priorities (Q2):

This has taken place and the data and intelligence sources used in this exercise includes:


- ESR workforce data
- Nurse Retention Self-Assessment (mentioned on previous slide)
- Staff Survey Results
- Online MS Form – sent out to 100 Registered Nurse’s new to the organisation in the year 2023 (17 responses)
- Online MS Form ‘*Your Experience of Powys Teaching Health Board*’ – available to all staff and advertised on Stay Well in PTHB Facebook page, sent out to managers for dissemination also
- Staff engagement visits – the retention lead visited 120 staff face to face and gathered information regarding their experiences


The information gathered from the staff engagement visits and ‘*Your Experience of Powys Teaching Health Board*’ form, has been collated and fed back to service leads/Assistant Directors as this localised feedback is also key. Managers/Leads have been asked to review the feedback specific to their teams and address issues over the coming months.


Nurse Retention Plan


Key themes that arose from data and intelligence, which outline priorities:


 High staff attrition under two years service and lack of support for new staff –**improve experience of new staff**

 Many staff due to retire – improve understanding of flexi-retirement


 Flexible working

 Issues with IT functionality


 Physical environments requiring attention reduce morale

 Agency staff usage causes staff to feel undervalued and increases burden

 Pay

 Wellbeing

 Development opportunities

 Leadership and culture, including escalation processes

- ❖ The issues identified are a focus of the newly implemented retention groups, unless they are already being addressed in other ways (i.e. variable pay group considers agency usage).
- ❖ Alongside these issues, the HEIW Nurse Retention plan actions are also being taken forward. Six of the issues identified were already incorporated in the HEIW Nurse Retention Plan.
- ❖ Initial scoping has begun around self-rostering, exit interviews, area specific induction checklists and stay conversations.

Nurse Retention Plan

HEIW Nurse Retention Action Plan; Local Action Activity

	Completed	In Progress	Not started
Number of actions (41 in total)	4	27	10

39 of these, are actions set out in the HEIW Nurse Retention Plan. In PTHB we have identified an additional two actions, which are included in these figures.

The groups responsible for reviewing all the actions have met twice – currently meeting monthly.

Those 'in progress' include actions whereby scoping and discussions have begun. Some actions may be piloted in small areas before large scale roll out, so may stay 'in progress' for some time.

Those 'not started' have not yet progressed due to reasons including awaiting guidance from HEIW, awaiting clarity on the action, or the action is not due.

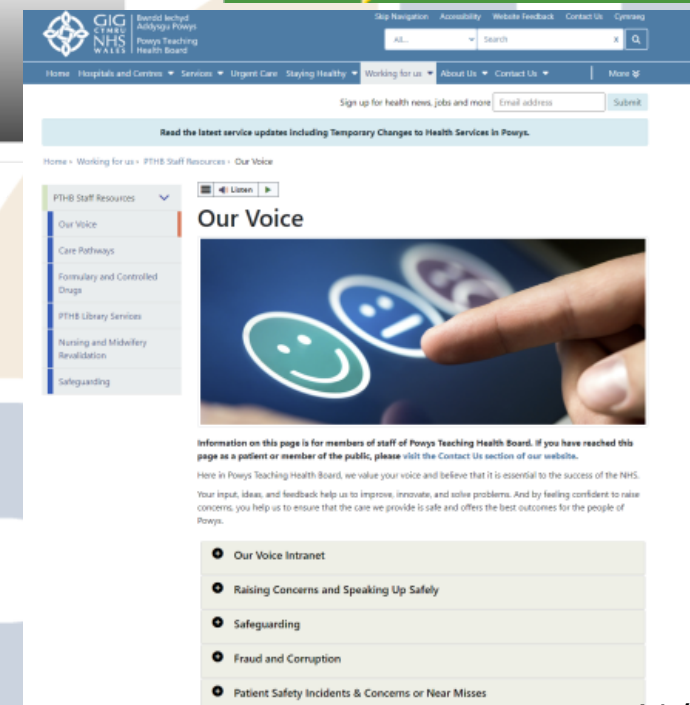
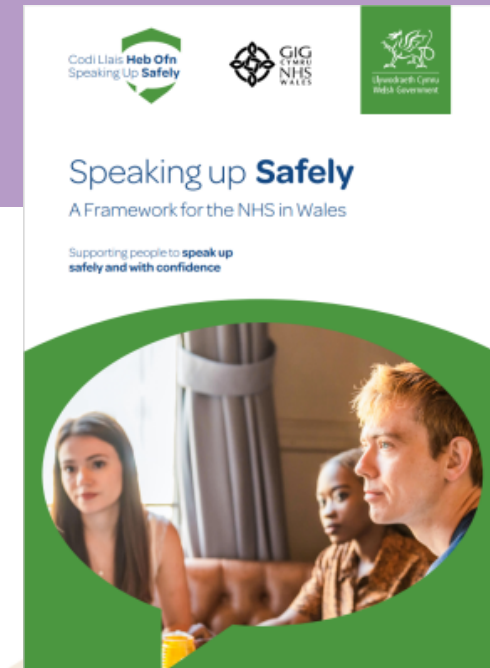
Collaboration

Whilst retention of the Nursing workforce is vital to sustainable services, it is recognised that retention of the workforce as a whole is important.

Therefore, collaboration with Therapies and Health Sciences has begun to consider joined up working. Alongside this, Estates and Facilities and Medical representatives have also been invited to work together on the retention workstream.

Speaking Up Safely

- ❖ Working group has met monthly since December
- ❖ 68% of original actions proposed in the plan for Welsh Government have been completed
- ❖ Launch of 'Our Voice' portal on both the intranet and internet to enable staff to access the guidance from anywhere on any device
- ❖ Introduction of an independent 'whistleblowing' triage service through VIVUP in September 2024
- ❖ Wellbeing Roadshows in the Autumn will enable wider awareness of and feedback on our Speaking Up Safely culture
- ❖ Tools and training for team discussions will be available in Q3



Clinical Leadership Immersive Programme (CLIP)



- Twenty-seven participants attended the three-day in-person sessions. This was facilitated through two pilot groups and two cohorts, with the third cohort currently engaged in the in-person sessions.

- Since April 2024, there has been a total of 40 applications to join CLIP.
- There has been a noticeable improvement in attendance. The cohorts for September and October have sufficient participants enrolled to deliver the sessions effectively (10 per cohort).
- Twenty- four participants have also attended the Introduction to Compassionate Leadership Behaviours .
- The approach has now been offered to Workforce Futures partners with good interest to have trial participants

'I can see myself changing positively as a result of this course'

'A great space to think about leadership and reflect on your own journey. It will give you insights into other peoples thinking and differing ways to approach challenges and change within your team'

Nine participants presented to various stakeholders, including executive directors and heads of services, articulating their key learnings from the course and demonstrating how they have applied these insights to their practice.



Clinical Leadership Immersive Programme (CLIP)

The course has undergone significant evolution and refinement since the pilot phases. The following participant feedback, presented for each day of the course, has been selected from cohorts who have experienced the course in its current format:



Day 1:

'Day one I really felt increased my self-awareness and reflection upon my leadership skills. I liked the variety of activities which were completely abnormal but challenged us all.'

'Very good activities, lots of fun with lots of learning'

'Activities were so thought provoking.'

Day 2:

'Day 2 was the best, I loved all the activities and learning about myself within this.'

'The morning was theory based and took a lot of thinking which was good but quite serious but again the afternoon activities were fun with lots of learning.'

'Working as a team using each other's strengths to meet each challenge and working through problems together.'



Day 3:

'This day has been really good in reflecting upon ourselves as leaders.'

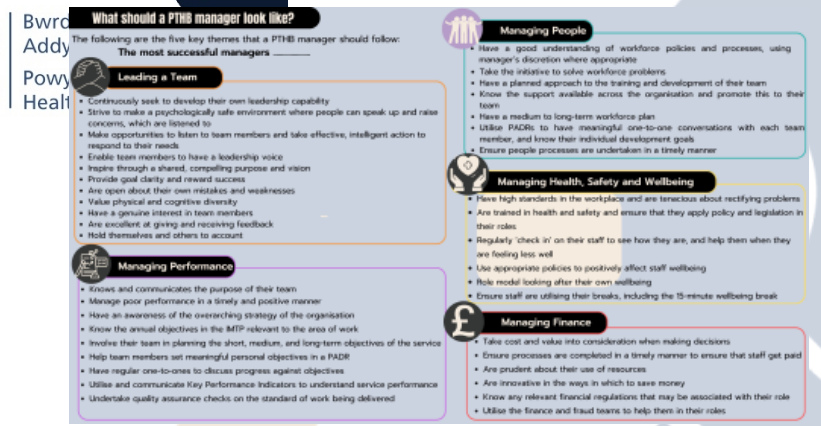
'I found the action through learning (ALS) to be useful and a good skill. I feel today brought the other days together well. An excellent reflective day. I loved learning new ways of looking after myself and thank you all for this fantastic opportunity.'



'It pushes you out of your comfort zone as a leader but for very positive reasons'

The PTHB Manager (Manager's Charter)

- ❖ Initial goal to develop a manager's charter that set out the expectations of managers in PTHB.
- ❖ Following discussion with TU, Workforce and others, this was developed into The PTHB Manager, a guide to support managers to understand their role and become the best they can be.
- ❖ The PTHB Manager mirrors the main themes in the Powys Manager Programme.
- ❖ Intranet pages developed with key service areas to as a resource hub to support managers.
- ❖ Approach approved at Executive Committee in June 2024 with the request for a September launch.





