

Workforce and Culture Committee

Tue 04 June 2024, 10:00 - 12:30

Agenda

10:00 - 10:00 **1. PRELIMINARY MATTERS**

0 min

📄 WC_Agenda_4JUN2024 FINAL.pdf (2 pages)

1.1. Welcome and Apologies

Chair

1.2. Declarations of Interest

All

1.3. Minutes of the previous meeting held on the 5 March 2024, for approval

Chair

📄 W&C_1.3_Minutes_5 MARCH 2024_UNCONFIRMED V2.pdf (13 pages)

1.4. Workforce and Culture Committee Action Log (no outstanding actions)

Chair

10:00 - 10:00 **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.pdf (13 pages)

2.1.1. Medical Job Planning Annual Review

Assurance Executive Director of People and Culture

📄 W&C_2.1a_Annual medical job plan report 2024.pdf (5 pages)

2.2. Executive Director of People and Culture Report

Assurance Executive Director of People and Culture

📄 W&C_2.2_Report WC committee June 2024.pdf (4 pages)

📄 W&C_2.2a_Appendix A Directors Report April 24.pdf (8 pages)

📄 W&C_2.2b_Appendix B_2.3 ACEES evaluation.pdf (28 pages)

2.3. Workforce Futures: Theme 1 - Staff Health and Wellbeing

Assurance Executive Director of People and Culture

📄 W&C_2.3_Employee Health and Wellbeing June 2024.pdf (14 pages)

2.4 Staff Retention Implementation Plan

To follow Executive Director of People and Culture

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📄 W&C_2.4_Workforce Retention.pdf (21 pages)

2.5. Welsh Language Annual Report

Assurance *Executive Director of People and Culture*

📄 W&C_2.5_Covering Paper for 2023-24 Welsh Report.pdf (3 pages)

📄 W&C_2.5a_Welsh Annual Monitoring report 2023-24.pdf (42 pages)

2.6. Equalities Annual Report

Assurance *Executive Director of People and Culture*

📄 W&C_2.6_Covering Paper for 2023-24 Report Equality.pdf (4 pages)

📄 W&C_2.6a_Equality Annual Monitoring Report 2023-24 Draft.pdf (31 pages)

2.7. NHS Wales Staff Survey

Assurance *Executive Director of People and Culture*

📄 W&C_2.7_Staff Survey 2023 Detail.pdf (29 pages)

10:00 - 10:00 3. ITEMS FOR APPROVAL

0 min

3.1. Committee Annual Report

Approval *Director of Corporate Governance*

📄 W&C_3.1_Committee Annual Report_Apr23.pdf (9 pages)

3.2. Annual Work Programme

Approval *Director of Corporate Governance*

📄 W&C_3.2_Committee Work Programme.pdf (1 pages)

10:00 - 10:00 4. ITEMS FOR DISCUSSION

0 min

THERE ARE NO ITEMS FOR DISCUSSION

10:00 - 10:00 5. ESCALATED ITEMS

0 min

THERE ARE NO ESCALATED ITEMS

10:00 - 10:00 6. ITEMS FOR INFORMATION

0 min

6.1. Audit Wales Report

6.1.1. Audit Wales Workforce Planning

📄 W&C_6.1_Workforce planning report_FINAL with org response.pdf (34 pages)

10:00 - 10:00 7. OTHER MATTERS

0 min

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7.1. Corporate Risk Register

To follow Director of Corporate Governance

7.2. Items to be brought to the Attention of the Board and/or Other Committees

Chair

7.3. Any Other Urgent Business

Chair

7.4. Date of the Next Meeting: 10 September 2024

*Patterson Liz
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AGENDA

Time	Item	Title	Attached/Oral	Presenter
	1	PRELIMINARY MATTERS		
10.00	1.1	Welcome and Apologies	Oral	Chair
	1.2	Declarations of Interest	Oral	All
10.05	1.3	Minutes from the previous Meeting held on 5 March 2024	Attached	Chair
	1.4	Committee Action Log (no actions outstanding)	Oral	Chair
	2	ITEMS FOR ASSURANCE		
10.10	2.1	Workforce Performance Report including: • Medical Job Planning Annual Review	Attached	Executive Director of People and Culture
10.25	2.2	Executive Director of People and Culture Report Includes PPT (includes ACES)	Attached	Executive Director of People and Culture
10.45	2.3	Workforce Futures: Theme 1 - Staff Health and Wellbeing	Attached	Executive Director of People and Culture
11.00	2.4	Staff Retention & Implementation Plan	Presentation (Attached)	Executive Director of People and Culture
11.30	2.5	Welsh Language Annual Report	Attached	Executive Director of People and Culture
11.40	2.6	Equalities Annual Report	Attached	Executive Director of People and Culture
11.50	2.7	NHS Wales Staff Survey	Presentation	Executive Director of People and Culture
	3	ITEMS FOR APPROVAL		
12.15	3.1	Committee Annual Report	Attached	Director of Corporate Governance
	3.2	Annual Work Programme	Attached	Director of Corporate Governance
	4	ITEMS FOR DISCUSSION		
		<i>There are no items for discussion.</i>		
	5	ESCALATED ITEMS		

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There are no escalated items

6 ITEMS FOR INFORMATION			
6.1	Audit Wales Report: <ul style="list-style-type: none">Audit Wales Workforce Planning		
7 OTHER MATTERS			
7.1	Corporate Risk Register	Oral	Director of Corporate Governance
7.2	Items to be Brought to the Attention of the Board and/or Other Committees	Oral	Chair
7.3	Any Other Urgent Business	Oral	Chair
7.4	Date of the Next Meeting: 10 September 2024		

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

Meetings are currently held virtually, should you wish to observe a virtual meeting of a committee, please contact the Director of Corporate Governance at PowysDirectorate.CorporateGovernance@wales.nhs.uk at least 24 hours in advance of the meeting in order that your request can be considered on an individual basis.

Papers for the meeting are made available on the website in advance and a copy of the minutes are uploaded to the website once agreed at the following meeting.

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POWYS TEACHING HEALTH BOARD

UNCONFIRMED

WORKFORCE AND CULTURE COMMITTEE MEETING HELD ON TUESDAY 5 MARCH 2024, 14:00-16:00 VIA MICROSOFT TEAMS

Present:

Jennifer Owen Adams	Independent Member (Chair)
Chris Walsh	Independent Member (Local Authority)
Cathie Poynton	Independent Member (Trade Union)

In Attendance:

Debra Wood Lawson	Director of Workforce and OD
Claire Madsen	Director of Therapies and Health Science
Claire Roche	Director of Nursing and Midwifery
Mark McIntyre	Deputy Director of Workforce and Organisational Development
Sarah Powell	Assistant Director Workforce and OD
Claire Roche	Director of Nursing and Midwifery
Pete Hopgood	Director of Finance, Information and IT
Helen Bushell	Director of Corporate Governance
Stephen Powell	Director of Performance and Commissioning
Kate Wright	Medical Director
Adrian Osborne	Deputy Director of Engagement and Comms
Katelyn Falvey	Head of OD and Workforce Transformation
Adam Pearce	Equality Lead (Items 2.1 and 2.2)
Wayne Tannahill	Associate Director of Capital and Estates (Item 3.5)
Carys Jones	Welsh Language Translator (Item 1.5)
Carl Cooper	PTHB Chair

Apologies for absence:

Kirsten Jones	Llais
Hayley Thomas	Chief Executive
Ian Phillips	Independent Member (Third Sector)

Committee Support:

Liz Patterson	Interim Head of Corporate Governance
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PRELIMINARY MATTERS	
W&C/23/36	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Committee Chair welcomed Members to the meeting. Apologies for absence were noted as recorded above.</p>
W&C/23/37	<p>DECLARATIONS OF INTEREST</p> <p>No interests were declared in addition to those already declared in the published register.</p>
W&C/23/38	<p>MINUTES FROM THE PREVIOUS MEETING, HELD 14 DECEMBER 2023</p> <p>The Committee APPROVED the minutes of the meeting 14 December 2023.</p>
W&C/23/39	<p>ACTION LOG</p> <p>All outstanding actions were confirmed as completed.</p>
W&C/23/40	<p>EXPERIENCE STORY:</p> <ul style="list-style-type: none"> • Staff Excellence Award Winner – Rising Star <p>The Director of Workforce and OD introduced the Welsh Language Translator who gave an insight into her experience as the first translator to be directly employed by the Health Board. Attention was drawn to the benefits of bringing this service in-house.</p> <ul style="list-style-type: none"> • Financial savings. • Newly formed team. • Freedom to develop the translation process. • More personal element – staff more eager to have work translated and offer services in Welsh. <p>There is a legal obligation for the Health Board to have all public facing documents, material and correspondence bi-lingual.</p> <p>The Welsh Translator noted limited capacity as the only Translator for the whole of the Health Board; a great deal of</p>

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	<p>time is spent prioritising work, priority is given to work that impacts Patients.</p> <p>The Chair thanked the Welsh Translator for providing the staff story.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
W&C/23/41	<p>STRATEGIC EQUALITY PLAN 2023-2027</p> <p>The Director of Workforce and OD presented the paper covering the period 2024-2028, setting out how the Health Board will meet the Public Sector Duty and the Equality Act.</p> <p><i>In the strategy there is reference to what is being physically put in place, there is no reference on how to change the culture. Many of the issues identified are to do with culture, are there any plans to tackle this?</i></p> <p>The Director of Workforce and OD noted that gender awareness training courses are being implemented. There has been significant take up on those courses, which requires some behaviour and attitudes to be challenged. The Induction training is being refined to set the tone and culture of the organisation.</p> <p><i>Does the Health Board get enquiries from perspective staff who are non-Welsh speakers, are they given assurances that they can learn Welsh, and it is not going to be a barrier to them seeking employment within the organisation?</i></p> <p>The Director of Workforce and OD confirmed that there are various interventions and support tools such as Cymraig Confidence which a number of people have signed up to. This is about finding spaces and places where people can practice using their Welsh language skills.</p> <p><i>Is the financial plan and the budget plan to meet equality requirements embedded within the Health Boards planning arrangements?</i></p> <p>The Director of Workforce and OD confirmed this was included within the Integrated Plan priorities.</p> <p>The Committee REVIEWED and RECOMMENDED the plan goes forward to the Board for consideration on the 20 March 2024.</p>
W&C/23/42	<p>WELSH LANGUAGE STRATEGY IN HEALTHCARE</p>

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	<p>The Director of Workforce and OD introduced the paper, highlighting the Welsh Language Standard 110 is a statutory responsibility. The plan spans the five-year period 2024-2029 and includes an action plan and how the strategy will be monitored as outlined in the Annual Plan.</p> <p><i>Previously, there was a subgroup of the Regional Partnership Board that brought together partners to look at how better to support the Welsh language compliance and the most effective and efficient use of joint resources. Is that still going?</i></p> <p>The Equality Lead advised that joint meetings are being held with the Council and Powys Association of Voluntary Organisations, and he sits on the Welsh Education Strategic Forum; relationships are being rebuilt with partners as new officers come into role. There is also regular dialogue with NHS counterparts across Wales.</p> <p><i>The plan refers to targeting clinicians, are there other roles the Health Board should be targeting as Welsh Language essential?</i></p> <p>The Equality Lead advised that clinicians have been targeted to enable the More than just Words policy to be met, but developing Welsh language skills is considered relevant to everyone, regardless of role.</p> <p>The Committee REVIEWED and RECOMMENDED the Welsh Language Strategy going forward to the Board for their consideration on the 20 March 2024.</p>
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ITEMS FOR ASSURANCE

<p>W&C/23/43</p>	<p>DIRECTOR OF WORKFORCE AND OD REPORT INCLUDING:</p> <p>The Director of Workforce and OD presented the report and drew attention to the following items:</p> <p>Employee Health and Well-being</p> <ul style="list-style-type: none"> • Well-being at Work Group has been re-established; • Participating in a local calendar of Health and Wellbeing event, which links to the national calendar of activities; • Gone live with the new Occupational Health system, this will allow better reporting and the ability to benchmark; • Work around bereavement and planning for individuals, colleagues or family members who are dealing with issues of death and dying; and
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- The 'You said, We did' update is available on Facebook.

Joint Workforce Futures Programme

- Reset the 40 plus priorities down to 14. Each of those workstreams has a project plan and a lead in place, progress will be reviewed through the Workforce Futures Board.
- Considerable interest and opportunities to showcase the Grow our Own scheme. Attended a Welsh Government event;
- UK shared Prosperity Funding working collaboratively with Neath Port Talbot College Group on upskilling staff in Health and Social Care; and
- All Wales Healthcare Support Worker Induction Training – 38 staff participating all at different stages of completion.
- Piloted a joint Health and Social Care Induction with 19 staff cross the Local Authority and the Health Board, including support workers in care homes, and are working on creating a work book and record keeping system for use across Wales;

Employee Relations activity

- Employee relations cases – there has been little change for formal cases, although a slight increase in respect and resolution cases; and.
- Ongoing national work to reduce the impact of harm on individuals who find themselves subject of an investigation where there is no case to answer.

Flexible Working Policy

- The All-Wales flexible working policy has been launched. It has a series of supporting toolkits, work is ongoing with managers so that they understand the options and subtle changes within the policy. This has been signed off at Executive Discussions continue regarding the non-pay elements of the pay deal. Further discussions have taken place at the Local Partnership Forum, looking at those areas for local decision.

Industrial Action

The first Junior Doctor strike took place in Wales earlier this year, the next strike is scheduled for Easter time. The ballot for Doctors and Speciality and Specialist (SAS) consultants has

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	<p>returned a vote in favour of industrial action, which is being called the 48 hours between the 16th and the 18th of April.</p> <p><i>Is working with Powys County Council starting to flourish, or is further work required?</i></p> <p>The Director of Workforce and OD advised there will always be further work to be done, there is a lot closer working and alignment between the teams now. There is some real energy which means that there is a lot of dialogue focusing on Adult Social Care where there is the most need for closer working.</p> <p>A development session is scheduled for Board members and Councillors to talk through Workforce Futures. Work has been done in schools and wards where Members could see there is potential to increase footfall and encourage work through into the Academy.</p> <p>The Committee RECEIVED the report as an update on priorities within the Workforce section of the Integrated Plan for 2023/24 and TOOK ASSURANCE against delivery of those priorities.</p>
W&C/23/44	<p>WORKFORCE FUTURES: Transformation and Sustainability</p> <p>The Head of OD and Workforce Transformation presented the item highlighting the aging workforce and gaps in the nursing and midwifery workforce.</p> <p>To improve data intelligence a workforce modelling and projection exercise has been undertaken, this has provided an insight of the future picture of the workforce from directorate level down to team level.</p> <p>To enhance the workforce planning capability the Workforce Business Partnering team are offering robust training which staff can book on. The uptake has been good, and there is ongoing support for those candidates.</p> <p>Building on the workforce planning is ongoing, one of the strongest areas is ongoing nursing and the Aspiring Nurses Programme. In recent years there has been an opportunity to run a different model allowing staff to be recruited into newly created paid training roles. This programme has won national recognition and an award for widening the access to nursing careers in rural communities. There is ongoing dialogue with Health Education and Improvement Wales (HEIW) on</p>

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enhancing the offer for AHP) in Powys. Some staff are on this programme from Physiotherapy, Occupational Therapy and Radiography.

Eleven International Educated Nurses (IEN) have been onboarded, all have passed their Objective Structured Clinical Examination (OSCE) and are Nursing and Midwifery Council registered, working as Band 5 nurses. Four new IENs arrived recently and will go through the OSCE procedure.

There is an All-Wales programme looking to pilot recruiting Registered Mental Health Nurse's over to the UK later this year. Three, possibly four medics have been recruited from India, and are going through the on-boarding process.

The All Wales Recruitment Modernisation group are looking at ways improve the processes and experiences for candidates through the on-boarding process.

The Variable Pay Reduction group meet bi-weekly, focusing on variable pay and potential areas for improvement.

An exercise is being undertaken with the Bank workers to understand what is good, what is not so good, to identify areas for improvement, and also trying to understand what makes staff accept or refuse a shift.

HEIW are supporting a new role in organisation - Workforce Retention Lead who will work on the nurse retention plan, widening the plan across the whole of the organisation in the next two years.

What age groups is being recruited? Are any younger staff being recruited?

The Head of OD and Workforce Transformation advised this varies across the professional groups, for example, with Aspiring nurses the age ranges from school leavers up to 55-years.

The Director of Nursing and Midwifery noted the number of Internationally Educated Nurses is growing within the organisation. This is creating a community of nurses from a very different culture who need support to settle. BINA (British Indian Nurses Association) offer several services helping people settle in the UK and encouraging career development.

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	<p>The Nurses Retention Plan is significant for the Health Board in respect of attracting and retaining staff, whilst ensuring these staff have a fulfilling and developing career.</p> <p>Grow your own scheme is successful, there needs to be multiple 'swim lanes' of registrants coming into the organisation. Aberystwyth University are keen to increase working in partnership with the Health Board, this will give a balance of registrants across the organisation.</p> <p><i>Is the idea of 12 week rostering a request from the organisation to staff or vice versa?</i></p> <p>The Head of OD and Workforce Transformation advised the 12-week rostering came out of the non-pay elements of the pay award. There are ongoing discussions regarding the benefits and pitfalls of implementing this. It is recognised there needs to be a period of engagement with the staff.</p> <p>The Committee REVIEWED the information provided in the update and took ASSURANCE of delivery against the plan.</p>
<p>W&C/23/45</p>	<p>WORKFORCE FUTURES: Great Place to Work</p> <p>The Assistant Director Workforce and OD introduced the item and drew attention to the following areas:</p> <p>To date 498 staff have completed the team climate survey, the outcome gives a healthy snapshot of the organisational, which will be built on during 2024.</p> <p>There has been focus and clarity on the work of 'Chat to Change', this will align with the Integrated Plan and promote Speaking Up Safely. More work is needed around the 15-minute wellbeing break, a meeting has been scheduled to discuss this further.</p> <p>A number of the Leadership training courses are funded through Intensive Learning Academy (ILA), internally funded or via the apprenticeship levy. There has been good uptake of the Continuing Professional Development (CPD) programmes for the ILA.</p> <p>74 staff from the Health Board have participated in the level 5 Leadership and Management conversation and training.</p> <p>The in-house clinical leadership programme has started at tier one. The focus of the programme is on risk</p>

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	<p>management/decision making and accountability. Feedback from the course has been positive.</p> <p>The simulation site at Bronllys has been used for joint induction, six school simulation days, the immersive day for clinical leadership programme and preceptorship training.</p> <p>The first working carers workshop was held in February 2024, fourteen staff attended, enabling them to balance work and caring duties at home.</p> <p>Speaking up safely – the team are about to launch the 'Our Voice' platform, which will signpost staff to where to raise a concern, or how they can speak up and have their concerns looked at.</p> <p>The on-line staff retention guide is a menu of activities and check list that Managers can work through to consider the key areas which affect workforce retention.</p> <p><i>Is the take up in some of the work programmes where you would like it to be?</i></p> <p>Using the Manager's programme as an example, approximately three years ago there was a mandate that all Managers at Band 7 or below would go through the Manager's programme. This was not advertised as mandatory. Now there is a waiting list for people to attend the programme; it has been decided the course will now be run monthly.</p> <p>The Committee REVIEWED and RECEIVED the report and took ASSURANCE there is delivery against the plan.</p>
W&C/23/46	<p>COMMUNICATION AND ENGAGEMENT PROGRAMME RELATING TO WORKFORCE AND CULTURE COMMITTEE MATTERS</p> <p>The Deputy Director of Engagement and Communications presented the quarterly impact and delivery assurance report, which focused on staff engagement and internal communication, the progress made during the year, and the priorities for the year ahead.</p> <p>One of the biggest achievements, Staff Excellence Awards which was changed from a single evening event to a celebration spread over several months.</p>

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	<p>The Director of Corporate Governance expressed a 'thank you' for the team for high-quality work both internally and externally.</p> <p>The Committee NOTED, DISCUSSED and took ASSURANCE from the Engagement and Communication Team Q3 Impact and Delivery Assurance Report.</p>
W&C/23/47	<p>AGILE WORKING</p> <p>The Assistant Director of Capital and Estates presented the paper which focuses on the relocation of staff from Neuadd Brynchienog, Brecon to the Bronllys site, with the benefit of relinquishing the lease with Powys County Council. Attention was drawn to the lessons learnt:</p> <ul style="list-style-type: none"> • Cultural challenges such as ownership of desks; • No standard system for booking meeting rooms; • Digital/Connectivity - IT is looking at the Halo system; • Structural challenges with the layout of the building – no open spaces; and • No breakout spaces. <p>In contrast a new building has been acquired in Spa Road, Llandrindod Wells which is laid out in an agile working fashion, with open plan areas, tea points and breakout rooms. Staff are keen to move into a modern fit for purpose environment. Space is being allocated on business need basis, and where leases can be relinquished.</p> <p>Welsh Government are focused on agile working, and are offering a monitoring system called Occupy, to build up data to make managerial decisions which can be implemented across the estate.</p> <p>Feedback from other Health Boards generally, in non-clinical space the utilisation is approximately 42% indicating there are opportunities to use space more effectively, although there further challenges due to the geographically dispersed estate.</p> <p><i>What are the next steps for the agile working programme?</i></p> <p>The Assistant Director of Capital and Estates advised that this is a focus for the Property and Accommodation Group. The Occupy system is being considered to provide management data to understand where this practice can be implemented more widely. The lessons learnt from the Bronllys move will provide more guidance.</p>

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	<p>It is recognised that Managers are applying guidance of their own in individual Departments, there needs to a framework for a consistent approach.</p> <p><i>There are tools to measure impact and usage, is staff perception and what they're finding great, and what they find not so great, being fed into the work?</i></p> <p>The Assistant Director of Capital and Estates noted an improvement of the working environment is a key element of making Powys a great place to work.</p> <p>The Committee RECEIVED the update on Agile Working.</p>
W&C/23/48	<p>WORKFORCE PERFORMANCE REPORT</p> <p>The Deputy Director of Workforce and Organisational Development introduced the report, which provided an insight to the impact from the actions taken. The results from the national survey will give a sense of staff morale regarding the Sustainability and Transformation projects. Attention was drawn to:</p> <ul style="list-style-type: none"> • There has been an increase in staff turnover, potentially due to the aging workforce taking retirement, this makes retention difficult; • An increase in statutory mandatory compliance; • A slight improvement on Performance Appraisal and Development Review (PADR) compliance; and • A downward trend in sickness absence, better than the All-Wales position. <p><i>Regarding the non-compliance with PADR's in Primary Care, is this because there is high turnover of staff and sickness?</i></p> <p>The Deputy Director of Workforce and Organisational Development advised there has been significant sickness within this small team over the past year; this has a bearing on the compliance statistics.</p> <p>The use of agency staff remains high in this area. There is a need to determine the percentage of agency staff being used in the different areas.</p> <p>The Committee RECEIVED the Workforce Performance report and NOTED the progress being made.</p>
ITEMS FOR DISCUSSION	

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	There were no items for inclusion in this section.
ESCALATED ITEMS	
	There were no escalated items to consider.
ITEMS FOR INFORMATION	
	There were no items for information.
OTHER MATTERS	
W&C/23/49	<p>COMMITTEE RISK REGISTER – RISKS OVERSEEN BY THIS COMMITTEE</p> <p>The Director of Corporate Governance presented the item which outlined the single risk that falls under the remit of this Committee’s Terms of Reference. This version of the register was presented to Board in January, a further update will be due to Board in March.</p> <p>The Committee CONSIDERED the December 2023 version of the Committee Risk Register,</p>
W&C/23/50	<p>COMMITTEE WORK PROGRAMME</p> <p>The Work Programme was received for information.</p>
W&C/23/51	<p>ANNUAL SELF ASSESSMENT OF COMMITTEE EFFECTIVENESS 2023/2024</p> <p>The Director of Corporate Governance gave the presentation, thanking those who had participated in the effectiveness survey. This is a requirement in the Standing Orders and an exercise across the whole cycle of Committee meetings in this quarter.</p> <p>The survey is split into several sections; there is a consistent level of positivity. The few actions identified will be taken forward.</p> <p>This is an ongoing process, comments were welcomed.</p> <p>The Committee NOTED the contents of the presentation.</p>
W&C/23/52	COMMITTEE TERMS OF REFERENCE REVIEW

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	<p>The Director of Corporate Governance noted there are no significant changes required.</p> <p>It was proposed moving the Health and Safety and Fire Safety Standards Regulations from the Delivery and Performance Committee to the Workforce and Culture Committee. The Committee had no objection to this proposal.</p> <p>The Committee AGREED that the Chair of the Committee and Director of Corporate Governance finalise any recommendations to the Board.</p>
W&C/23/53	<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/23/54	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no other urgent business.</p>
W&C/23/55	<p>DATE OF THE NEXT MEETING: 4 June 2024</p>

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Health Board

Workforce Performance Report

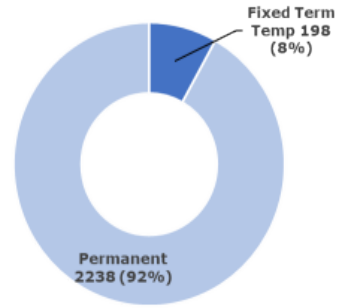
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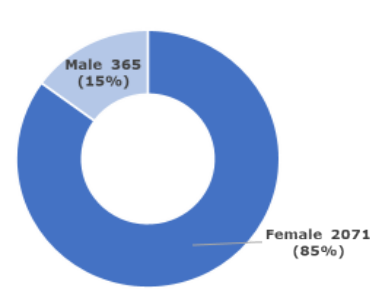
Staff in Post WTE