GIG
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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Equality and Welsh Language Update for Workforce & Culture August 2024

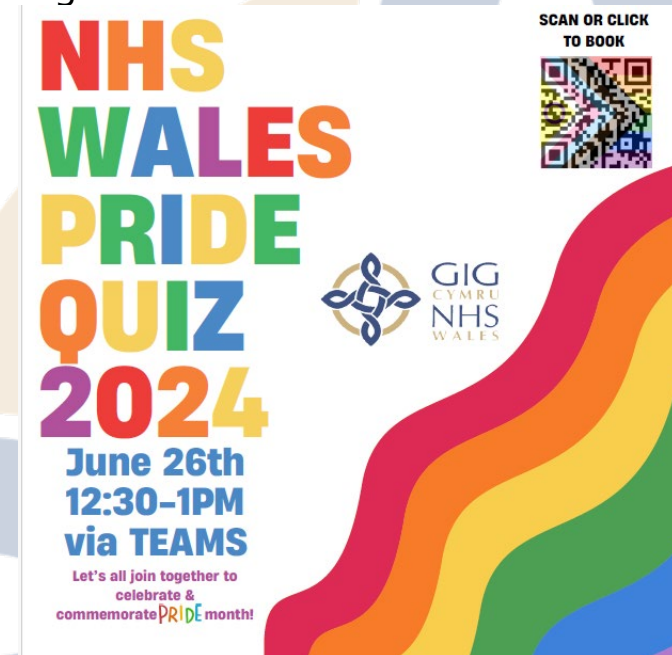
Adam Pearce
Service Lead for Equality & Welsh Language

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Equality, Diversity & Inclusion

The organisation's Strategic Equality Plan for 2024-2029 was passed earlier this year. This sets our priorities over the five year period with a particular focus on Age, Sensory Loss and Neurodiversity as three areas identified by staff and public consultation. There is also a strong focus on race & ethnicity due to the national priority Anti-Racist Wales action plan and actions arising for the Health Board. Work this financial year has included:

- 15% of PTHB staff have undertaken the Gender Awareness training and roll out of this continues.
- Equality for Managers training session has been built into the PTHB managers training programme.
- We have incorporated staff feedback via Neurodiverse staff group into Management training session.
- The introduction of SignLive services to the health board: Enabling BSL users to contact the health board via telephone.
- Development of a checklist to apply Diverse Cymru Workforce Policy Review recommendations to local PTHB policies.
- NHS Wales Pride Quiz (designed and organised by PTHB)
- Participation in staff wellbeing roadshows
- Staff pronoun badges
- Promotion of the health board at Brecon Pride, Urdd Eisteddfod (Meifod)
- Regular management of individual queries/ FOIs
- Ongoing dialogue with Welsh Government & peers via Equality Leadership Group



Diverse Cymru Audit of All-Wales Policies

As a part of the Anti Racist Wales Action Plan the government commissioned a report from charity Diverse Cymru to examine the All-Wales NHS workforce policies and make recommendations toward making these policies Anti-Racist and improving Equality, Diversity and Inclusion.

As part of the audit staff including ethnic minority staff at PTHB were surveyed and given detailed interviews; PTHB participated fully and facilitated these sessions by holding workshops across several of our sites.



PTHB Anti-Racism Policy Development Checklist

Does the Policy...	✓
Has an Equality Impact Assessment been carried out for the policy and attached to the policy as an appendix?	
Where appropriate, make explicit reference to specific cultural or ethnic needs that might impact on the policy in specific or general circumstances, including intersectional* examples?	
Avoid vague generalisations about ethnic groups (e.g. "this may affect certain religious groups", and instead being specific when discussing specific issues ("this may impact Muslims observing Ramadan").	
Language in policy writing: DO USE - Black, Asian and Minoritised Ethnic (if you <u>have to</u> refer to this concept) - Identity, self-identity, culture - People who practice [religion] - Person of colour / people of colour DON'T USE - BAME - "Equal Opportunities" - Vague references to equality	
Generally use Plain English / Cymraeg Clir and avoid as far as possible the use of complex terms, legal language, and acronyms?	

*'Intersectional' refers to the way that the experiences of some individuals can arise from multiple aspects of their identity (the 'intersection' of different identities). For example, the experience of Black women may be different again from that of Black men or white women, and not simply the 'combination' of those aspects.

As a result of the audit a list of 55 recommendations was published in July 2024.

Although as an individual organisation PTHB is not responsible for the content of All-Wales policies, there are implications for local Workforce policies for which we are responsible.

A checklist has been prepared (Most of the individual recommendations relate to specific policies) to enable future PTHB policies to be checked against the recommendations as and when they are renewed, and the first policies (induction and recruitment) have been identified as part of a rolling model of review.

Workforce Race Equality Standard (WRES)



Safon Cydraddoldeb Hil y Gweithlu (SCHG)
Gweithlu cynhwysol sy'n darparu'r gofal gorau

Workforce Race Equality Standard (WRES)
An inclusive workforce provides the best care

In June 2024, Welsh Government released the Welsh Race Equality Standards report. The findings for PTHB were representative or slightly better than for other NHS Wales organisations; feedback has been raised to WG via via ELG (All-Wales NHS Equality Leads group). The following were identified as key priorities for PTHB:

- ❖ absence of ethnic minority board membership
- ❖ progression of ethnic minority staff to senior grades
- ❖ poor levels of declaration of ethnicity, especially by senior staff
- ❖ likelihood of ethnic minority staff being appointed after shortlisting

	PTHB	NHS Wales
Undeclared ethnicity rate overall (%)	9.7%	10.8%
Undeclared ethnicity rate Band 8+ (number)	5	290
Staff survey completion rate	28.0%	20.7%
Workforce reflective of population	yes	yes
Full appointment data (Ind 5)	no	incomplete
Ind 1: Board representation	-3.4%	5.9%
Ind 2: ESP representation	-3.4%	6.4%
Ind 2: Disparity ratio lower to middle	1.39	1.51
Ind 2: Disparity ratio middle to upper	1.64	1.81
Ind 2: Disparity ratio upper to senior	zero	0.72
Ind 3: Equitable perception of progression opportunity (% difference)	43.9%	18.8%
Ind 5: Equitable likelihood ratio of appointment Overall	0.43	0.57
Ind 5: Equitable likelihood ratio of appointment Non-clinical	0.43	0.47
Ind 5: Equitable likelihood ratio of appointment Clinical	0.4	0.58
Ind 5: Equitable likelihood ratio of appointment Medical	nil	0.57
Ind 6: Equitable likelihood ratio of accessing non-mandatory training	0.97	0.98
Ind 8: Equitable likelihood of entering formal disciplinary process	0	1.07
Ind 9: Equitable likelihood of entering local capability process	0*	3.46
Ind 10: Equitable % experiencing harassment from patients/public (% difference)	46%	8.54%
Ind 11: Equitable % experiencing harassment from colleagues (% difference)	54.4%	13.2%
Ind 12: Equitable % experiencing discrimination from managers (% difference)	45.5%	10.3%

Anti-Racist Action Plan 2024-25

Cymru
Wrth-hiliol



An Anti-Racist
Wales

A draft plan for this year has been delayed due to the need to incorporate recommendations from the Workforce Race Equality Standard (WRES). It will be finalised following discussions with Welsh Government in September, but the current draft includes the following key areas of activity:

- Publicity campaign to promote awareness and membership of staff networks.
- Target coaching and development opportunities at staff networks.
- Continue to provide staff and patient stories to board including stories of people of colour.
- Board appointments and exploring opportunities with WG to incorporate approaches into independent member recruitment.
- Working both nationally and locally to influencing WG programmes and approaches such as board development programmes, staff training, Aspiring Board Members program.
- Rolling audit of internal PTHB workforce policies on principles of All-Wales review and introduction of a policy checklist for new workforce policy development.
- Review induction, recruitment and international nurses pastoral provision in light of WRES recommendations.
- Target senior managers and board members who have not completed ESR ethnicity data.
- Sign up to Hate Crime Charter.

Key Priorities for 2024-25: Equality

- Meetings with Welsh Government in September around Workforce Race Equality Standard (WRES).
- Finalise Anti-Racist Action plan: There will be actions arising and the Anti-Racist Action plan has been updated to reflect the WRES findings which may include reviewing policies, training for board / staff.
- Review local PTHB workforce policies to reflect findings of All-Wales review.
- Workforce certifications: Age Friendly Employer, Hate Crime Charter, Disability Confident (committed)
- Sensory Loss: rollout of assistive technologies (hearing loops, digital listeners), review of documents / guidance for accessibility.

Risks: workforce / capacity / finances. Rebuild of sharepoint pages. Ongoing reporting demands from WG.



Welsh Language

- The organisation's Welsh in Healthcare Strategy (Standard 110) has been approved. We are ahead of most other NHS Wales organisations on this. Annual compliance report via Annual Welsh Language Standards Report.
- Ongoing investigation into compliance with telephony: upgrade to be completed during Q2 2024-25.
- Work this financial year has included:
 - Development of an assessment tool for vacancies to ensure compliance (Standard 106) and accountability – currently with ICT.
 - Review of wording around Welsh in job advertisements.
 - Promotion of Confidence raising course – 48 participants in first round.
 - Welsh language awareness sessions in Primary Care.
 - Promotion of Health Board as employer of choice at Urdd and National Eisteddfodau.
 - Advertisement of Welsh essential posts: Aspiring Nursing program (possibly the first time a nursing position in the Welsh NHS advertised as Welsh essential?), Health & Care Apprenticeship scheme & interviews.

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Out and about...



Review of Workforce Planning Arrangements – Powys Teaching Health Board

Audit year: 2022

Date issued: January 2024

Document reference: 3737A2023

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This document has been prepared as part of work performed in accordance with statutory functions.

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Summary report

Introduction

- 1 An effectively planned workforce is fundamental to providing good quality care services. The NHS employs a range of clinical and non-clinical staff who deliver services across primary, secondary and community care, representing one of the largest NHS investments. Over the years there have been well documented concerns about the sustainability of the NHS workforce. And workforce challenges are routinely highlighted to us in our audit reviews and ongoing engagement with health bodies. Despite an overall increase in NHS workers, these concerns remain. The workforce gaps are particularly acute for certain professions such as GPs, nurses, radiologists, paediatricians and ophthalmologists ([A Picture of Healthcare, 2021](#)). In nursing alone, the Royal College of Nursing Wales reported 2,700 vacancies in their [2023 Nursing in Numbers](#) analysis. In addition, the social care sector, which is complimentary to the health sector, is also facing its own workforce issues. These challenges have been exacerbated by the pandemic as the health sector looks to recover services.
- 2 Given the current challenges, robust and innovative workforce planning is more important than ever. Effective workforce planning ensures that both current and future services have the workforce needed to deliver anticipated levels of service effectively and safely. Planning is especially important given the length of time required to train some staff groups, particularly medical staff.
- 3 National and local workforce plans need to anticipate service demand and staffing levels over a short, medium, and long-term. But there are a range of complex factors which impact on planning assumptions, these include:
 - workforce age profile, retirement, and pension taxation issues.
 - shifts in attitudes towards full and part time working.
 - developing home grown talent and the ability to attract talent from outside the country into Wales.
 - service transformation which can change roles and result in increasing specialisation of roles.
- 4 In January 2020, the Powys Regional Partnership Board, which Powys Teaching Health Board (the Health Board) is part of, agreed '[Workforce Futures](#)', the strategic framework (the Framework) for Powys health and social care workforce. The Framework underpins Powys's health and care strategy, [A Healthy, Caring Powys, 2017-27](#).
- 5 The key focus of our review has been on whether the Health Board's approach to workforce planning is helping it to effectively address current and future NHS workforce challenges. Specifically, we looked at the Health Board's strategic approach to workforce planning, operational action to manage current and future challenges, and monitoring and oversight arrangements. Operational workforce management arrangements such as staff/nurse rostering, consultant job planning

and operational deployment of agency staffing, fall outside the scope of this review. The methods we used to deliver our work are summarised in **Appendix 1**.