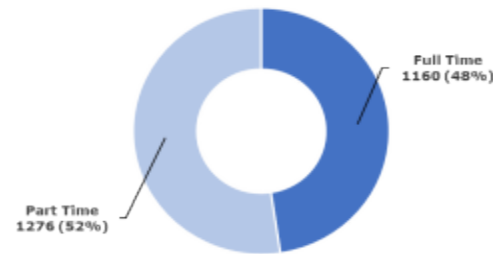
Assignment Status



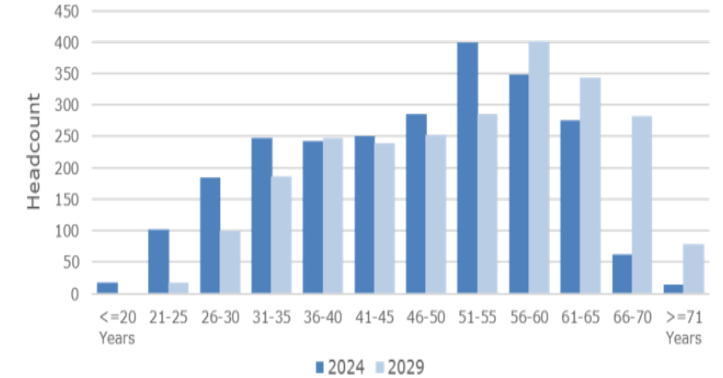
Employee Gender



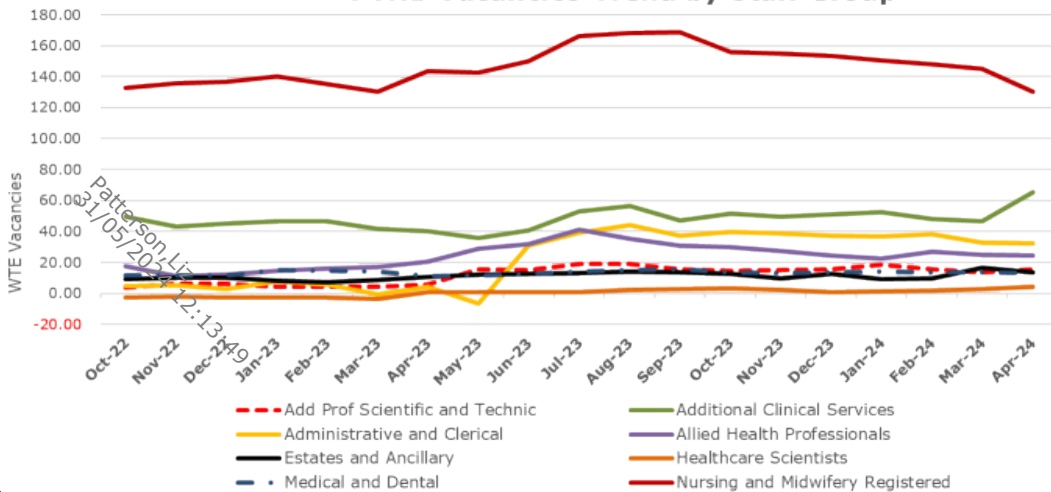
Employee Category



PTHB Age Profile 2024 & 2029



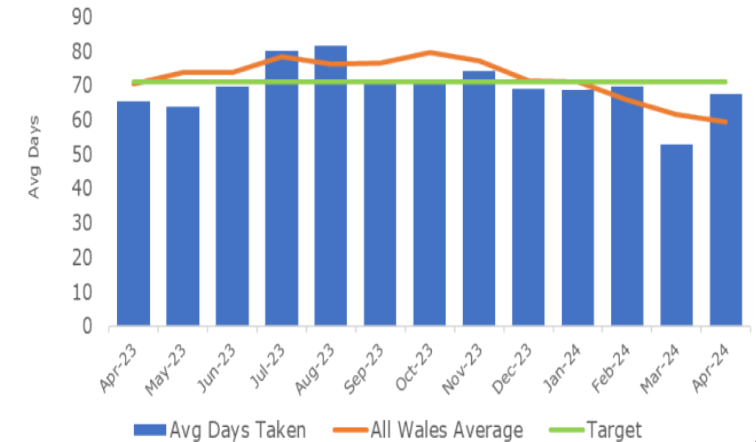
PTHB Vacancies Trend by Staff Group



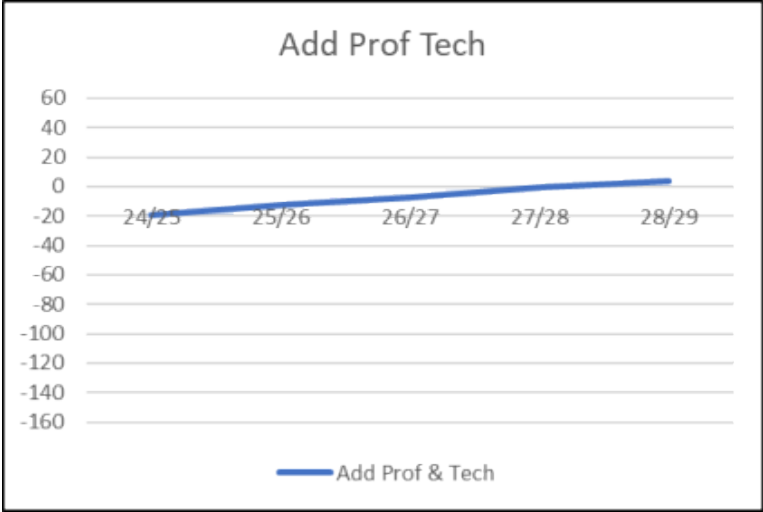
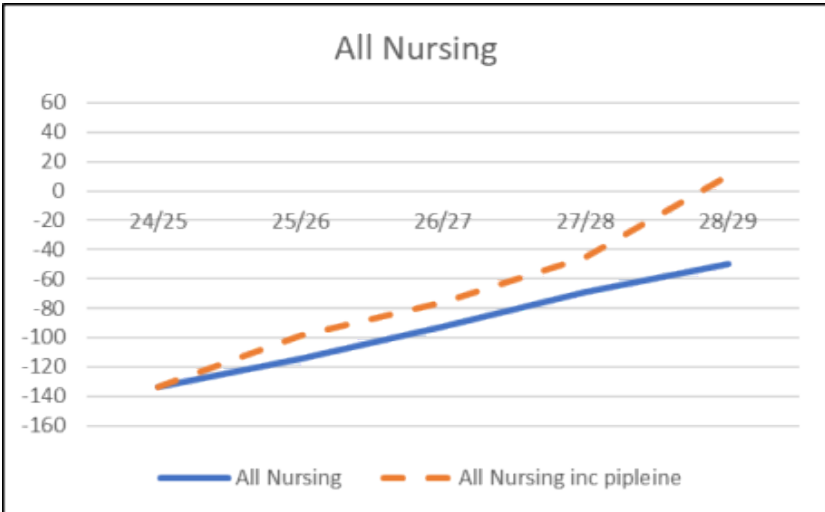
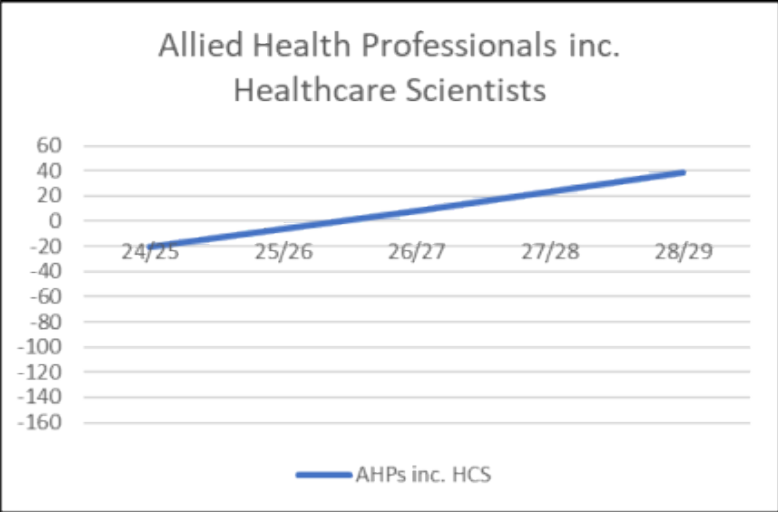
April 2024

	Target time in days	Powys Average	All Wales Average
Notice date to authorisation start date	5	55.1	51.2
Time to Approve Vacancies	10	8.2	7.4
Time to Advertise Vacancies	2	1.9	1.6
Time to move to shortlisting	2	1.1	1
Time to Shortlist	3	6	6.5
Time to update interview outcomes	3	1.8	3.2
Time to send Conditional Offer Letter	4	3.5	3.5
Time to check references	2	5.3	3.1
Checks ok to ready for Start date	2	1.8	1.9
Vacancy creation to conditional offer	44	42	46.2
Conditional Offer to ready for Start Date	27	16.3	12.9
Vacancy creation to ready for Start Date	71	67.5	59.4

Average Days taken from Vacancy Creation to Start Date



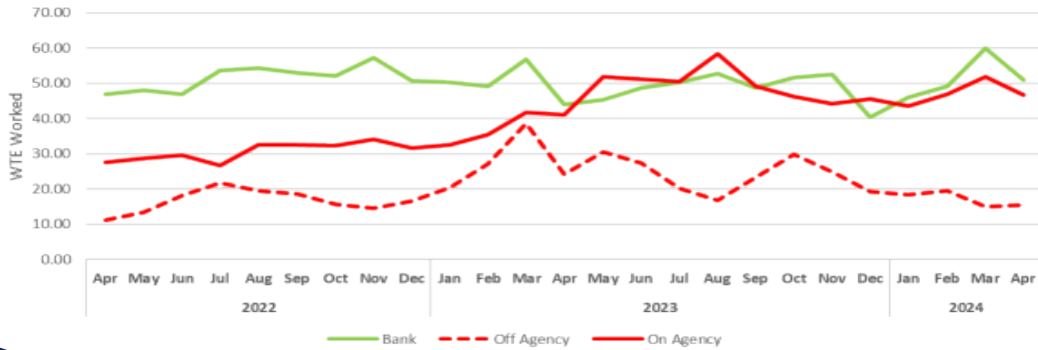
Workforce Modelling Projections



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Staff Transformation & Sustainability of the Workforce

Total Agency/Bank Worked - 2022/23 & 2023/24 (Exc Medical)



Average Bank Worked – 12 Months

50.1 WTE



Previous 12 months
Average Worked 51.4 WTE

Average Agency Worked – 12 Months

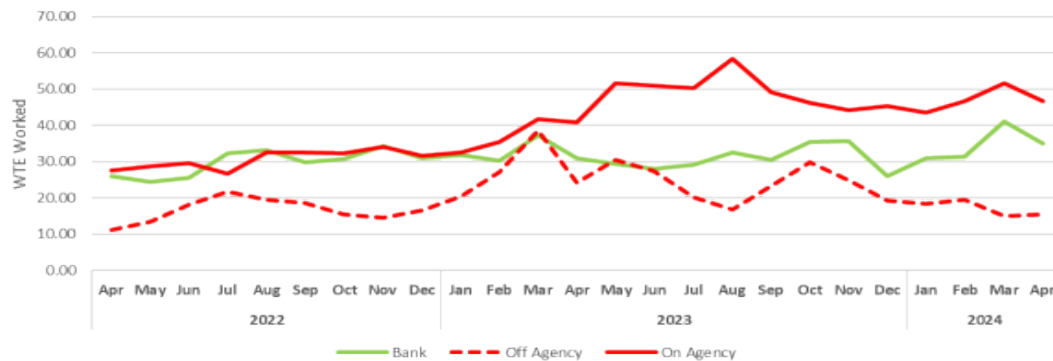
70.6 WTE



On Con (48.9 WTE)
Off Con (21.7 WTE)

Previous 12 months
Average Worked 54.0 WTE
On Con (33.3 WTE) & Off On (20.7 WTE)

Nursing (RN's & HCSW's) Agency/Bank Worked - 2022/23 & 2023/24



Average Bank Worked – 12 Months

32.1 WTE



Previous 12 months
Average Worked 31.0 WTE

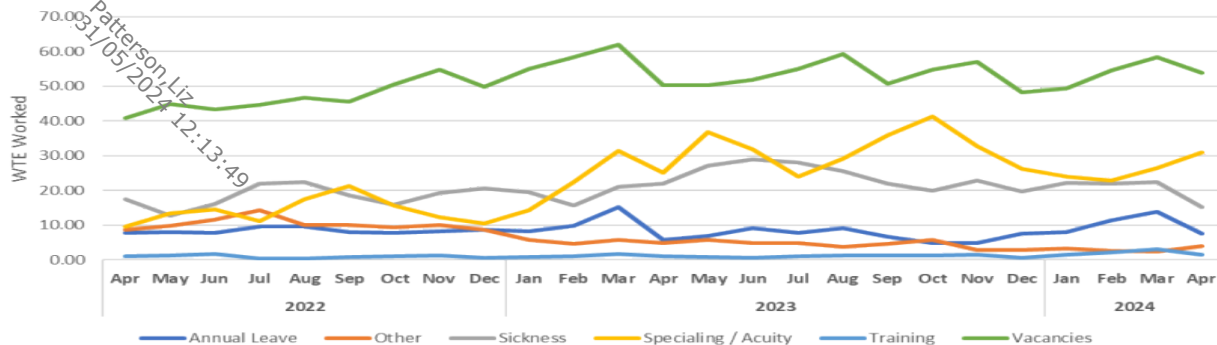
Average Agency Worked – 12 Months

70.5 WTE



Previous 12 months
Average Worked 54.0 WTE
On Con (33.3 WTE) & Off Con (20.7 WTE)

Total Monthly Agency/Bank Worked Reasons - 2022/23 & 2023/24



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.

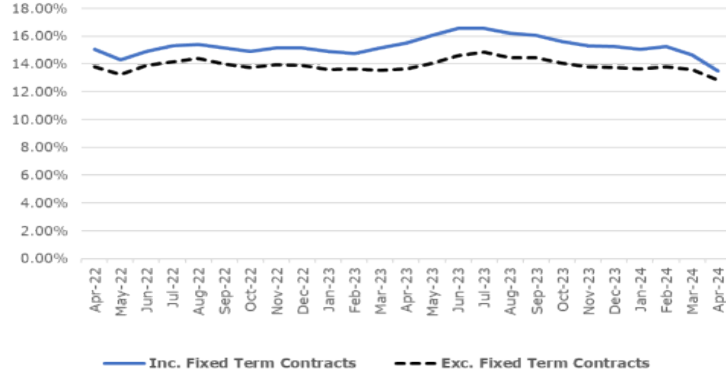
Bank / Agency	On/Off Contract Agency	2023/2024 12 Months		2024/2025 1 Month	
		No of Shifts	Hours	No of Shifts	Hours
Agency	On Agency	9,317	94,598	762	7,627
	Off Agency	4,787	43,903	275	2,526
Agency Total		14,104	138,501	1,037	10,153
Bank	Bank	12,993	96,070	1,098	8,288
Bank Total		12,993	96,070	1,098	8,288
Grand Total		27,097	234,571	2,135	18,441

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 1992.84 WTE staff. Over the last 12 months, the WTE staff employed has increased by 3.83% (73.53 WTE).</p> <ul style="list-style-type: none"> • 8% (198) of the workforce are currently on fixed term contracts • 85% (2,071) of the workforce are female. • 52% (1,276) work part time. • 19 WTE aspiring nurses are employed by the health board <p><u>Recruitment & Vacancies</u></p> <ul style="list-style-type: none"> • As of April 2024, the organisation has a vacancy rate of 13.14% (298.62 WTE). • The average time to hire across NHS Wales for April 2024 is 59.4 days, the target is 71 days. In April 2024, the average time to hire for PTHB was 67.5 days. <p>The majority of vacancies remain within Registered Nursing, of which out of a budgeted establishment of 706.97 WTE, there are 137.3 WTE vacancies (19.42%). Of these 47.32 WTE are within Adult Wards and 12.94 WTE on Mental Health Wards.</p> <p><u>Bank & Agency Usage</u> Between April 23 and April 24, a monthly average of 50.1 WTE Bank shifts were worked, along with 70.6 WTE Agency shifts (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 12 months;</p> <ul style="list-style-type: none"> • 14,104 agency shifts (138,501 hours) were worked • 12,993 bank shifts (96,070 hours) were worked 	<p><u>Staff in Post</u></p> <ul style="list-style-type: none"> • 29% (692 Headcount) of the workforce are currently over the age of 56, this will increase to 45% (1074) in 2029. • As of April 2024, 204 of Registered Nurses within the organisation are over the age of 56. <p>Based on workforce profiling projections, the nursing workforce is likely to continue to have vacancy gaps based on the current establishments, with the current known pipelines having the greatest impact in 2027/28.</p> <p><u>Recruitment & Vacancies</u> When compared to April 2023, in April 2024 there is a 26% increase in the overall vacancy rate. However, this is partially linked to an increase to budgeted establishments across all areas.</p> <p><u>Bank & Agency Usage</u> Vacancies continues to be one of the highest contributing reasons for bank and agency requests.</p> <p>The average agency usage in the last 12 months has increased by an average of 16.6WTE when compared to the average agency usage between 2022/23. Comparatively, bank usage has seen a small decrease of 1.3 WTE.</p>	<p><u>International Recruitment</u> A cohort of 9 Internationally Trained Nurses (IEN's) deployed to Welshpool & Llandrindod Wells hospitals have 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 4 IEN's were deployed to Llanidloes in February and are due to take their OCSE exam in May. • There is an intake of a further 6 IEN's planned for June/July to be recruited to Newtown Hospital. <p>PTHB attended an all-Wales international medical recruitment event in Kerala, India. The trip has resulted in 3 conditional offers of appointment being made to experienced Speciality Doctors. A memorandum of understanding has been agreed nationally with the Kerala government for the development of a long-term recruitment pathway for that will also benefit PTHB.</p> <p><u>Variable Pay</u> A variable pay group has been established and continues to meet to review the agency dashboard developed by Workforce and Finance. The variable pay plan outlines a number of actions to support a reduction in the use of agency. Weekly monitoring of all Bank recruitment is in place to ensure fast track of applicants through the pre-employment stages.</p> <p><u>Recruitment Approach</u> An open day was held at Bronllys Hospital on Thursday 16th May. At this event those who attended were given the opportunity to have an interview on the day and if successful start their Pre-Employment Checks. At the event we successfully interviewed and offered 6 Health Care Support Workers and 1 Registered Mental Health Nurse at the event.</p>

Great Place to Work

Rolling Turnover - Apr-22 to Apr-24



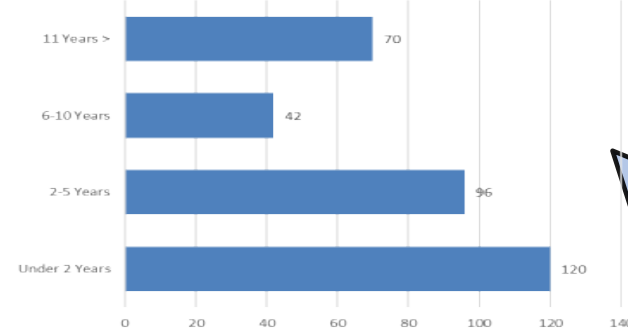
Turnover - Staff Stability Percentage of Staff Retained over last 12 months (exc Fixed Term)

86%

Staff Turnover :
 Apr-24: 13.5% (12.9% Exc F/T)
 Apr-23: 15.0% (13.8% Exc F/T)
 NHS Wales 7.4% (Feb-24)



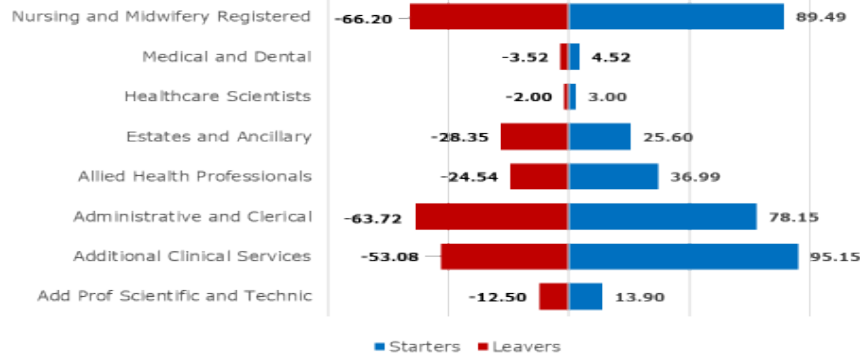
Leavers by Length of Service - May-23 to Apr-24



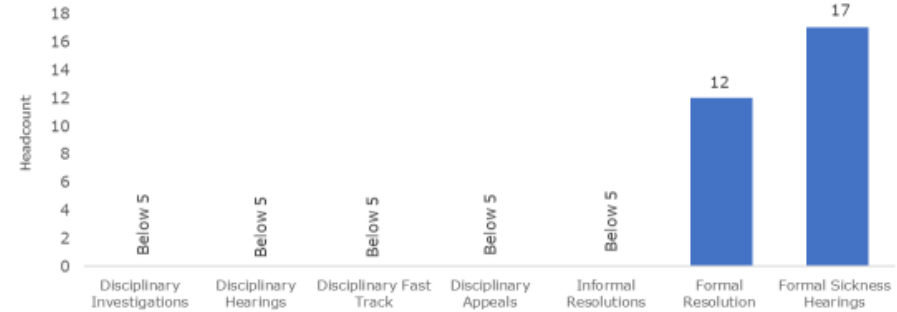
Of the 328 leavers in the last year 120 left the organisation within 2 years of service of which 34 were fixed term. Of the 328-

- 67 left due to Age Retirement
- 14 left on Flexi Retirement
- 198 left due to Voluntary Resignation
- 25 due to end of fixed term Contract – mainly Admin
- 89 Registered Nurses left, 23 due to age retirement, 8 flexi retirement.

Leavers v Starters by Staff Group - 12 month



Formal Employee Relations Activity 12 Months

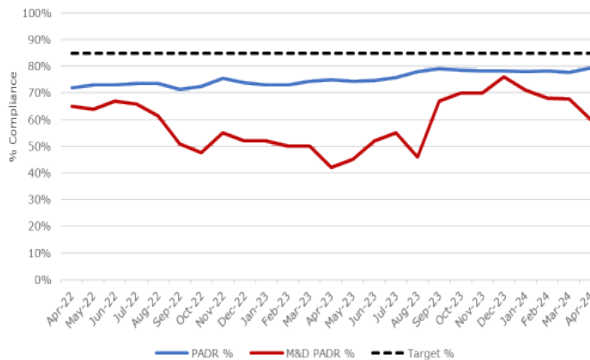


PADR Compliance – Apr-24

79%

Medical & Dental (60%)
 NHS Wales 75% (Feb-24)

PADR Compliance Trend

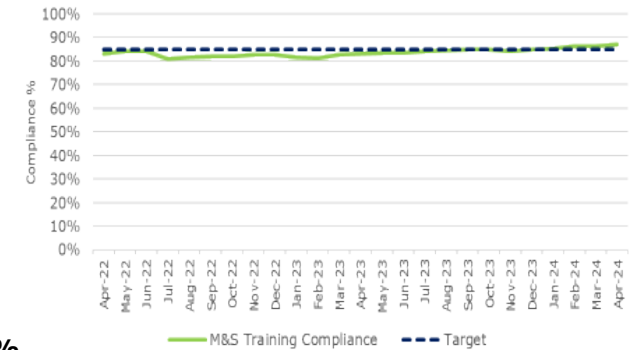


Mandatory & Statutory Training Compliance Apr-24

87%

NHS Wales 84% (Feb-24)

Mandatory & Statutory Training Compliance Trend



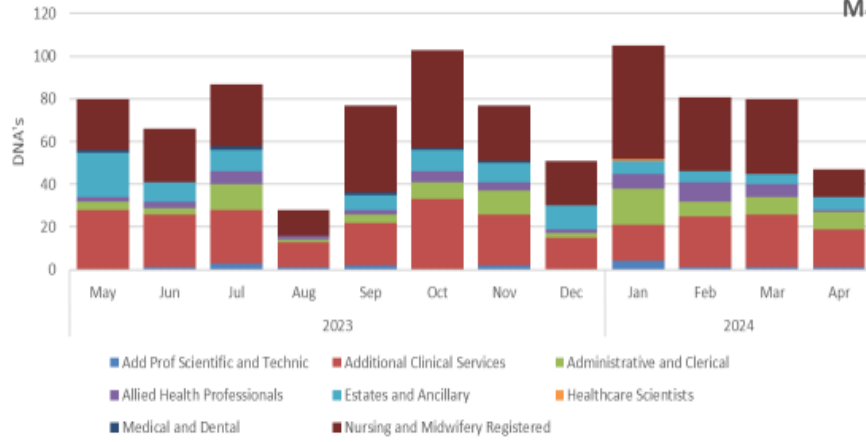
Compliance Apr-23 : 75%
 M&D: 42%



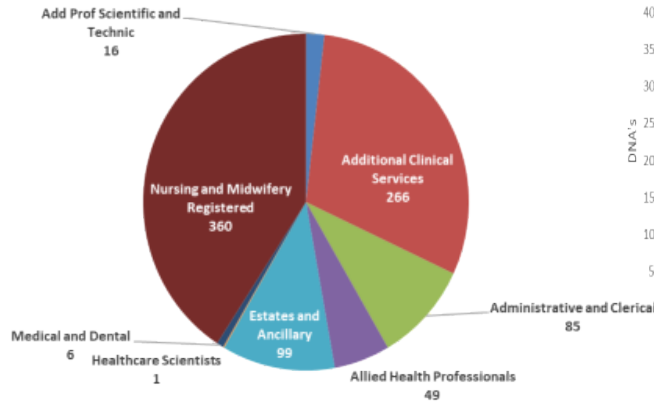
Compliance Apr-23 : 83%

Great Place to Work

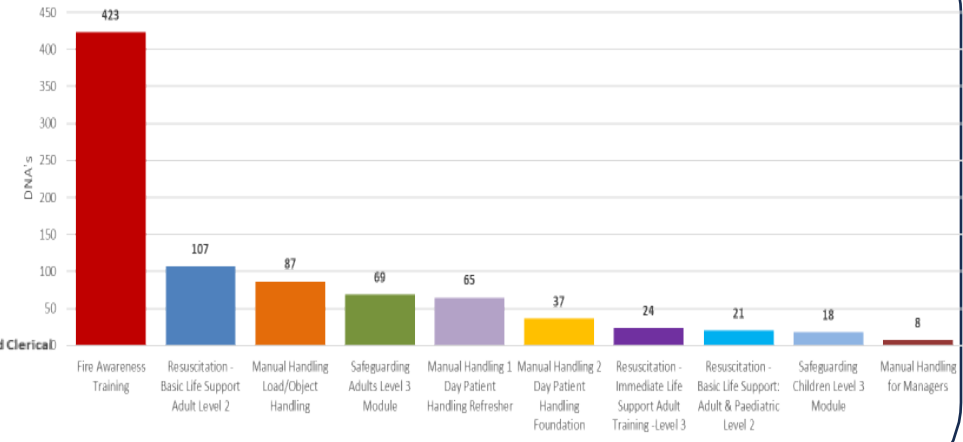
Mandatory & Statutory Training DNA Rates by Month & Staff Group