Key findings

- 6 Overall, we found that **the Health Board is taking appropriate action to address its significant workforce challenges, with good oversight of its Workforce Futures ambitions. However, there are opportunities to strengthen the Workforce Futures implementation plan and focus more on the impact of actions that the Health Board is taking to reduce its workforce risks.**

Key workforce planning challenges

- 7 The Health Board is facing significant workforce challenges across a range of services and professions, causing greater workload pressures on existing staff. It faces particular workforce planning challenges owing to its rurality, having a large geographic footprint with a number of community hospitals, which need to be staffed by the Health Board's relatively small workforce. This is further compounded by poor public transport, and a limited supply of qualified staff because the region is sparsely populated, has an aging population, and does not have a university. The workforce indicators presented in **Appendix 2** highlight that despite the Health Board steadily increasing its workforce over the last decade, staff retention is an issue. Compared to other health bodies in Wales, the Health Board has the highest rate of staff turnover (14% in 2021-2022 and 15% in October 2023). Consequently, agency spend has increased to maintain safe staffing levels, from £5.1 million in 2017-18 to £10.7 million in 2022-23. The current forecast is that agency spend is expected to reduce to around £8.6 million in 2023-24, although agency costs would still represent around 11% of the total pay expenditure. Compared to other health bodies, at 11.7% in June 2023, the Health Board has one of the highest vacancy rates, which is due to recruitment challenges owing to issues such as its rurality. The Health Board also has an aging workforce, which further risks reducing the workforce, increasing the need to use agency staff at a time of financial constraint.

Strategic approach to workforce planning

- 8 **The Health Board has a good and improving approach to workforce planning but there is a need to have a stronger focus on impact.**
- 9 The Health Board, with its regional partners, has a clear vision to address current and future workforce risks, with an implementation plan to support its delivery. However, there is scope for the implementation plan to clearly set out the outcomes it is intending to achieve and how these will be measured, which in turn will ensure a greater focus on impact. The Health Board has a good understanding of its current demand with forecasts based on its current service model, but it

needs a greater understanding of the future shape of services to support strategic workforce planning and build a sustainable workforce. The Health Board is working proactively with its regional partners to collaboratively address current and future workforce challenges.

Operational action to manage workforce challenges

- 10 **The Health Board is improving its workforce planning capacity and capability to focus on its significant challenges, however considerable risks related to vacancies remain, resulting in high use of agency staff.**
- 11 The Health Board is addressing the fragility of its Workforce and Organisational Development (OD) Directorate by strengthening the directorate's operating model and enabling operational service leads to take greater ownership of their workforce planning. The Health Board has a good understanding of the risks that might prevent the delivery of its workforce ambitions, but actions to mitigate these risks have had minimal effect to date. Despite the Health Board's proactivity, there remains significant recruitment, retention, and education commissioning challenges, which is driving an over-reliance on agency staff.

Monitoring and oversight of workforce plan/strategy delivery

- 12 **There is effective oversight of workforce performance and the Workforce Futures Programme, however, the Health Board needs to better understand whether its actions are making a difference.**
- 13 The Workforce and Culture Committee receives comprehensive workforce performance information and has good oversight of the Workforce Futures Programme, but there is a need to better understand the impact of its delivery, and opportunities to benchmark with similar rural healthcare organisations outside of Wales.

Recommendations

Exhibit 1: recommendations

- 14 **Exhibit 1** details the recommendations arising from this audit. Powys Teaching Health Board response to our recommendations is summarised in **Appendix 3**.

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Recommendations

- R1 To ensure service level workforce plans are consistent, for the next planning cycle, the Health Board should ensure all directorates and/or service areas develop a workforce plan using the HEIW workforce plan template (**see page 11**).
-
- R2 The Health Board should develop an evaluation framework to measure whether the roll out of workforce planning training is achieving its intended purpose and improving service level workforce planning (**see page 15**).
-
- R3 Once the post that has been created to improve staff retention has been recruited to, the Health Board should develop a consolidated programme of retention activities with a clear evaluation framework focusing on what impact its activities are having on improving staff retention (**see page 16**).
-
- R4 To ensure the Workforce and Culture Committee has good oversight of the overall progress and impact of delivering the Workforce Futures programme, the Health Board should develop the update reports on each of the Workforce Futures strategic priorities to clearly highlight progress against key actions and milestones as agreed in the Integrated Plan. The report should also include key metrics to illustrate progress, and the impact of delivery (**see page 19**).
-
- R5 The Health Board should identify organisations across the UK with similar workforce challenges to benchmark its workforce performance and share good practice (**see page 20**).

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Detailed report

Our findings

15 The following three tables set out the areas that we have reviewed and our findings. These focus on:

- The Health Board's approach to strategic approach to workforce planning (**Exhibit 2**).
- Operational action to manage workforce challenges (**Exhibit 3**).
- Monitoring and oversight of workforce plan/strategy delivery (**Exhibit 4**).

Exhibit 2: Strategic approach to workforce planning.

This section focusses on the Health Board's approach to strategic planning. Overall, we found that **the Health Board has a good and improving approach to workforce planning but there is a need to have a stronger focus on impact.**

What we looked at	What we found
<p>We considered whether the Health Board's workforce strategy and plans are likely to address the current and future workforce risks. We expected to see a workforce strategy or plan which:</p> <ul style="list-style-type: none">• Identifies current and future workforce challenges.• Has a clear vision and objectives.• Is aligned to the organisation's strategic objectives and wider organisational plans.	<p>We found that the Health Board, with its regional partners, has a clear vision to address current and future workforce risks. Whilst there is an implementation plan to support delivery, there is scope to have a greater focus on impact.</p> <p>Recognising that a regional approach is needed to address current and future health and care workforce challenges, the Health Board and its partners developed the joint <u>2020 Workforce Futures</u> strategic framework (the Framework). The Framework, which was agreed through the Powys</p>

What we looked at	What we found
<ul style="list-style-type: none"> • Is aligned to relevant national plans, policies, and legislation. Including the national workforce strategy for health and social care. • Is supported by a clear implementation plan. 	<p>Regional Partnership Board¹(RPB) in January 2020, supports the workforce ambitions set out in the region's 10-year strategy for health and social care (A Healthy, Caring Powys, 2017-27).</p> <p>The Workforce Futures Framework clearly sets out the challenges facing the region, its population and the health and social care workforce. Workforce challenges highlighted include shortages of doctors, nurses, and care workers, leading to heavy reliance on agency staff. There is also an aging health and care workforce with many predicted to retire over the next five years. At the same time there are no universities in the region meaning many young people and those of working age move away reducing opportunities to recruit locally and recruit Welsh speakers. With a large proportion of Welsh speakers (18%) in the region, health and care services need to be accessible in English and Welsh. These issues are set in the context of health and care services serving an increasingly aging population in a sparsely populated, rural location.</p> <p>The Framework sets out a clear ambition aligned to the Health Board's 10-year strategy for health and social care. To help deliver this, the Framework focuses on six key workforce themes with several actions under each. These seem logical to address the challenges facing the region. The themes are:</p> <ul style="list-style-type: none"> • Designing, Planning and Attracting the Workforce; • Leading the Workforce; • Engagement and Wellbeing; • Education, Training and Development; • Partnership and Citizenship; and • Technology and Digital Infrastructure (this is a cross cutting theme).

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¹ The Health Board, Powys County Council and Powys Association of Voluntary Organisations are members of the Powys Regional Partnership Board (RPB).

What we looked at	What we found
	<p>The Joint Workforce Futures Programme Board² has recently reviewed the programme, with the aim of confirming programme priorities and ensuring actions are clear and focus on impact. As a result of the review, the 48 actions detailed in the Framework have been reduced to 14 and programme governance arrangements have been strengthened. These changes appropriately reduce duplication and clarifies key action which will make monitoring and evaluation clearer.</p> <p>As well as supporting the region's 10-year strategy for health and social care, the Framework is well aligned to relevant wider national plans, policies, and legislation. For example, Well-being of Future Generations (Wales) Act 2015 and the Social Services and Wellbeing (Wales) Act 2014. Whilst the Framework was developed before the launch of the national Health and Social Care Workforce Strategy³, it supports the ambitions of A Healthier Wales⁴.</p> <p>Workforce Futures is well embedded within the Health Board's Integrated Plan. There is no separate implementation plan, instead high-level actions are included within the Integrated Medium-Term Plan (Integrated Plan)⁵, with the Board receiving updates on key milestones for 2023-24 through its Integrated Plan monitoring report. However, the milestones are task focused and there is little information about how the Health Board will measure the impact of delivery (see recommendation 4).</p>

² This joint programme board reports to Powys's Regional Partnership Board and is responsible for overseeing the Workforce Futures programme on a regional basis.

³ In October 2020, HEIW and Social Care Wales launched the 10-year Workforce Strategy for Health and Social Care. This was developed in response to A Healthier Wales.

⁴ A Healthier Wales: Our Plan for Health and Social Care (2018) is the response to the Parliamentary Review of Health and Social Care in Wales (2018), which sets out the case for change in health and social care provision.

⁵ Under the following themes: Transformation and Sustainability of Our Workforce, A Great Place to Work, Employee Health and Wellbeing and Joint Workforce Futures Programme.

What we looked at	What we found
<p>We considered whether the Health Board has a good understanding of current and future service demands. We expected to see:</p> <ul style="list-style-type: none"> • Use of reliable workforce information to determine workforce need and risk in the short and longer term. • Action to improve workforce data quality and address any information gaps. 	<p>We found that the Health Board has a good understanding of its current demand with forecasts based on its current service model, but it needs a greater understanding of the future shape of services.</p> <p>The Health Board has a good understanding of its current and future service demands and trends. In early 2022, all health boards conducted a nursing workforce modelling exercise⁶, with nationally agreed planning assumptions. The Health Board recognised the value of this exercise in informing strategic workforce planning, so replicated the exercise for all clinical and non-clinical services and professions⁷. The Health Board now repeats this exercise twice a year to ensure, for each profession, it has up to date information on budgeted establishment, staff currently in post, workforce trends, and average annual recruitment, turnover and retirement projections. The information can be broken down at service and ward level to help inform service level workforce planning. However, modelling assumptions are based on current service models, unless there is service transformation modelling in place such as for paediatric services. Consequently, the Health Board needs a better understanding of its future service models to support strategic workforce planning.</p> <p>The Health Board has good workforce information, but is starting to improve its consistency, quality and have more of a future focus. The Health Board is using the workforce plan template developed by HEIW to ensure directorate workforce plans are presented in a consistent format to feed into the annual planning cycle. The Health Board had intended for all directorates to conduct this exercise, but recognising service pressures, only areas with variable pay are now required to develop a workforce plan. This is the first-time directorates have been asked to take a consistent approach to workforce planning, as such this year's exercise acts as a baseline to improve on in subsequent years. However, from next year the Health Board should ensure all directorates and/or service areas adopt a consistent approach to developing workforce plans as this will better inform short, medium and longer-term workforce planning (Recommendation 1). The Health Board is also working on a five-year workforce plan to inform medium to longer-term planning. This is based on the workforce</p>

⁶ To feed into the all-Wales strategic workforce plan for nursing, in early 2022, all health boards in Wales were asked to conduct a workforce modelling exercise for nursing and midwifery, based on a set of nationally agreed planning assumptions.