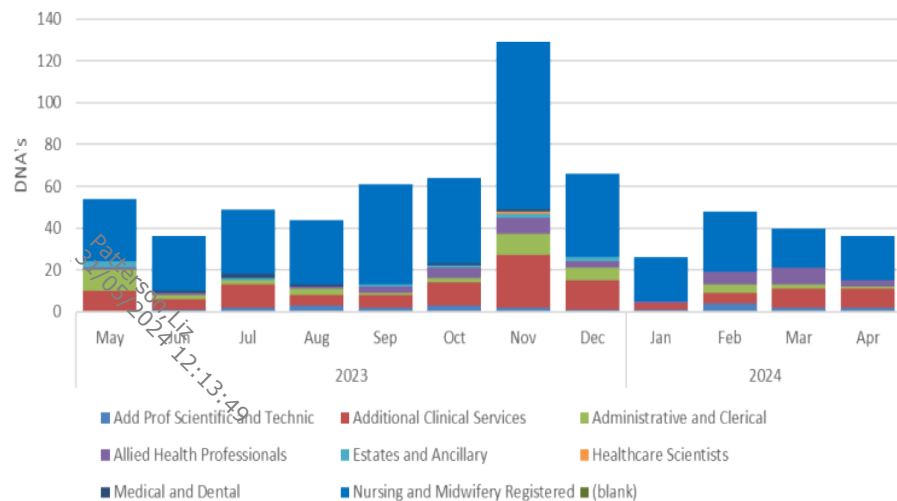
M&S Training DNA's by Staff Group - May-23 to Apr-24



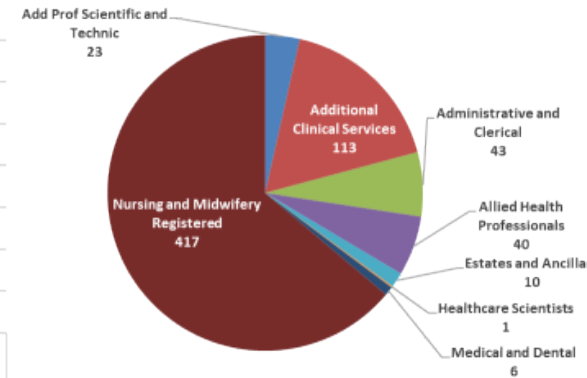
Top 10 Mandatory & Statutory Training Courses DNA's - May-23 to Apr-24



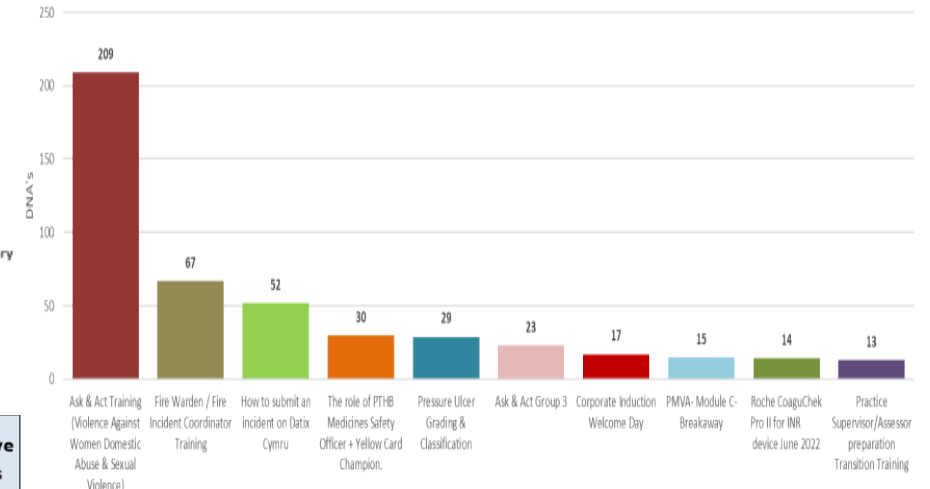
Role Specific Training DNA Rates by Month & Staff Group



Role Specific Training DNA's by Staff Group - May-23 to Apr-24



Top 10 Role Specific Training Courses DNA's - May-23 to Apr-24



	Total Apr-23	Cummulative 12 months
Mand & Stat Training DNA's	47	882
Other Role Specific DNA's	36	653
Grand Total	83	1535

Great Place to Work

What the chart tells us	Areas of Concern	Actions/Mitigations
<p><u>Turnover</u> Turnover shows a rolling rate of 13.5% for April 2024, a decrease of 1.5% when compared to April 2023 (15.0%).</p> <ul style="list-style-type: none"> Excluding staff on fixed term contracts, turnover in April is 12.9%. The Health Board has a Staff stability index of 86.94% (excluding fixed term contracts). <p><u>Employee Relations</u> In the last 12 months there were 17 formal sickness hearings and 12 formal resolution meetings, all other areas reported under 5.</p> <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 April 24 is at a rate of 79% which is an increase of 4% when compared to April 23. Medical & Dental reported at 60%. The health board benchmarks positively when compared with All Wales position of 75% (February 2024). <p><u>Mandatory & Statutory Training</u> Compliance of Mandatory and Statutory includes all competencies attached to positions.</p> <ul style="list-style-type: none"> The health board and reported a rate of 87% for April 24, an improvement of 4% when compared to April 23 The health board benchmarks positively when compared with All Wales position of 84% (February 2024). 	<p><u>Turnover</u> Organisation turnover is 6.1% higher than the All-Wales NHS position (7.4%).</p> <ul style="list-style-type: none"> 36.59% (120) staff left the organisation within 2 years of service 60.37% (198) of the 328 staff that left were due to voluntary resignation. 21.95% (72) staff left due to age retirement <p><u>Employee Relations</u> There are no distinct themes identified by directorate or service, however, a review of formal disciplinary activity identified that approximately 59% of cases are linked broadly to allegations around behaviour and standards of practice/following set procedures/policies.</p> <p><u>PADR</u> There has been little change overall to PADR compliance in the last 6 months. However, Medical & Dental compliance has seen a downward trend.</p> <p><u>Mandatory & Statutory Training</u> A total of 48 DNA's were recorded for Mandatory & Statutory Training (10 Core competencies) in Apr-24, along with 57 role specific competencies. In the last year data shows that there 1,560 DNA's in total. The top training courses with the most DNA's were Fire Awareness training and Ask & Act (VAWDA&SV)</p>	<p><u>Turnover</u></p> <ul style="list-style-type: none"> Staff Roadshows continue to take place across all hospital sites. The Workforce and OD Directorate continue to roll out Team Climate surveys which will support managers and teams to identify actions which they can take to support retention. The Workforce Retention Lead has begun staff engagement through face-to-face contact and a MS Form. An organisation level Nursing retention self-assessment has been completed and the outcome of this, along with staff survey and engagement results will be utilised within a retention steering group, to begin work to address staff retention. <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>In May 2024, the health board was highly commended at the national HPMa awards for the ongoing partnership working approach</p> <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>

Employee Health & Well Being

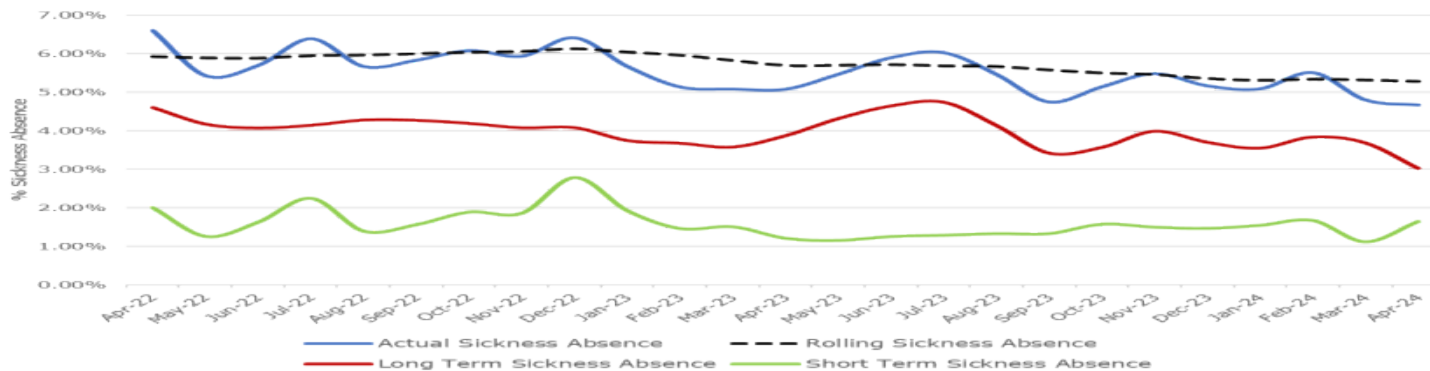
Sickness Absence Percentage Apr-24:

4.67% (Actual)
5.28% (Rolling)



Apr-23 -5.07% (Actual)
5.70% (Rolling)

Sickness Absence Rate



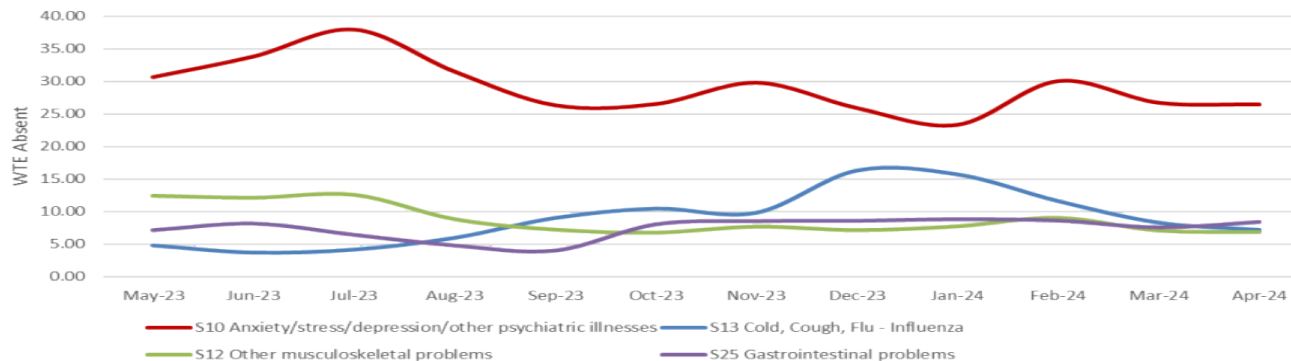
Sickness Absence May-23 to Apr-24 Average Number of Staff lost per month:

90.6 WTE

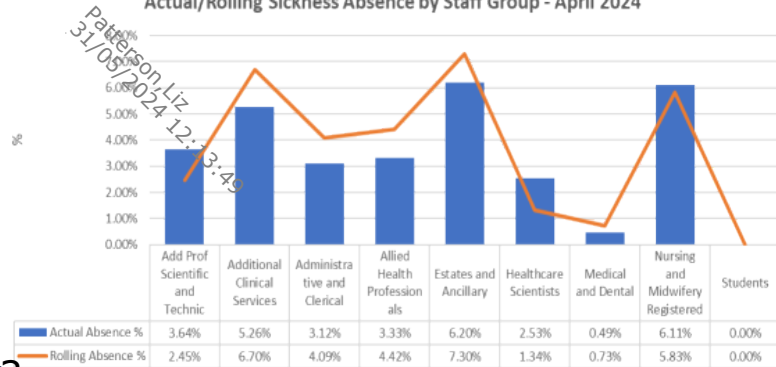


May-22 to Apr-23: 108.7 WTE

Top 4 Absence Reasons - WTE Staff Absent by Month



Actual/Rolling Sickness Absence by Staff Group - April 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 April 2024 is reported at 4.67%, **0.40%** lower than April 2023 (5.07%).
- Rolling sickness for April 24 is 5.38%, 0.32% lower than April 23 (5.7%).