⁷ The Health Board workforce projection modelling exercise covers clinical professions such as doctors, GPs, pharmacists, nursing and allied health professionals, and enabler services such as estates, finance and workforce and organisational development.

What we looked at	What we found
	<p>minimum data set submitted annually to Welsh Government. To support oversight of workforce data and systems, the Health Board is making changes to a vacant senior role within the resourcing team. Whilst this change may enhance data capabilities within the team, the capacity remains the same as this will be just one part of a wider resourcing role. The Health Board is hoping to fill this vacancy in spring 2024.</p>
<p>We considered whether the Health Board is working with partners to help resolve current and anticipated future workforce challenges. We expected to see:</p> <ul style="list-style-type: none"> • Effective and timely engagement and working with key internal and external stakeholders to tackle current and future workforce issues. • Shared solutions identified with key stakeholders to help address workforce challenges. 	<p>We found that the Health Board is working proactively with its regional partners to collaboratively address current and future workforce challenges.</p> <p>The Health Board has a strong approach to partnership working, demonstrated through its development of the Workforce Futures Framework and overarching health and care strategy for Powys with its RPB partners. Both the strategy and framework were informed by extensive stakeholder engagement. The Framework, which is overseen by a Joint Programme Board, facilitates multi-agency workstreams and initiatives. For example, the provision of apprenticeships, volunteering, and work experience programmes to help encourage people to work in the health and care sector. The Health Board also works with its partners on joint recruitment drives, roadshow events and its school programme. The Health Board and Powys County Council also offer a joint induction programme for health and social care workers.</p> <p>The Health Board is also part of the Mid Wales Workforce Collaborative, alongside Hywel Dda and Betsi Cadwaladr University Health Boards. The collaborative provides a potentially useful platform for the health boards to collectively address workforce challenges, for example by sharing intelligence, exploring joint projects, appointments, and opportunities to rotate staff. The latter would be especially useful for Powys as it would give staff exposure to wider work experience, making working for the Health Board more attractive. However, the Health Board reported that the work of the collaborative had slowed down during 2023. The collaborative met in December 2023 to reset its priorities. In addition, there are transformation programmes in the region which will have workforce</p>

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What we looked at	What we found
	implications for the Health Board and will need workforce modelling and plans. For example, the North Powys Wellbeing Programme ⁸ and the Breathe Well Model of Care ⁹ .

Exhibit 3: Operational action to manage workforce challenges.

This section focusses on the actions the Health Board is taking to manage workforce challenges. Overall, we found that **the Health Board is improving its workforce planning capacity and capability to focus on its significant challenges, however considerable risks related to vacancies remain, resulting in high use of agency staff.**

What we looked at	What we found
<p>We considered whether the Health Board has identified sufficient resources to support workforce planning over the short, medium, and long-term. We expected to see:</p> <ul style="list-style-type: none"> • Clear roles and responsibilities for workforce planning. • Appropriately skilled staff to ensure robust workforce planning. 	<p>We found that the Health Board is addressing the fragility of its Workforce and Organisational Development Directorate by strengthening the directorate’s operating model and enabling operational service leads to take ownership of their workforce planning.</p> <p>Corporately, roles and responsibilities for workforce planning are clear within the Workforce and OD Directorate. Led by the Interim Executive Director of Workforce and OD, the directorate has six teams covering: business partnering, operations, clinical education, organisational development, partnership, and occupational health. The Health Board does not have a team of dedicated workforce planners, but the Head of Workforce Transformation, Planning and Resourcing’s role involves strategic workforce planning. In addition, the business partners support operational</p>

⁸ The North Powys Wellbeing Programme was initiated prior to the COVID-19 pandemic, to accelerate the transformation needed to deliver against the shared long-term Health and Care Strategy, ‘A Healthy Caring Powys’.

⁹ The Breathe Well Model of Care seeks to enable the completion of clinically appropriate, safe repatriation of respiratory patients from neighbouring health boards and English NHS Trusts.

What we looked at	What we found
<ul style="list-style-type: none"> • Sufficient workforce capacity across the organisation to plan and deliver the workforce strategy or plan. • Sufficient financial resources to deliver the workforce strategy or plan. 	<p>directorates and divisions develop workforce plans, but this is on top of dealing with operational HR matters. This model limits the amount of time the business partners can dedicate to supporting workforce planning. Additionally, the Workforce and OD Directorate has a high turnover rate¹⁰ and a high proportion of staff on fixed term contracts. These capacity issues jeopardise the Health Board's ability to support workforce planning, potentially risking its ability to achieving the workforce ambitions set out in the Joint Framework and Integrated Plan. To address these challenges, the Workforce and OD Directorate is currently implementing a new operating model. The new model aims to retain staff by ensuring they are working at the top of their profession and skills, which in turn will make them feel more valued. It also aims to free up business partner capacity to allow them to concentrate on supporting directorates on strategic workforce planning. Whilst this is a positive development, the new operating model will take time to embed and will need to be evaluated (see below). Its success is also dependent on service managers supporting the new model by being clear about, and prioritising the professional workforce planning support they request from the team and by taking greater ownership for workforce planning within their services.</p> <p>We met with a selection of service leads as part of this audit. Most participants understood their role in workforce planning but highlighted that operational service pressures left little time to lead on workforce planning in their service. Some participants felt workforce planning was the responsibility of the Workforce and OD Directorate, whilst others raised the need for more trained, dedicated workforce planners across the organisation. The new operating model should go some way to ensuring the Workforce and OD Directorate is appropriately supporting strategic workforce planning, but it does not have the capacity, nor is it the role of the team, to develop workforce plans for operational directorates. As such, the Health Board is strengthening its workforce planning capability by offering online and in person training to operational staff, which is aligned with HEIW's six-step model¹¹. The training is targeted at senior leaders and those responsible for workforce planning for their service areas and the Health Board has made good progress at rolling out the training. As at November 2023, 47 members of staff had received the training with a further 20 booked to attend the training during the remainder of 2023-24. As well as strengthening workforce planning capability,</p>

¹⁰ In October 2023, the rolling turnover rate for the Workforce and OD Directorate was 23%.

¹¹ Health Education and Improvement Wales has developed a workforce planning toolkit based on the following six steps: 1, Define your plan, 2, Map the service change, 3. Define the workforce, 4. Workforce supply, 5. Define actions required, 6 Implement and monitor.

What we looked at	What we found
	<p>the Workforce and OD Directorate is also using the training to clarify corporate and operational workforce planning roles and responsibilities. The Health Board should evaluate whether the roll out of workforce planning training is achieving its intended purpose and strengthening service level workforce planning (Recommendation 2).</p> <p>The Health Board's Workforce Futures actions are costed as part of its annual Integrated Plan. Some cross cutting, regional workforce initiatives such as delivering leadership training is funded through the Regional Integrated Fund. The Health Board has a budgeted establishment and reported that it can afford to recruit to all its vacancies. It does not hold vacancies to make cost savings, which is appropriate given the reliance on high-cost agency staffing. Like other bodies, the Health Board is working in a challenging financial environment. However, the Health Board has prioritised investing in workforce initiatives such as its Aspiring Nurse Programme and recruitment of international nurses and doctors to help create a more sustainable workforce.</p>
<p>We considered whether the Health Board has a good understanding of the short- and longer-term risks that might prevent it from delivering its workforce strategy or plan. We expected to see:</p> <ul style="list-style-type: none"> • A good understanding of the barriers that might prevent delivery of the workforce strategy or plan. • Plans to mitigate risks which may prevent the organisation from achieving its workforce ambitions. • Clearly documented workforce risks that are managed at the appropriate level. 	<p>We found that the Health Board has a good understanding of the risks that might prevent the delivery of its workforce ambitions, but actions to mitigate these risks have had minimal effect to date.</p> <p>The Health Board's workforce ambitions are clearly articulated, but there are a range of risks which may prevent its delivery. These relate to workforce shortages across clinical and non-clinical professions, an aging workforce, recruitment, and retention challenges, coupled with financial pressures. The workforce challenges ultimately increase the Health Board's risks particularly in relation to its ability to deliver safe, high-quality services. Whilst the Health Board has a robust understanding of its workforce risks, which are appropriately managed, the scale of the workforce challenges means that actions to date are having minimal effect on reducing workforce risks.</p> <p>Corporately, workforce risks are appropriately reflected through the corporate risk register. The Health Board has one overarching corporate risk related to workforce¹², which the Workforce and</p>

¹² The corporate workforce risk is: 'failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services'.

What we looked at	What we found
	<p>Culture Committee is responsible for overseeing. The committee routinely reviews this high scoring risk, scrutinising mitigating actions. These include strengthening workforce planning through training, increasing the number of Bank staff, international nurse recruitment and training new nurses through the Aspiring Nurse Programme. Executive leads also review this risk through directorate performance review meetings and Executive Committee meetings. The Health Board had established a Workforce Steering Group to focus on workforce issues and risks. However, the group, which is a sub-committee of the Executive Committee, has been temporarily stood down to accommodate planning related to the financial challenges. The Workforce and OD Directorate has a separate risk register which is routinely discussed by its senior management team and at executive level performance reviews.</p>
<p>We considered whether the Health Board is effectively addressing its current workforce challenges. We expected to see:</p> <ul style="list-style-type: none"> • Effective reporting and management of staff vacancies. • Action to improve staff retention. • Efficient recruitment practices. • Commissioning of health education and training which is based on true workforce need. • Evidence that the organisation is modernising its workforce to help meet current and future needs. 	<p>We found that despite the Health Board’s proactivity, there remains significant recruitment, retention, and education commissioning challenges, which is resulting in high reliance on agency staff.</p> <p>The Health Board is experiencing significant challenges with staff retention. It has the highest staff turnover (Exhibit 9), compared with other health bodies in Wales, with most staff leaving because their fixed term contract has ended (25%) or resignation due to relocation (25%). However, a considerable proportion leave without giving a specific reason (27% ‘other’). This means the Health Board does not fully understand why staff are leaving, and as such managers are being encouraged to conduct exit interviews. In addition, HEIW is developing a stay interview. Once developed, the Health Board plans to use this to complement exit interviews. The Health Board recognises its retention challenges and is recruiting a Band 8a post in early 2024 to focus solely on staff retention. This is a positive development and a good opportunity for the Health Board to bring together retention initiatives into a consolidated programme with a greater focus on impact (Recommendation 3). Current retention activities include a range of staff wellbeing activities, such as road shows and workshops on positive psychology and resilience. The Workforce and OD Directorate is developing good practice guides for managers to improve retention, it offers a leadership and management programme and conducts ‘Team Climate’ surveys to identify actions to support retention. The Health Board also has a Staff Experience and Wellbeing Manager.</p>

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What we looked at

What we found

In June 2023, the Health Board's vacancy rate was 11.7% (**Exhibit 10**), with nursing and midwifery holding the greatest vacancies. Its sickness absence rate was 5.2% (**Exhibit 11**). Unsurprisingly, to manage short-term workforce shortages, the Health Board has increased its agency use, especially since 2020-21 (**Exhibit 8**). Whilst the current forecast is that agency spend is expected to reduce to around £8.6 million in 2023-24, agency costs would still represent approximately 11% of the Health Board's total pay expenditure. This approach is not sustainable, and as a result the Health Board has developed a variable pay reduction action plan to help tackle the issue. The plan includes actions such as encouraging the use of, and increasing the number of, bank staff, introducing a system which facilitates more frequent payment for bank staff, improving the flexibility of rotas and holding and attending recruitment events.