The organisation saw an average of **92.1 WTE** absent in the last 12 months, which is considerably lower when compared to 2022/23 with **110.8 WTE**.

The four top reasons for sickness identified within the charts are accountable for **52.8%** of all sickness reported in the last 12 months.

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

- Anxiety/ Stress/ Depression saw 28.2 WTE (52 headcount) staff absent.
- Gastrointestinal Problems 8.6 WTE (43 headcount)
- Chest & Respiratory Problems 8.5 WTE (25 headcount)
- Cold, Cough, Flu – Influenza 7.5 WTE (42 headcount)

Areas of Concern

Sickness Absence

Rolling sickness absence for the year is particularly high in:

- Additional Clinical Services (6.76%) *majority of days lost were due e Anxiety, Stress & Depression and Other Musculoskeletal problems*
- Estates & Ancillary (7.30%) *majority of days lost were due Anxiety, Stress & Depression and Other Musculoskeletal problems*
- Nursing & Midwifery Registered (5.87%) *majority of days lost were due to Anxiety, Stress & Depression and Injury and fracture.*

Actions/Mitigations

The WOD BP team have updated the managers toolkit to support the deployment of the All Wales Managing Attendance at work policy.

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.

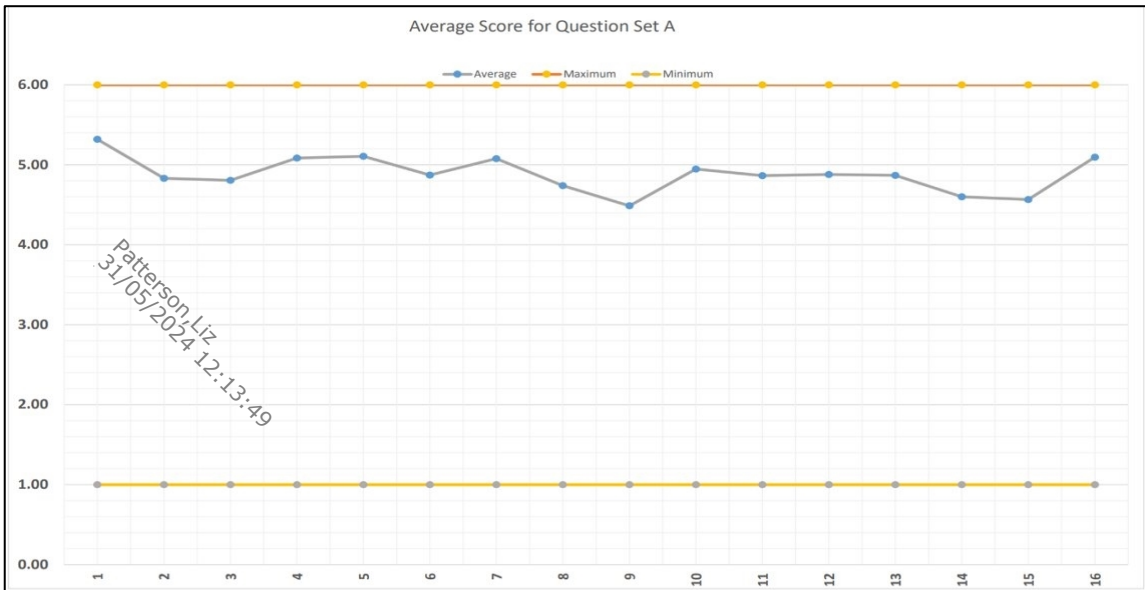
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Team Climate Survey

Whole Organisation responses for Team Climate Survey 2023/24 - 481 responses
 Areas undertaken– Women & Children/WOD/Finance & Digital Transformation

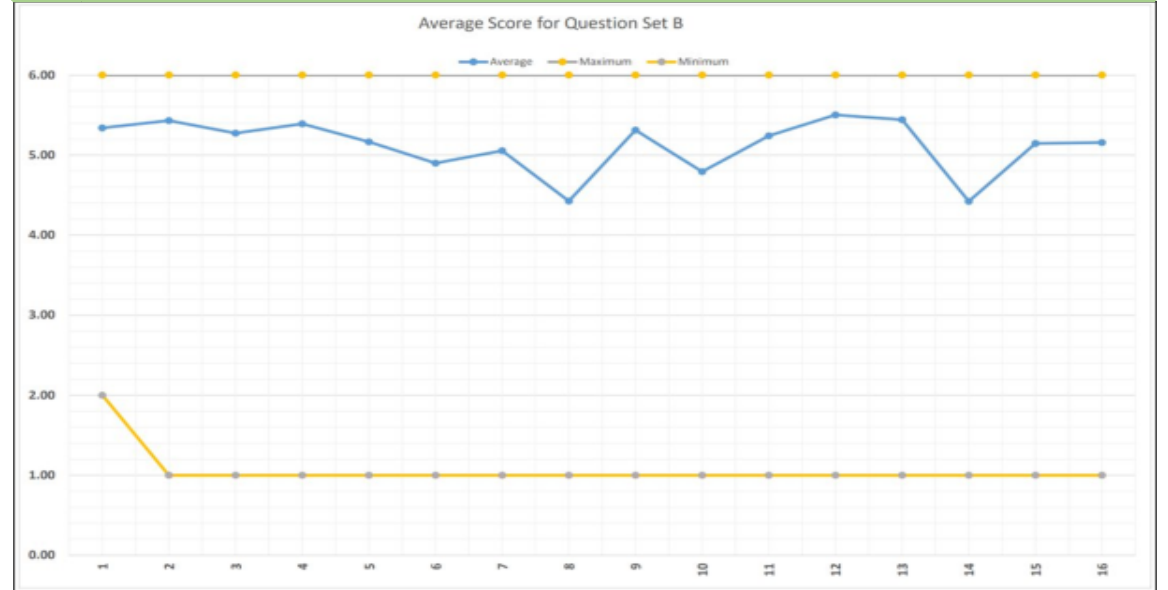
Question Set A – About the Team

1	I see my colleagues as people I can turn to for help
2	I have regular, meaningful one-to-ones and annual PADR with my Line manager
3	When things go wrong, people are open and honest about this – e.g. no blame is attached and we seek to learn from the incident
4	We seek and use feedback from others
5	We know how our team is performing
6	Conflict does not linger in this team
7	We hold each other to account for our behaviours and actions
8	I regularly receive praise and/or thanks from my line manager
9	Our team is committed to making improvements
10	We have a team environment where people are happy to ask questions or raise concerns
11	Our team is clear about why it exists within Powys Teaching Health Board and what it must do
12	All team members are treated fairly
13	In meetings we listen to and respect each other's view
14	We celebrate successes within the team
15	We understand the needs of our customers (those who use the work we do in our team)
16	Our team has clear objectives to achieve



Question Set B – About You

1	I learn from feedback I receive
2	I am flexible in the way I work to meet changing situations
3	I am proactive in making improvements in my job/work area
4	I actively take responsibility for my self-development
5	My line manager takes an interest in my wellbeing
6	My thoughts and ideas are utilised by team
7	I feel valued and supported as an individual team member
8	At the end of the working week, I feel a sense of progress
9	I am responsive to the wellbeing needs of my colleagues
10	My work tasks and objectives are clearly defined
11	I am proactive in ensuring that colleagues who need to know about my work are informed
12	When I make mistakes, I am open and honest about them in order to learn how to reduce them in the future
13	I feel committed to the team in which I work
14	I look forward to team meetings
15	I feel able to make decisions about my work without constantly having to seek my line manager's approval
16	I have confidence in my line manager/supervisor



Team Climate Survey

What the results tell us

Team Climate surveys have been undertaken with the following directorates:

- Women's & Children's
- Workforce & OD
- Finance & Digital Transformation
- Mental Health and LD
- Currently live in Support Services

The surveys focus on two different question sets:

- A: Relates to questions about the team
- B: relates to questions about the individual

The overall scoring ranges between 0 -6, the results of the surveys have indicated that on average, the directorates have scored between 4 - 6 for all questions.

Areas of Concern

It is anticipated that team climate survey data will be supplemented by the NHS Wales Staff Survey results. The Workforce & OD will continue to roll out team climate surveys across directorates to supplement are overall understanding of the team climates across the organisation.

Actions/Mitigations

Each Directorate has been supported to progress on those areas where there were lower scores or areas for improvement.

The Workforce & OD team continues to roll out a programme of team climate surveys across the organisation.

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Workforce Monthly Dashboard – April 2024

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

Staff Group	Actual Contracted WTE	Budgeted WTE	Vacancy WTE	Vacancy %	Monthly Sickness %	Rolling Sickness %	Bank WTE in Month	Agency Use Off Contract WTE	Agency Use On Contract WTE	Agency WTE use in Month	PADR %	M&S Training %	External Starters in Month WTE	Leavers in Month WTE	Bank to Substantive	Substantive to Bank	12 month Rolling Turnover Rate (Headcount)	12 month Rolling Turnover Rate (Exc. Fixed Terms)
Add Prof Scientific and Technic	82.54	98.30	15.76	16.03%	3.64%	2.45%	1.37	0.00	0.00	0.00	78%	84%	1.80	0.00	1.00	0.00	14.00%	14.00%
Additional Clinical Services	393.26	458.29	65.03	14.19%	5.26%	6.70%	16.29	3.56	22.47	26.03	69%	88%	4.90	1.80	2.01	0.00	13.04%	12.24%
Administrative and Clerical	561.81	594.16	32.35	5.44%	3.12%	4.09%	5.43	0.00	0.00	0.00	86%	92%	6.20	3.48	0.00	0.00	12.51%	11.29%
Allied Health Professionals	148.22	172.40	24.18	14.02%	3.33%	4.42%	0.85	0.00	0.22	0.22	84%	85%	3.25	3.00	0.00	0.00	17.37%	16.82%
Estates and Ancillary	166.13	179.51	13.38	7.45%	6.20%	7.30%	6.41	0.00	0.00	0.00	86%	86%	3.57	0.80	0.80	0.00	17.45%	17.00%
Healthcare Scientists	9.21	13.32	4.11	30.83%	2.53%	1.34%	0.00	0.00	0.00	0.00	80%	95%	0.00	0.00	0.00	0.00	22.22%	22.22%
Medical and Dental	34.36	47.68	13.32	27.94%	0.49%	0.73%	0.00	3.16	1.31	4.48	60%	67%	0.00	0.00	0.00	0.00	13.46%	9.62%
Nursing and Midwifery Registered	577.48	707.97	130.49	18.43%	6.11%	5.83%	20.50	11.94	24.12	36.06	77%	85%	9.16	1.60	0.00	0.00	12.42%	12.43%
Students					0.00%	0.00%	0.00	0.00	0.00	0.00	100%	89%	0.00	0.00	0.00	0.00	0.00%	0.00%
Grand Total	1973.01	2271.63	298.62	13.15%	4.67%	5.28%	50.86	18.67	48.12	66.78	79%	87%	28.89	10.68	3.81	0.00	13.51%	12.86%

- 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)

Directorate	Actual Contracted WTE	Budgeted WTE	Vacancy WTE	Vacancy %	Monthly Sickness %	Rolling Sickness %	Bank WTE in Month	Agency Use Off Contract WTE	Agency Use On Contract WTE	Agency WTE use in Month	PADR %	M&S Training %	External Starters in Month WTE	Leavers in Month WTE	Bank to Substantive	Substantive to Bank	12 month Rolling Turnover Rate	12 month Rolling Turnover Rate (Exc. Fixed Terms)
Chief Executive Office	26.60	26.86	0.26	0.97%	7.31%	1.72%	0.00	0.00	0.00	0.00	83%	82%	0.00	0.00	0.00	0.00	15.00%	5.00%
Community Care & Therapies	794.27	948.41	154.14	16.25%	4.66%	6.27%	28.07	8.09	30.45	38.54	76%	88%	13.61	6.48	1.59	0.00	13.19%	12.79%
Community Dental Service	44.47	51.89	7.42	14.31%	3.31%	2.25%	0.00	0.00	0.00	0.00	69%	83%	1.80	0.00	0.00	0.00	3.31%	3.31%
Corporate Governance – Communications	8.30	4.00	-4.30	-107.50%	1.62%	1.76%	0.00	0.00	0.00	0.00	87%	94%	0.00	1.00	0.00	0.00	19.35%	19.35%
Estates & Works	48.11	48.21	0.10	0.21%	1.87%	2.68%	0.00	0.00	0.00	0.00	85%	94%	2.00	0.00	0.00	0.00	10.31%	10.31%
Facilities & Health and Safety	152.05	163.65	11.60	7.09%	7.37%	7.49%	0.00	0.00	0.00	0.00	89%	86%	1.57	0.80	0.80	0.00	17.10%	16.63%
FID Finance Directorate	84.36	92.35	7.99	8.66%	3.64%	3.71%	6.37	0.00	0.00	0.00	94%	89%	0.00	0.00	0.00	0.00	9.94%	8.84%
MED Medical Directorate	9.37	12.21	2.84	23.27%	0.00%	1.13%	0.00	0.00	0.00	0.00	70%	70%	0.00	0.00	0.00	0.00	13.79%	6.90%
Medicines Management	30.24	30.95	0.71	2.29%	3.53%	2.41%	0.29	0.00	0.00	0.00	91%	94%	0.60	0.00	1.00	0.00	17.39%	14.49%
MHD Mental Health	388.60	495.01	106.41	21.50%	5.03%	5.37%	13.47	10.57	17.67	28.24	68%	82%	4.70	0.00	0.00	0.00	12.13%	11.91%
NUD Nursing Directorate	30.11	30.58	0.47	1.55%	4.00%	6.79%	0.00	0.00	0.00	0.00	88%	95%	1.00	0.00	0.00	0.00	5.71%	5.71%
PHD Public Health Directorate	54.69	69.55	14.86	21.37%	3.36%	3.78%	0.43	0.00	0.00	0.00	96%	96%	0.00	1.40	0.00	0.00	14.19%	14.19%
PLD Planning Directorate	33.89	37.29	3.40	9.11%	1.13%	3.31%	0.00	0.00	0.00	0.00	91%	92%	1.00	0.00	0.00	0.00	11.94%	11.94%
Primary Care	17.89	12.54	-5.35	-42.69%	3.87%	2.41%	0.00	0.00	0.00	0.00	40%	89%	0.00	0.00	0.00	0.00	61.82%	61.82%
THD Therapies & Health Sciences Directorate	15.00	15.53	0.53	3.41%	1.23%	6.88%	0.00	0.00	0.00	0.00	100%	95%	0.80	1.00	0.00	0.00	48.78%	34.15%
WOD Directorate	52.39	46.89	-5.50	-11.74%	6.27%	3.80%	0.00	0.00	0.00	0.00	93%	93%	0.00	0.00	0.00	0.00	10.71%	10.71%
Women and Children Directorate	182.68	185.71	3.03	1.63%	4.68%	3.56%	2.23	0.00	0.00	0.00	89%	88%	1.80	0.00	0.43	0.00	10.76%	9.87%
Grand Total	1973.01	2271.63	298.62	13.15%	4.67%	5.28%	50.86	18.67	48.12	66.78	79%	87%	28.89	10.68	3.81	0.00	13.51%	12.86%