The Health Board also runs an international nurse recruitment programme, which successfully recruits small cohorts of nurses about three times a year. The Health Board is unable to facilitate a large group of international nurses because its community hospitals are geographically spread with limited resources to support training and mentorship. There are also challenges in finding suitable accommodation. To improve the situation, for the February 2024 cohort, the Health Board is planning a shorter training period and a slight increase in recruits (from four to six). To alleviate the accommodation issues, the Health Board is developing its own accommodation, within the Health Board estate. Given the Health Board's recruitment challenges, it needs to have effective recruitment practices. The Health Board is monitoring all roles on its TRAC recruitment system with a view to improving the time to hire, and monitoring bank staff applications weekly to ensure a quick recruitment process. The Health Board is also mapping its recruitment process from application stage to appointment with a view to identifying where the process needs improvement.

There are weaknesses in the education commissioning process that means that the pipeline of newly qualified staff does not meet the Health Board's demand. This is especially true for nursing. The Health Board appoints significantly less staff than it trains through the commissioning process. For example, in 2022, of the 159 nursing training places commissioned, only 9 (5.6%) ended up working for the Health Board. Additionally, recruitment drives are not successful, between October 2021 and October 2022, only 10% of nursing and midwifery (band 6-8) vacancies were filled, this equates to just 22 of the 216 vacancies. The Health Board's 10-year projection data shows that this trend is set to continue. This and the lack of universities in the region has prompted the Health Board to seek alternative solutions to build a sustainable workforce. Branded under Powys's Health

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What we looked at	What we found
	<p>and Care Academy¹³, the Health Board is heavily focused on growing its own workforce which include programmes such as its aspiring nurse, physiotherapist, and occupational therapist training programmes, as well as its apprenticeship, volunteering, and schools' programmes. This work is starting to have a positive impact, especially the aspiring nurses programme which is currently supporting 70 members of staff through various levels of education, with a further 17 studying for the equivalent of a first-year nursing degree programme. Additionally, in September 2023, the Health Board recruited 22 external candidates to its Adult and Mental Health wards who will be supported through the programme. HEIW recognises that the traditional commissioning route is not working for the Health Board. As a result, they have started to fund its Aspiring Nurse Programme and are working with the Health Board to develop more flexible routes into nursing and healthcare support work, for example through dispersed and distance learning. It is also exploring the use of newer roles such as physicians' associates and advanced practitioners, but progress is yet limited.</p>

Exhibit 4: Monitoring and oversight of workforce plan/strategy delivery

This section of the report focusses on the robustness of corporate oversight of workforce risks. We found that **there is effective oversight of workforce performance and the Workforce Futures Programme, however, the Health Board needs to better understand whether its actions are making a difference.**

What we looked at	What we found
<p>We considered whether delivery of the Health Board workforce strategy or plan is supported</p>	<p>We found that the Workforce and Culture Committee receives comprehensive workforce performance information and has good oversight of the Workforce Futures Programme, but</p>

¹³ The Powys Health and Care Academy is the regions programme of health and care training, development, and research. The academy is organised about four conceptual schools, these being the schools of 'Professional and Clinical Education and Training', 'Research, Development and Innovation', 'Leadership', and 'Volunteers and Carers'.

What we looked at	What we found
<p>by robust monitoring, oversight, and review. We expected to see:</p> <ul style="list-style-type: none"> • Arrangements in place to monitor the progress of the workforce strategy or plan at management and committee levels. • Effective action where progress on elements of the workforce strategy or plan are off-track. • Performance reports showing the impact of delivering the workforce strategy or plan. • The organisation benchmarking its workforce performance with similar organisations. 	<p>there is a need to better understand the impact of its delivery, and opportunities to benchmark with similar organisations.</p> <p>The Workforce and Culture Committee is responsible for scrutinising workforce matters which includes delivery of the Health Board’s part of the Joint Framework. As stated on page 10, there is no standalone implementation plan, instead the Health Board’s actions are included within its Integrated Plan. The committee receives a progress report against two of the four Workforce Futures strategic priorities, at each quarterly meeting. The updates are narrative based, and while comprehensive, they are not sufficiently clear on progress against key actions and milestones (Recommendation 4). Although, the quarterly Board Integrated Plan progress report clearly sets out the key actions as detailed in the Integrated Plan, progress against each milestone¹⁴ and an assessment against year-end delivery. The report clearly highlights where and why delivery is off-track and what action will be taken to ensure progress. The 2023-24 quarter two report reported that 2% of the Workforce Futures actions were complete, 25% on track, 9% at risk or behind schedule and the rest not yet due. The quarter two report indicates that the Health Board has a high-level of confidence that it will deliver most Workforce Futures milestones by year-end. However, following an Integrated Plan partial reset exercise, some actions will be reprioritised to help the Health Board to meet its financial savings targets.</p> <p>At each meeting, the Workforce and Culture Committee also receives an overview report from the Director of Workforce and OD and a Workforce Performance Report. The Workforce Performance Report gives a good overview of key workforce metrics such as staff in post, appraisal and mandatory training compliance, staff absence, turnover, variable pay and employee relations. Encouragingly, for each area of performance, the report highlights areas of concern and mitigating actions. However, while these reports clearly show progress on key actions and highlight key issues, there is currently insufficient analysis on whether the actions are having the desired impact. For example, whether key workforce metrics have changed, or risks have reduced because of delivering Workforce Futures actions (Recommendation 4).</p>

¹⁴ The Health Board uses a Blue, Red, Amber, Green (BRAG) system to track progress, respectively meaning complete, behind schedule, at risk and on track.

What we looked at	What we found
	<p>The Health Board reported that where possible, it benchmarks its workforce performance with other health bodies in Wales. However, given the differing population and geography, like for like comparison within Wales is difficult. However, there is an opportunity for the Health Board to identify similar organisations across the UK to benchmark its workforce performance and identify good practice and innovation (Recommendation 5).</p>

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Appendix 1

Audit methods

Exhibit 5 sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none">• Workforce strategy and associated workforce plan(s)• Implementation / delivery plans for workforce strategy – high-level and operational• Evidence of evaluation of workforce strategy and/or associated initiatives• Information feeding into workforce strategy development e.g., needs assessment, workforce data, benchmarking exercises, demand and capacity planning, skills gap analysis, horizon scanning.• Evidence of stakeholder engagement.• Structure charts for workforce planning functions.• Examples of workforce planning training offered to staff e.g., CIPD, other training formal or informal.• Workforce finance and resource plans• Corporate and operational risk registers• Document showing recruitment process and recruitment and retention initiatives.• Corporate and operational level oversight and monitoring of workforce metric and strategy delivery

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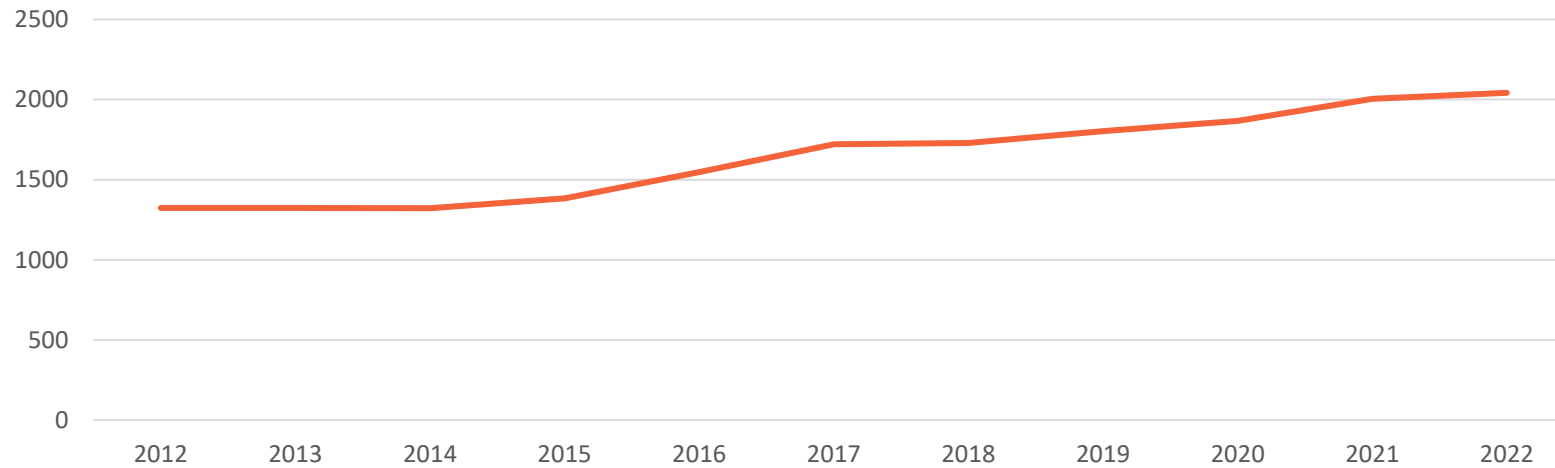
Element of audit approach	Description
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none"> • Executive Director for Workforce and Organisational Development • Deputy Director for Workforce and Organisational Development • Assistant Director of People Development • Assistant Director of Finance • Head of Organisational Design & Workforce Transformation • Business Partners
Focus groups	<p>We ran two focus groups with:</p> <ul style="list-style-type: none"> • a selection of service leads involved in clinical workforce planning; and • a selection of service leads involved in the workforce planning of enabler services.