Agenda item: 2.1a

Workforce and Culture Committee		Date of Meeting: 4 June 2024
Subject :	Annual Medical Job Planning report	
Approved and Presented by:	Kate Wright, Executive Medical Director	
Prepared by:	Kate Wright, Executive Medical Director	
Other Committees and meetings considered at:	N/A	

PURPOSE:		
The purpose of this paper is to provide the Workforce and Culture Committee with the annual job planning report for PTHB.		
RECOMMENDATION(S):		
The Committee is asked to:		
<ul style="list-style-type: none"> • RECEIVE the report and take ASSURANCE that annual medical job planning is in place across the Health Board. 		
Approval/Ratification/Decision¹	Discussion	Information
✓	✗	✗

Patterson, L.J.
31/05/2024 14:12:38

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

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

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

EXECUTIVE SUMMARY:

A recommendation of a previous audit report was for a review and monitoring of the job planning process for substantive medical staff. Work was carried out following receipt of the report to review practice, update guidance and to ensure that job plans are up to date. The job planning guidance has since been further reviewed in early 2024.

DETAILED BACKGROUND AND ASSESSMENT:

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

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

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

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

Supporting Professional Activity Allocation

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

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

In 2024 job planning guidance has been updated and awaiting approval at JLNC on the 11th of June 2024. The main change was to ensure consistency with allocation of SPA time in line with the rest of Wales. Evidence of output from SPA time should be presented in job planning meetings and through appraisal.

Current position

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

In Mental Health the Clinical Director and Assistant Director have an established job planning process in line with guidance. For the nine doctors, 4 job plans are complete and 6 are due (booked dates are confirmed).

Job plans for the 3 Occupational Health doctors have been completed within the last 12 months.

There have been challenges in Community Paediatrics and Care of the Elderly

Patterson, Liz
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specialties due to turnover of staff and no Clinical Leads for those areas, however job planning is actively underway for each member of staff (4 consultants and 1 SAS doctor).

NEXT STEPS:

Once the updated Job Planning guidance has been approved by the JLNC group, it will be cascaded to service leads. Through liaison and peer discussion it will be ensured that the job planning process remains aligned to the other Welsh Health Boards. Job planning will continue to be monitored annually.

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

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT					
Equality Act 2010, Protected Characteristics:					
	No impact	Adverse	Differential	Positive	<p align="center">Statement</p> <p align="center"><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p>
Age	x				
Disability	x				
Gender reassignment	x				
Pregnancy and maternity	x				
Race	x				
Religion/ Belief	x				
Sex	x				
Sexual Orientation	x				
Marriage and civil partnership	x				
Welsh Language	x				
Risk Assessment:					
	Level of risk identified				<p align="center">Statement</p> <p align="center"><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p>
	None	Low	Moderate	High	
Clinical	x				

Patterson, Liz
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Financial	X				
Corporate	X				
Operational	X				
Reputational	X				

Patterson, Liz
31/05/2024 12:13:48

Agenda item: 2.2

Workforce and Culture Committee		Date of Meeting: 4 June 2024
Subject:	Directors Report	
Approved and presented by:	Debra Wood-Lawson, Executive Director of People and Culture	
Prepared by:	Sarah Powell Assistant Director OD	
Other Committees and meetings considered at:	Executive Committee 29 May 2024. Also included DP&C report Appendix A that went to LPF on 29 th April 2024	

PURPOSE:

The purpose of this paper is for the Committee to **RECEIVE** the report dated 29 April that went to LPF as an update on priorities within the Workforce section of the Integrated Plan for 2023/24. To **RECEIVE** further updates, post the 29 April as part of this cover paper along with a detailed evaluation of the Academy Career and Education Enterprise Scheme (ACEES)

To take **ASSURANCE** against delivery of those priorities.
The paper also provides an update on any workforce areas identified nationally.

RECOMMENDATION(S):

This Committee is asked to:

RECEIVE appendix A D P&C report to 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 and take **ASSURANCE** against delivery of those priorities.

RECEIVE further updates since the DP&C report and take **ASSURANCE** against those.

RECEIVE appendix B ACEES evaluation 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.

Approval/Ratification/Decision ¹	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
	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:

Appendix A DP&C report to LPF provides an update on priorities within the Workforce section of the Integrated Plan for 2023/24 since January 2024 that are not part of the committee's agenda. 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
- Employee Health and Wellbeing
- Joint workforce Futures programme/ Partnership
- Welsh Language and Equalities National updates

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

- Implementation of the Non-pay Elements of the 2022-24 Collective Agreement Welsh Health Circular
- NHS Confederation Report on Equality, Diversity & Inclusion

Further updates since the LPF in April are presented below.

Appendix B provides the ACEES evaluation report.

DETAILED BACKGROUND AND ASSESSMENT:

Key activities since April 2024:

- Shared Services through the Value and Sustainability Board on Thursday 16th May confirmed that PTHB was successful in our bid to fund additional cohorts of Internationally Educated Nurses. This will enable PTHB to recruit an additional 18 adult nurses and 6 MH nurses during 2024/25.
- **Update on existing cohorts:**
 - Cohort 3 Llandrindod: 6 staff registered
 - Cohort 4 Llanidloes: 4 learners, exam 15th May
 - Cohort 5 Newtown: recruitment interviews May/ June
- On going commitment confirmed from HEIW for funding support to recruit up to 35 'Aspiring Nurses' for the September 2024 academic year intake. The recruitment process for this will commence soon.
- **Speaking Up Safely (SUS)** - Working Group still working through the submitted action plan, with the Our Voice portal now live with the ability to report a range of concerns, including when needing to utilise the NHS Wales Procedure to Raise Concerns. Next actions will be to:
 - a. Clarify the KPIs to be collected to understand our progress to develop a true speaking up safely culture.
 - b. Increase communications and engagement to share the Our Voice portal.
 - c. Develop the awareness sessions for teams and Chat to Change about the culture of speaking up and raising concerns.
- **Clinical Leadership immersive Programme (CLiP)** – 3 cohorts have now undertaken the level 1 programme, totalling 19 participants. The presentation session for the first cohort took place on Friday 10th May where the participants presented to the Executive Director of Nursing, Head of Nursing, Professional Head of Therapies, AD for Quality and Safety and AD of OD. Presentations were extremely powerful, giving

significant insight into how the course has had impact for each individual in their personal and professional lives.

- Appendix B ACEES evaluation report draws together the learning from the pilot two schools during 2022/23 and the new wider approach during 2023/24.

The new approach saw a phased programme across ten secondary and three additional Learning Needs schools, plus two Neath Port Talbot College campuses reaching a total of 3800 pupils across school years 7-13. Sessions included bilingual sessions in dual stream schools, speaking to pupils about work experience, volunteering and careers across the Health and Care Sectors, including a scenario-based simulation exercise for the Phase 5 pupils. A range of clinical and professional staff across PTHB and PCC were involved in the delivery.

- **Welsh Language / EDI** - Continuing to monitor the use and uptake of Online translation to reduce costs and improve access to BSL and foreign language interpretation has seen our, costs have decreased by approximately £4,500 per month since November 2023 showing a 70% reduction in outsourcing this provision.
- **Vacancy Assessment tool** – In consultation with managers a new intranet area has been built and the app updated to link to the new area without issues; development is ongoing but on target to begin using during Q1. This tool will enable recruiting managers to assess Welsh Language requirements pre advertising the role, and will enable PTHB to provide reports on the numbers and types of roles that will be deemed Welsh Essential.
- **Portfolio changes for Executive Director People and Culture** – As part of the recent executive's portfolio reviews, the Executive Director for Workforce and OD has been renamed Executive Director People and Culture. Transferring into the Directorate will be The Health and Safety Unit, Library services including medical student placements/ support. DP&C will also hold the Senior responsible officer lead for the Health Boards 2% corporate saving and the plans for delivery of the £970k. The DP&C will also hold temporary oversight of the Improvement and Transformation programme of work.

NEXT STEPS:

A further update will be provided to the Workforce and Culture Committee at its next meeting.

Patterson, Liz
31/05/2024 12:12:48



Agenda item: 2.2

Local Partnership Forum		Date of Meeting: 29 April 2024
Subject:	Executive Director of Workforce and OD Summary Report	
Approved and presented by:	Debra Wood-Lawson, Executive Director of Workforce & OD	
Prepared by:	Sarah Powell Assistant Director OD	
Other Committees and meetings considered at:	Executive Committee 17 April 2024	

PURPOSE:

The purpose of this paper is to update the Local Partnership Forum on the work carried out by the Workforce & OD Directorate, since the last meeting in January 2024 and any key issues identified nationally.

RECOMMENDATION(S):

This report is for information and discussion purposes for the Local Partnership Forum.

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 2023/24 since January 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
- Employee Health and Wellbeing
- Joint workforce Futures programme/ Partnership
- Welsh Language and Equalities

National updates:

- Implementation of the Non-pay Elements of the 2022-24 Collective Agreement Welsh Health Circular
- NHS Confederation Report on Equality, Diversity & Inclusion

DETAILED BACKGROUND AND ASSESSMENT:

Workforce Sustainability and Transformation

Key activities since January 2024:

- A presentation and discussion was held for the January Local Partnership Forum development session that shared workforce data, age and pay band categories for each directorate. This led to conversations around career pathways and apprenticeships.
- Workforce planning projections have been developed that reflect the potential workforce supply for the next 1-5 years, which are being used to inform decisions relating to workforce planning.

- At the end of March, a total of 51 managers have received training on the application of the HEIW developed 6 step toolkit. 16 senior managers in the Mental Health and 9 in Womens and Childrens have received a 1 hour overview session via teams.
- A PTHB representative joined an All-Wales trip to India for Medical recruitment which yielded offers to 4 medics interested in joining Mental Health services in PTHB. Formal offers have been made and onboarding processes are underway.
- Internationally Educated Nurses; our third cohort in Llandrindod all passed their OSCE exam and are settled into their roles.
- The fourth cohort of four nurses who arrived and are based in Llanidloes are currently undertaking their training and are due to go for their exam at the end of April. A fifth cohort are due to arrive in June 2024.
- We are trialling a new pattern of on-boarding and training delivery, with two clear weeks on arrival to manage HR administration and ward introductions followed by a six-week training programme.
- Future plans for further registered nurse cohorts are being developed with a view to recruiting 2-3 cohorts per year.