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Appendix 2

Selected workforce indicators

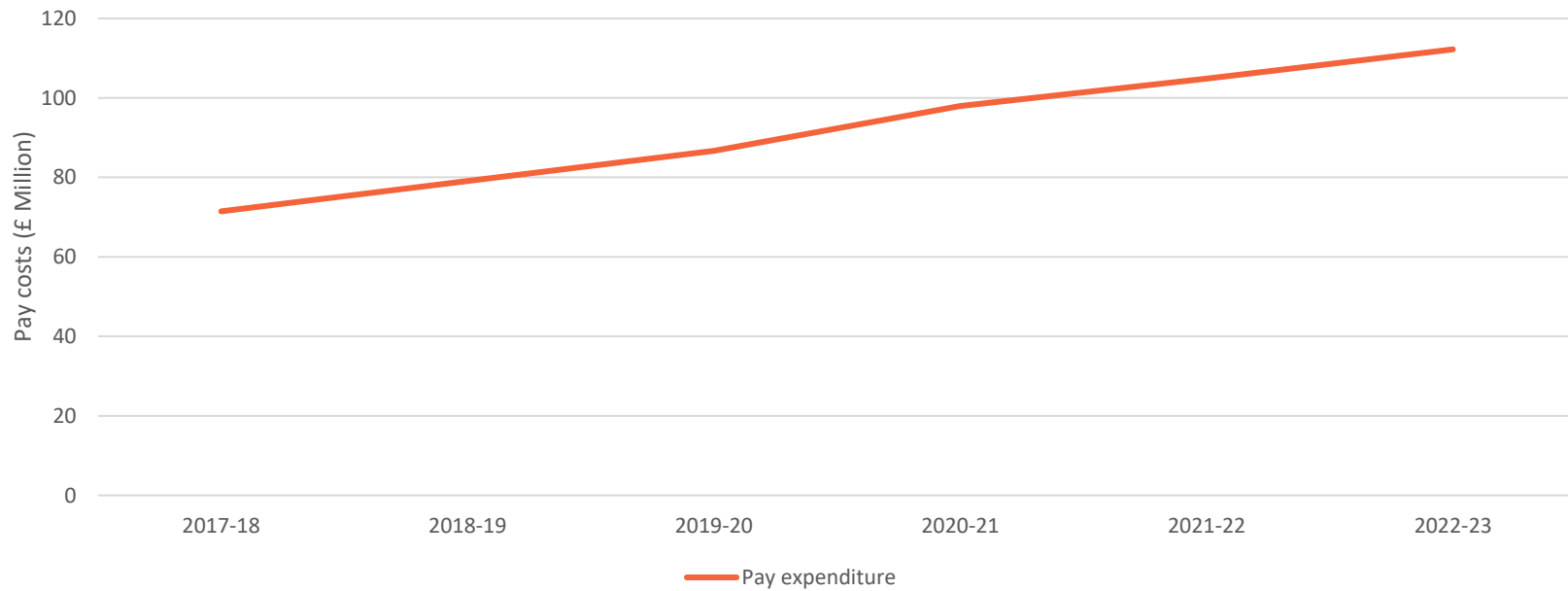
Exhibit 6: trend in workforce numbers (full time equivalent), Powys Teaching Health Board



Source: Welsh Government, Stats Wales, Data as of September each year.

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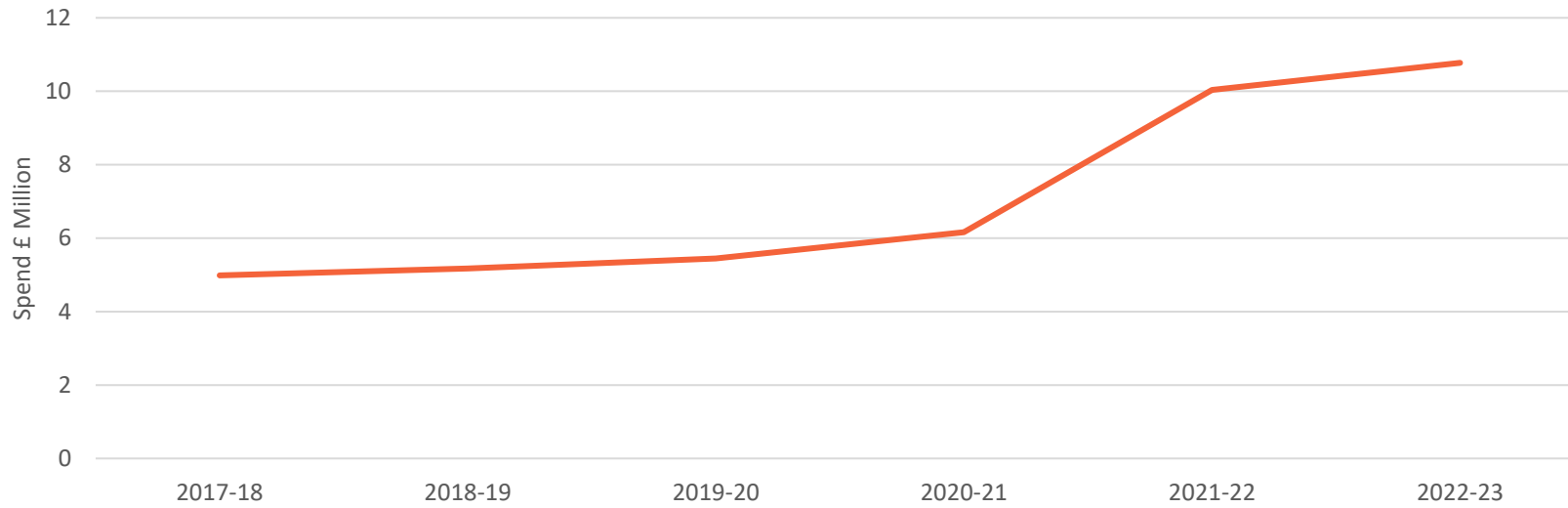
Exhibit 7: trend in actual workforce costs, Powys Teaching Health Board



Source: Monthly Monitoring Returns reported to Welsh Government

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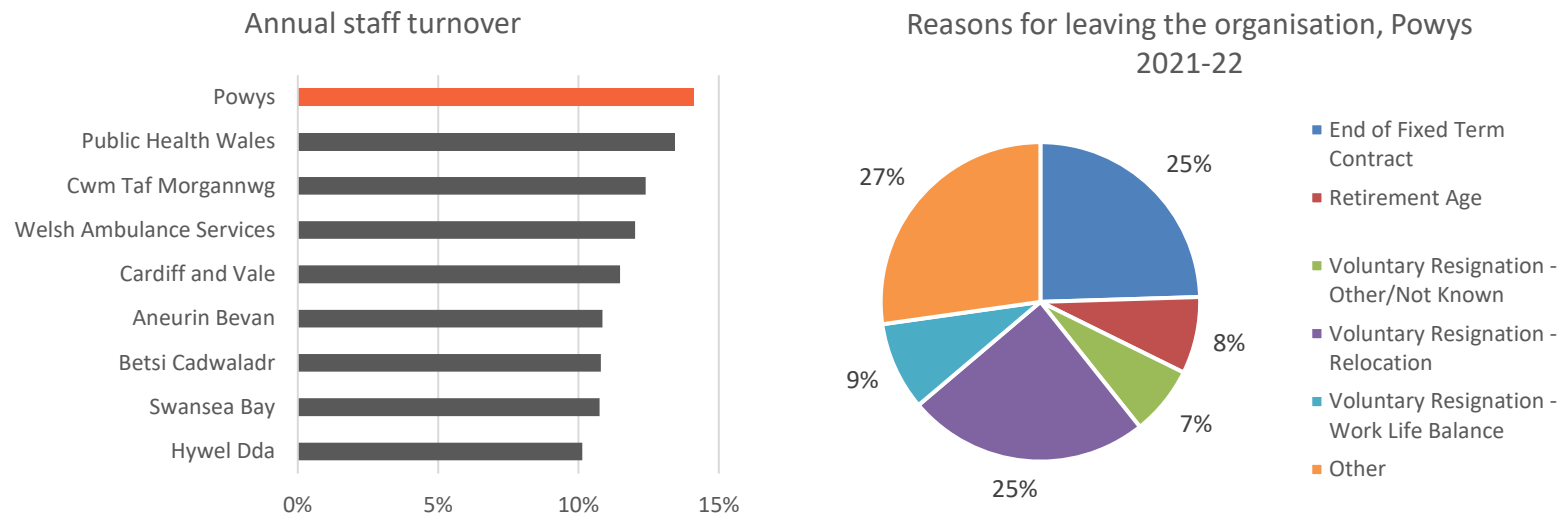
Exhibit 8: trend of expenditure on workforce agency £ million, Powys Teaching Health Board



Source: Monthly Monitoring Returns reported to Welsh Government

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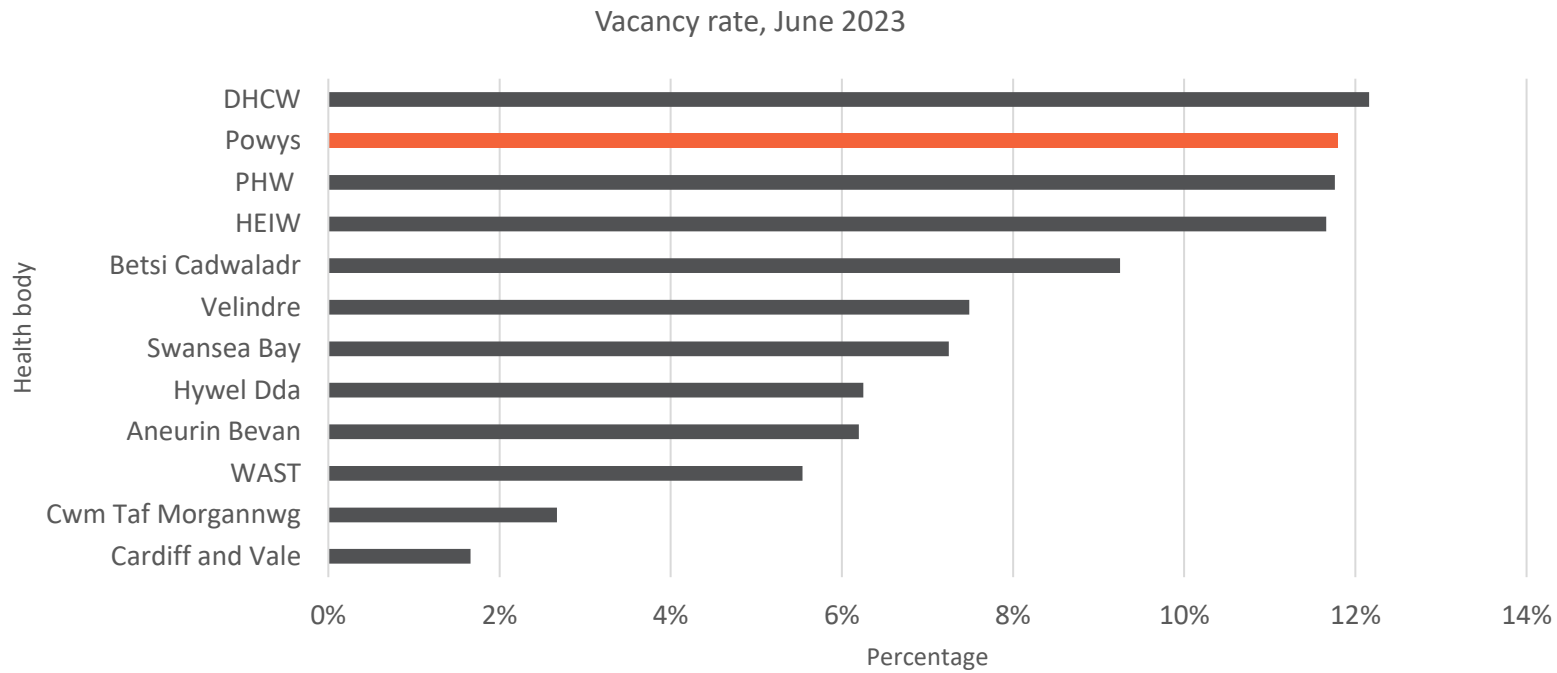
Exhibit 9: Annual staff turnover and reason for leaving, 2021-22, Powys Teaching Health Board



Source: staff turnover data sourced from Health Education and Improvement Wales. Reason for leaving data sourced from health body data request.

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Exhibit 10: vacancy rate, June 2023

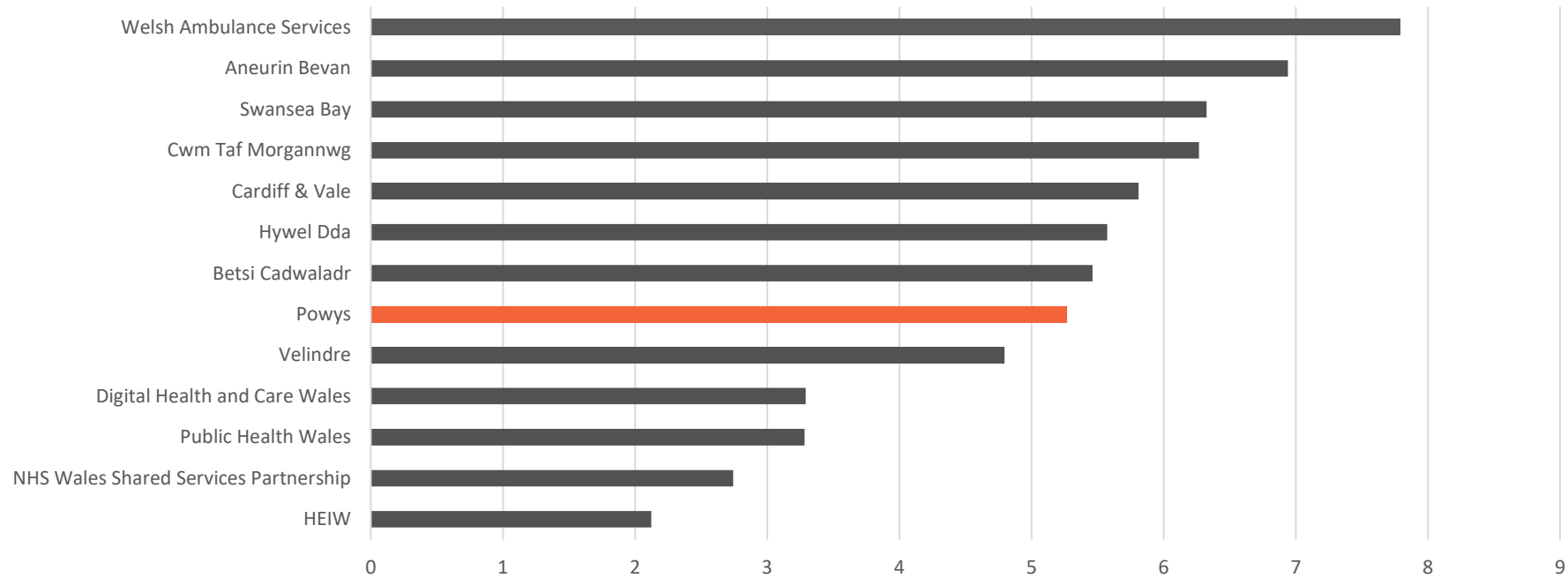


Source: Welsh Government, Stats Wales

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Exhibit 11: sickness absence by organisation by percentage, 2023 Quarter 2

Sickness absence by organisation, 2023 Quarter 2



Source: Welsh Government, Stats Wales

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Appendix 3

Organisational response to audit recommendations

Exhibit 12: Powys Teaching Health Board's response to our audit recommendations.

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	To ensure service level workforce plans are consistent, for the next planning cycle, the Health Board should ensure all directorates and/or service areas develop a workforce plan using the HEIW workforce plan template (see page 11).	We will: <ul style="list-style-type: none">• Continue to roll out training that utilises the HEIW workforce plan template.• Provide periodical updates to Executive committee of those managers who are required to undertake the training; have done so, to ensure that the competencies to complete workforce plans are embedded within the organisation.	Q4 2024-25	Deputy Director WOD

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		<ul style="list-style-type: none"> Development of directorate workforce plans will be included as a key deliverable within the 2024-25 Integrated Plan. 		
R2	The Health Board should develop an evaluation framework to measure whether the roll out of workforce planning training is achieving its intended purpose and improving service level workforce planning (see page 15).	<p>We will:</p> <ul style="list-style-type: none"> Gain feedback from attendees both immediately after training and 3 months post training to understand effectiveness. Measure the number of workforce plans produced across the organisation. 	Q4 2024-25	Deputy Director WOD
R3	Once the post that has been created to improve staff retention has been recruited to, the Health Board should develop a consolidated programme of retention activities with a clear evaluation framework focusing on what impact its activities are having on improving staff retention (see page 16).	<ul style="list-style-type: none"> The retention lead will pull all of our retention activities together and undertake a self-assessment and subsequent gap analysis against the national retention plan, identifying where improvements can be made. Staff retention rates will be measured and reported through the Health Board's Workforce Performance Framework and will 	Q4 2024-25	Deputy Director WOD

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		include analysis from staff exit questionnaires.		
R4	To ensure the Workforce and Culture Committee has good oversight of the overall progress and impact of delivering the Workforce Futures programme, the Health Board should develop the update reports on each of the Workforce Futures strategic priorities to clearly highlight progress against key actions and milestones as agreed in the Integrated Plan. The report should also include key metrics to illustrate progress, and the impact of delivery (see page 19).	<p>We will:</p> <ul style="list-style-type: none"> Provide Workforce and Culture Committee with 'in-year' updates which will identify and include progress against key metrics. These will demonstrate the impact and illustrate progress that the actions are having against each of the key workforce strategic priorities aligned to the workforce futures strategic framework and included in the integrated plan. 	Q1-4 2024-25	Deputy Director WOD
R5	The Health Board should identify organisations across the UK with similar workforce challenges to benchmark its workforce performance and share good practice (see page 20).	<p>We will:</p> <ul style="list-style-type: none"> Work with the Health Boards Corporate Performance Team to try to identify similar organisations whose workforce metrics can be accessed in order to benchmark. 	Q4 2024-25	Deputy Director WOD

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Addysgu Powys
Powys Teaching
Health Board

Agenda item: 6.2

WORKFORCE & CULTURE COMMITTEE 03 OCTOBER 2024

Subject:	Agile Working Programme Update		
Approved and presented by:	Wayne Tannahill, Associate Director Capital, Estates and Facilities		
Prepared by:	Anthony Fenn, Head of Technical Services		
Other Committees and meetings considered at:			
PURPOSE:			
The purpose of this paper is to provide an update on the Agile Working Programme.			
RECOMMENDATION(S):			
The WORKFORCE & CULTURE COMMITTEE is asked to NOTE the update on Agile Working which reflects on the pilot project to accommodate a staff relocation from leased accommodation into existing office space, particularly at Bronllys Hospital and Spa Road building, Llandrindod Wells and consider recommendations for next steps in the adoption of agile working.			
Approve/Take Assurance	Discuss	Note	
Y/N	Y/N	Y/N	

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	N	
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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EXECUTIVE SUMMARY:

A project to implement agile working was completed at Bronllys hospital with a specific need to incorporate circa 30 staff who were based at Council-owned accommodation at Neuadd Brycheiniog, Brecon, and relinquish the lease with an associated saving of £30K per annum.

The Property team have also more recently deployed the OccupEye space monitoring system in a section of Hafren and Hilfa at Bronllys. The system is operated through NHS Wales Shared Services Partnership–Special Estates Services (NWSSP-SES) and will capture quantitative utilisation of space across a four to eight-week interval with results to be analysed and shared.

The occupation of Spa Road building has continued since completion of new CAMHS Sanctuary, with teams from Digital, District Nursing, Specialist Nursing and Mental Health relocating as part of three-phase occupation of the building. Reutilisation of surplus furniture from other public sector organisations has saved in excess of £100K and benefitted decarbonisation, etc.

It has been a consistent learning from the relocation of the varied working teams is that many have struggled with the culture change required to work within an open plan environment as have tried to recreate a cellular space using dividers, etc.

DETAILED BACKGROUND AND ASSESSMENT:

Background

Agile Working is defined by NHS Wales Employers as *'aligning people, processes and connectivity with technology, time and place to find the most appropriate and effective ways of working to carry out a particular task'*. Agile working can offer additional flexibility on how we undertake our role whilst meeting the needs of our department and those we provide a service to.

The Covid-19 pandemic made it a necessity to change our working practices to respond to the unprecedented event. Whilst service delivery changed to match the emergent care delivery plans, it is apparent that agile working played a vital part in ensuing that the workforce remained effective during this period.

In September 2020, driven by the increase in 'remote working' due to social distancing for the Covid pandemic, PTHB introduced an Agile Working Policy. The policy was reviewed in December 2021 and renamed as the PTHB Agile Working/Flexible Workstyles Policy.

A pilot project to look at implementing agile working at Bronllys Hospital commenced in 2022, with the aim to identify the uses and occupancy of each office/room including if any rooms are assigned to more people than there are desks (i.e., the ratio of staff to desk/s). A number of workshops were completed

with relevant heads of service and aimed to identify and overcome any hurdles in the adoption of agile working.

Progress

A number of recommended priorities were made to Committee in last update paper in March, namely:

- **Termination of lease at Neuadd Brycheiniog** and maximise benefits of working from home / flexible working to enable excess space to be utilised at Bronllys – *project completed, which is providing £30,000pa revenue release*
- **Glasbury House**, Bronllys changes to consolidate Executive dedicated space into half of the current space, creating a number of bookable rooms – *project completed and receiving positive feedback from teams. Improvements to room booking app suggested in an attempt to improve flexibility.*
- **Implement space utilisation monitoring** to identify opportunities across the estate – *OccupEye system currently under trial operation cross areas of Bronllys Hospital. Outputs due in December.*
- **Seek formalised hot desking locations** and to embed agile working principles across the wider PTHB estate where appropriate – *hot desk areas actively being developed, where possible. Operational difficulties identifying and completing behavioural change to fully integrate into shared space/desk ideology.*

The feedback and learnings from implementing agile across Glasbury House included positive commentary on more flexible use of space and usage by other colleagues and teams across the Health Board. Standard, modern ICT equipment included within development into agile spaces. However, some negative comments have been received concerning a small administrative burden to clean-up after people and answer queries with regard to ICT and bookings, the resultant small space for Directors is not always conducive to chairing meetings and agile space is not fully utilised (approx. one booking per room per week).

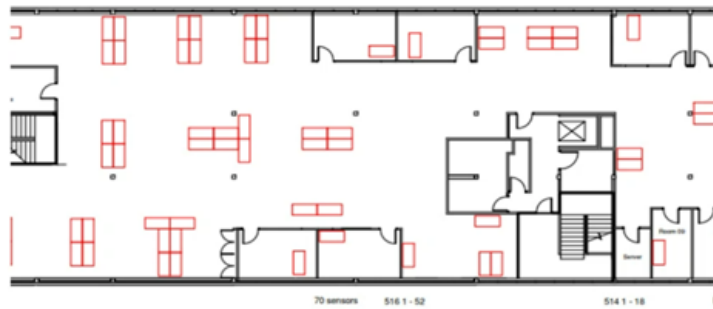
Space Utilisation Monitoring Systems (OccupEye)

Welsh Government is prioritising estates and property rationalisation and has supported an NWSSP-SES activity to promote the use of OccupEye across the health boards to assist with data collection in support of agile working and estate reduction. The Welsh Government Estates Forum presented data and invited applications to loan (free of charge) the system.

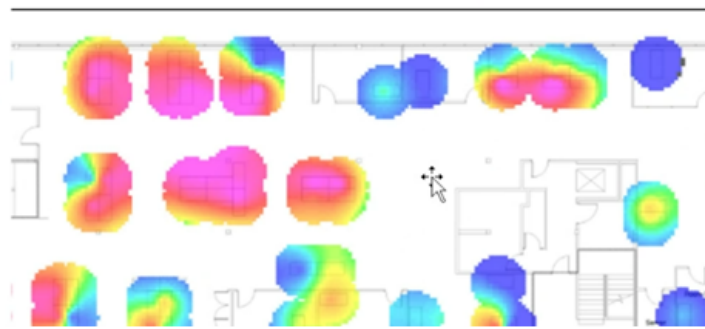
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The sole purpose is to monitor desk occupancy, and this is not linked to individual staff. OccupEye is discreet with sensors normally placed out of sight underneath desktops or on door frames when monitoring rooms. The system provides factual data about the level of workspace utilisation and identifies peaks and troughs in space use. Sensors simply detect a presence at the desk and do not identify individuals.

Plan of YMH 1st Floor Desks
(not to scale)



Sample Results for YMH 1st Floor



Sample Results for YMH 1st Floor

- Table 1 illustrates the average utilisation during each week of the survey.

Week of Survey	Average Utilisation
Week Commencing 16/10/2023	34/69 (50.3%)
Week Commencing 23/10/2023	38/69 (55.2%)
Week Commencing 30/10/2023	32/69 (46.5%)
Week Commencing 06/11/2023	37/69 (54.7%)

Various ways of analysing & presenting the data e.g. time of day, day of the week

Illustration 1: OccupEye exercise outcome shared by CTMUHB

The OccupEye system is installed and operated through NWSSP-SES and has been used by all other health boards in Wales to capture figures over 3–6-week period.

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Results of the surveys across a number of the health board office areas across Wales, including Shared Services Partnership, indicated an average utilisation of between 43% and 52%, giving the potential to make significant reductions in office space.

A project has been initiated across Hafren and Hilfa areas at Bronllys Hospital. The areas were chosen based on the mix of technical (Digital), administration (WOD & Commissioning), semi-clinical (Medicines Management), and professional (Clinical Consultant, for example) teams occupying the spaces. A series of 74 passive infra-red (PIR) sensors have been temporarily fitted to desks across the areas, which will record occupancy at each desk. This will provide information through the heat map and weekly summary of desk utilisation on a desk-by-desk basis.

People are still seeing 'their desks' and is evidenced with the increased use of sit-stand desks and the acquisition through departmental budgets. This presents a compatibility problem and limits the space into which some staff/teams can share.

Spa Road, Llandrindod Wells

The occupation of Spa Road building has continued to completion of Phase 1, including capital work creating a new CAMHS/Perinatal Centre and Young Person's Crisis Sanctuary.

A wide range of clinical and administration teams have been relocated within the building, with agile working as a guiding principle of the occupation terms for several teams. For example, teams across District Nursing and Specialist Nursing have designated and shared space across three offices on the lower ground floor. Further bookable space is utilised for overspill/meetings/private conversations.

A written set of agile working guidelines and behaviours is an important aid to support staff understanding of how they need to act differently in the new type of space (not cellular offices). This can be about moderating loud conversations through to managers having collaborative conversations about sharing consumable purchase or costs for the shared photocopier/printer.

The Property team, working with Estates and Facilities, are seeking beneficial use of good quality second hand furniture wherever possible and have estimated savings of well in excess of £100K by doing this. A recent example is the acquisition of agile working pods from the Merthyr Tydfil Welsh Government offices for use to support helpdesk type activity at first floor Spa Road.

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Work pods:-

Single pods x4

Double pods x 1

Meeting pods x 3

Requests to relocate within the building are increasing but occupation is being prioritised to meet organisation strategic alignment (property rationalisation and revenue release, for example). Relocation is managed through the Property team who have followed an agreed process to ensure that appropriate consultation and settling-in period exists to overcome issues/queries.



Illustration 2: Spa Road building first floor indicative layout plans. NB plans are confidential in nature and not to be relied upon for final arrangements.

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Challenges to Implementation

Observations from the feedback from agile working implementation have highlighted:

- Culture Change – need for managers and staff to recognise the need and benefits from moving away from desk 'ownership'. Majority of administration-focused teams have large areas which are only utilised for one 'staff day' per week.
- Desk Booking Software – quantity of bookable space has improved within the online app.
- Existing building layout/design – without capital investment, the solutions will be limited to 'best utilisation of the existing footprint'.
- I.T Infrastructure – IT have implemented 'print anywhere' shared assets, but unless there's a corporate budget for this, service budgets may be unfairly impacted with other departments printing costs.
- There are still a lot of staff members working from home who are keeping their desks empty in case they want to come into the office.

Summary

Agile working remains an important change management process for the Health Board to meet the requirements for property rationalisation and Routemap to Sustainability workstreams. Space optimisation is key for the Health Board to maximise the efficient use of under utilised space and realise revenue savings from property rationalisation or facilitate the organic growth of service teams in an existing footprint.

The trial deployment of OccupEye monitoring solution from NWSSP-SES provides an objective and powerful means of data capture on space utilisation. An eight-week programme of operation will provide an accurate and factual picture of real-life, business as usual use of space from the selected dataset. It would be prudent to review the outputs of the pilot in order to ascertain the value of extending the pilot to further areas of Bronllys / other sites or clinal operational areas to add confidence to the understanding of space utilisation across the estate.

Whilst the space within the majority of Spa Road building is suited to agile working principles, it is clear from nearly all teams that have relocated within the building that working habits are hard to change and fundamental cultural improvements are needed as part of a wider management of change programme across the Health Board, which could focus on spread of 'team days' across the working week to improve occupation figures.

NEXT STEPS:

- Continue with OccupEye trial placement and conduct review of results.
- Development of staff agile working guidelines to provide necessary cultural change prior to team/department transfer to an agile space.

IMPACT ASSESSMENT

This section must be completed for all strategic organisational decisions including approval of health board policies.

QUALITY:

	No impact	Negative	Positive	Both
Safe	x			
Timely	x			
Effective	x			
Efficient	x			
Equitable	x			
Person Centred	x			
Workforce	x			
Leadership	x			
Culture			x	
Information	x			
Learn, Improve, Research	x			
Whole Systems Approach	x			

A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision making process.

EQUALITY:

	No impact	Negative	Positive	Both
Age	x			
Disability	x			
Gender reassignment	x			
Marriage / civil partnership	x			
Pregnancy / maternity	x			
Race	x			
Religion or Belief	x			
Gender	x			
Sexual Orientation	x			
Welsh Language	x			
Socio-economic status	x			
Social exclusion	x			
Carers	x			

An Equality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Equality Impact Assessment policies and procedures (CGP009). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Equality Impact Assessment should be available as a supporting document to inform the decision making process.

RISK ASSESSMENT:

	Level of risk identified			
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)
Clinical	x			
Financial	x			
Corporate	x			
Operational	x			
Reputational	x			

A Risk Assessment should be undertaken for all reports requesting approval, ratification or decision in line with health board Risk Management Framework CGP005. In this space you should briefly describe the key risks and the steps being taken to manage them, and also how these risks relate to the Board's stated Risk Appetite.

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Workforce & Culture Committee 2024-25							
Theme	Item Title	Duration (mins)	Role of Committee	June 04/06/2024	October 03/10/2024	December 10/12/2024	March 13/03/2025
Governance	Minutes of previous meeting	10	Approval	✓	✓	✓	✓
Governance	Declaration of Interests		Compliance	✓	✓	✓	✓
Governance	Action Log		Approval	✓	✓	✓	✓
Governance	Committee Risk Register		Assurance	✓	✓	✓	✓
Governance	Committee Reflections				✓	✓	✓
Governance	Annual Work Programme	15	Recommendation to Board	✓			
Governance	Work Programme (updated through year)	5	Review		✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness	25	Review				✓
Governance	Committee Annual Report	10	Recommendation to Board	✓			
Governance	Review of Terms of Reference	15	Recommendation to Board				✓
Performance	Workforce Performance Report	20	Assurance	✓	✓	✓	✓
Performance	Director of People and Culture Report	20	Assurance	✓	✓	✓	✓
Workforce Futures	Theme 1 - Staff Health and Wellbeing	45	Assurance	✓		✓	
Workforce Futures	Theme 2 Great Place to Work	45	Assurance		✓		✓
Workforce Futures	Theme 3 Workforce Sustainability and Transformation	45	Assurance			✓	
Workforce Futures	Theme 4 Welsh Language, Equality, Diversity and Inclusion	45	Assurance		✓		✓
Equality, Diversity & Inclusion and Welsh Language	Equality, Diversity and Inclusion Annual Report	20	Approval	✓			
Equality, Diversity & Inclusion and Welsh Language	Welsh Language Annual Report	20	Approval	✓			
Statutory Compliance	Wellbeing of Future Generations Act Report	20	Assurance	✓	✓		
Statutory Compliance	Medical Job Planning Annual Review	10	Assurance	✓	✓		
Statutory Compliance	Comms and Engagement Report for W&C	25	Assurance				✓
Innovative Environments	Agile working	15	Assurance		✓		
Staff Story	TBC at each meeting						
Health & Safety and Fire Safety	Health and Safety Assurance Update	30	Assurance		☒	✓	
Health & Safety and Fire Safety	Health and Safety Annual Report including compliance with regulations and standards	20	Assurance				✓
	Anti Racism Plan	20	Assurance		☒	✓	

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