Great place to work:

Key activities since January 2024:

- Celebration of one of our Aspiring Nurses: our third year Student Nurse Abbey Williams won the Open University (across all fields of study across the UK) award for Inspirational Achievement and has also been shortlisted as an Award Finalist for the Student Nursing Times 'Student Innovation in Practice' Award for her development of an anxiety management group in her local Community Mental Health Team
- The work of our Practice Education Facilitators (PEFS) was showcased at a Board Development session in March and key highlights are:
 - newly created interprofessional and rotational student placement opportunities in GP surgeries and across the Health Board
 - PTHB is the only Health Board offering a multi-professional Preceptorship programme to new graduates and new registrants to PTHB regardless of how long they have been qualified; this is also open to Care Homes, GP/Medical Centres, and the voluntary sector and includes a multi-professional Sepsis simulation to integrate all the learning from the programme
 - PTHB is the first Health board to recruit to a Multi-Professional Practice Education Facilitator role, and the post holder is an OT by background
 - The Health Boards practice assessors (PA) and practice supervisors (PS) continues to increase to support our student nurses. 2021 PAs =9 PSs =24 now early March 2024 Pas = 179

PSs =244. 60% (423/710) of PTHBs registered nurses are currently trained

- **Chat 2 change:** A refresh paper discussed in Executive Committee Feb 2024, with implementation planned for Q1 and Q2 of 24/25
- Two-tiered clinical leadership programme; Two 3-day Tier I pilot programmes have been delivered. Following evaluation one course a month will be offered in 24/25
- The use of the simulation suite in the Health, Care and Social Care Academy has increased, with internal and external teams using it to 'upskill' knowledge and MDT working through the use of simulated activities. Simulation exercises has proved successful when using with the L3 Health and Social Care school pupils.
- **Team Climate Survey** has had a total of 498 respondents in 2023/24 with the following services having completed the questionnaire: WOD, Transformation and Value, HCRW, Women and Childrens, Mental Health, Finance and ICT, elements of Support Services.
- **Halo update:** We successfully introduced HALO into the Temporary Staffing Unit (TSU) in Q3 2023. The automated system aims to streamline and improve the request resolution process for queries coming into the TSU. Every ticket through the Halo system is logged with a number that can be tracked and updated as it moves through the process of being resolved. The system has a reporting function which will help us to look at performance and make improvements to the service where needed.
- The HALO system is continuing to work well for the TSU, and we are now starting the process of implementing the system into the wider WOD team.
- **Wagestream:** Since implementing Wagestream in October 2023 for bank staff in Powys, enabling individuals to draw down a part of their accrued wages at any time in the month, we have 53 Bank staff that have enrolled and using the app to draw down part of their wages. We continue to promote Wagestream to all Bank Workers.
- **Speaking up Safely:** Following the adoption of the All Wales Speaking up Safely (SuS) framework an internal SuS working group has met monthly to work on delivery of the plan. An 'Our Voice Hub' SharePoint page has been developed to provide advice and guidance on speaking up/ raising a concern. To access click here. [Our Voice \(sharepoint.com\)](#)

Employee Health and Wellbeing

Key activities since January 2024 :

- The first two sessions on 'planning ahead', looking at bereavement and how to cope and prepare for one's own death have been well received. The Planning Ahead sessions focuses on what matters most for ourselves and those that matter in our lives. It provides comfort when putting our house in order and makes life easier for our loved ones. Discussing issues relating to dying and death can also mitigate the bereavement experience and allows us to reduce the stigma often associated with the subject.
- Powys Balance sessions on building resilience through mindfulness practice were held for the Deputy and Assistant Director group and were well received.
- Throughout the year the attendance at Wellbeing roadshows on the main hospital sites has been really good with attendance at 82% (301/365) of those working that day. Positive feedback was received from the series of additional wellbeing 'road runs' that were held during January to March, facilitating a face-to-face visit for all of the outreach locations our staff work from.
- PTHB were the last HB to go live with the implementation of OPASG2 the new OH management system. From Dec to end of March the Occupational Health team have been configuring all of the new templates which will now enable greater reporting of data and themes during 2024/25.
- VIVUP Employee assistance continues to be well used, with the self-help downloads, easy read guides and podcasts increasing from 86 to 109 'views' over the past 12 months.
- We are currently recruiting some part-time hours for a consultant Occupational Health Physician to assist with the specialist clinical demands.

Joint Workforce Futures Programme/ Partnership

Key activities since January 2024:

- **Academy Careers Education Enterprise Scheme (ACEES)** schools programme of work, has seen an increase from 2 schools participating (with 32 pupils) in 22/23 to contact with 11 secondary schools and 3 Additional Learning Needs settings. The ACEES programme now provides a 'whole' school approach, with interaction from years 7 to 10 and then those in sixth form studying L3 Health and Social Care. The ACEES programme during 23/24 had a reach of just over 3,500 pupils. Evaluation of the programme has just taken place and the findings will be used to inform the 2024/25 programme. Alongside this work as part of the Foundation Economy Welsh Government commissioned a Powys Case study on our H&SC career pathway and the video will be used across Wales to show case best practice.

- Volunteers opportunities continue to increase. Alongside the active ward based volunteers, there are opportunities available in the following areas: AMD wet clinic; supporting the roll out of the 'RITA' all-in-one touch screen system offering digital reminiscence therapy for patients; Quality and Safety patient feedback data capturing. PTHB also has for the first time a volunteer as lay member of the local Individual Patient Funding Panel (IPFR).
- Lived experiences of the workforce has been captured through several routes: sections within the staff survey, staff stories to board each month, plus a number of videos of: 'a day in the life of' / my NHS journey which have and will continue to be developed. We also shared a number of our staff stories on 8th March international women's day [International Women's Day at PTHB \(sharepoint.com\)](#)
- Employee experience toolkit has been developed through Workforce Futures Programme and is now hosted on RPB site for use across Health and Social Care Sector. A PTHB Retention Resources and Managers Hub site has been developed as part of WOD pages on the intranet. [Employee Experience Toolkit \(sharepoint.com\)](#)

Welsh Language

Key activities since January 2024:

- The final draft of the Strategic Equality Plan has been completed and approved by board following its passage through Board development session and workforce culture committee on top of the staff and public consultation stages.
- The Welsh Language Standards Audit initiated in late 2022 has been closed following the presentation of satisfactory evidence of progress to the auditors.
- The final draft of the Welsh language in Healthcare Strategy has been completed and approved by board.

National updates

- **Implementation of the Non-pay Elements of the 2022-4 Collective Agreement- Welsh Health Circular: WHC (2024) 017**
This Welsh Health Circular is a 3 part control framework for the delivery in partnership of certain non-pay elements the development of which were aspects of the collective agreement 2022-4. This Welsh Health Circular also contributes to and supports the objectives of WHC (2023) 046 'All-Wales Control Framework for Flexible Workforce Capacity'.
- All implementation measures and reports should be agreed in partnership at the Local Partnership Forum. Responses are required for

- Part 1 – End of May 2024
- Part 2 - Action plan by End July
- Part 3 – progress reports, Sept 2024 and Jan 2025

Key areas that require reporting during the May 2024 to Jan 2025 period are:

- Review and take any remedial implementation measures required (at a local level) for the implementation of the relevant aspect of the collective non pay agreement in line with:
 - Unsocial Hours Allowance
 - All-Wales flexible working policy
 - Pensions flexibility
 - Pay and unsociable hrs allowance, including radiography on-call standby in out of hours arrangements
 - Access to drinking water for staff
 - Delivery of the CPD relevant requirements of the Nursing Staff Levels Act (2016) Statutory Guidance and the Duty of Quality Statutory Guidance 2023 and Quality Standards 2023
 - Implementation of the all-Wales Occupational Health minimum service levels/KPIs
 - Implementing and monitoring the following -
 - WHC (2024) 012 Nursing Preceptorship,
 - HEIW Nursing for the Future Strategic Workforce Plan,
 - HEIW Nurse Retention Plan,
 - Birthrate Plus Report and
 - other professional group retention strategies
 - Implement appropriate to local circumstances the HEIW 'Staff Health and Wellbeing best practice guide' and the HEIW Continuing Professional Development Strategy

Full details can be found in the WHC attached at Appendix 1.

**NHS Confederation Report on Equality, Diversity & Inclusion:
Key Points**

- Tackling the issues that cause disparities in health and staff experience improves productivity, efficiency and outcomes. This helps healthcare systems to achieve financial and operational goals and to improve performance.
- Systematic work to eliminate inequalities in the NHS, known as equality, diversity and inclusion (EDI), has wide-ranging impacts and requires skilled, strategic leaders to deliver change.
- Current estimates put NHS annual spending on dedicated EDI roles in the range of £40 million. This accounts for less than 0.03 per cent of the NHS's annual resource budget for 2023/24.

In 2019, the annual cost to the NHS of bullying, harassment and discrimination was estimated at £2.281 billion, with staff from

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minoritised backgrounds bearing the brunt. These negative experiences can lead to a mistrust of services, affecting staff and patients, with patients from minoritised backgrounds likely to present later, with more severe conditions, or not at all. The NHS can ill afford the cost implications of bullying and harassment, or of eroding trust with the communities it serves (as seen during the COVID-19 pandemic).

- Disinvesting in EDI, as some have called for, could risk the financial health of the NHS and compromise its ability to improve and transform care and services.
- To gauge the views on NHS leaders on these issues, senior leaders and clinicians across our membership in England were surveyed.
- One overarching message from the survey was clear: investment in EDI is key to improving the NHS across a wide range of issues.

Full report can be found here. [An investment not a drain | NHS Confederation](#)

NEXT STEPS:

A further update will be provided to the Local Partnership Forum at its next meeting.

Patterson, Liz
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Academi Iechyd, Gofal a
Gofal Cymdeithasol Powys

Powys Health, Care and
Social Care Academy

Powys Health, Care and Social Care Academy Careers Education Enterprise Scheme

Evaluation Report - Academic year 2023/2024

“Our Learning Year”

Patterson, Liz
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Version control

Version	Date	Audience
0.1	11.04.24	ACEES steering group WFF Theme 1 co-ordination group
0.2	02.05.24	WFF Oversight Group
0.3	23.05.24	WFF Programme Board

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Foreword from Chris James

My first priority after taking up my position as Lead for 14+ Education in April 2023 was to travel around the county and meet with school staff and learners to listen to their views on what was working well in post-14 education and what needed to be improved. There was a clear message given from learners that they wanted more guidance and support when it came to deciding which pathways to pursue post-14/16. This was echoed by school staff who were also at a point of reflection, following the pandemic, on how they best inform learners of all the options available to them, and getting learners engaged with thinking about their futures. With the planned reforms to qualifications in Wales, and the national desire to elevate vocational pathways, I couldn't help but think that it is going to take a clear strategic vision and strong collaboration with many stakeholders to put this right. A well-planned approach which gave students honest, impartial advice about how they get into a particular sector, apply for jobs, earning potential and a real understanding of what a typical day could contain in a multitude of roles. I braced myself for the amount of work and effort this was going to take. Then I was introduced to the Powys Health, Care & Social Care Academy team, where they outlined their vision for the Academy Careers Education and Enterprise Scheme (ACEES) and what they wanted to provide the young people of Powys. It was just what I was hoping for, and more.

Following the initial few meetings, a steering group was set up which I found myself Chair of. It has been a privilege working with everyone involved in designing and delivering the project, and I am delighted with how well the first year has gone. I am particularly proud of the fact that all Powys learners, in all settings and mediums, are now being given an equitable opportunity to engage with such an important sector. Health and Social Care qualifications are a popular choice for Powys learners, and ensuring a healthy workforce supply will be key for so many reasons, therefore a project such as this will be vitally important to the future of the county, from both a social and economic point of view.

I would like to thank everyone involved in the steering group, particularly the Powys Health, Care & Social Care Academy team for the planning and organising of the phases, producing the resources and delivering the school sessions. I would also like to thank the professionals who provided their time to learners in schools. I am excited to continue working with the ACEES team next year and I am looking forward to seeing how the scheme evolves following on from the lessons learnt from a successful first year.

Chris James
Lead for 14+ Education
Schools Service
Powys County Council

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Executive Summary

Partners established the Workforce Futures Programme as an enabler of the region's Health and Care Strategy. The health and care sector has struggled to recruit to a range of registrant and non-registrant posts, and the impact of the pandemic worsened the position. The international evidence base shows that early exposure to careers information plus frequent opportunities to experience working in or alongside services plus supportive mentoring would result in young people from rural areas being more likely to be attracted to and retained in health and care careers, enabling us to Grow Our Own future workforce.

A 2022/23 academic year pilot provided valuable insights into what mattered to learners: practical skills sessions, speaking with professionals and finding out about the variety of roles. Teachers reported engagement in lessons increased, improved recall of topics in assessments and an appreciation of the "real world" experience that cannot be replicated in the classroom. It became evident we could influence learners' career choices and highlight the opportunities and roles available within health & social care.

Through a multi-agency steering group which included representatives from Powys County Social Care and Educational teams, Powys Teaching Health Board clinical education and Welsh language and equalities teams, school and further educational colleges and professionals from the Health, Care and Social Care Academy, the ACEES 2023/24 scheme was produced.

The scheme was divided into phases catering for distinct stages of the school curriculum from years 7-13 and those studying for a health and social care qualification attending a further education establishment in Powys. This phased approach was delivered bilingually and positively received in ten secondary schools, three secondary additional learning needs settings and two further education campuses in Powys. We worked collaboratively with Additional Learning Needs and Pupil Referral Unit settings to ensure appropriate delivery of sessions to learners.

For Year 12 and 13 learners enrolled on a relevant course an immersive programme was developed, delivered from October to April, including simulation experience, taught sessions via Teams, practical skills session and a focussed Careers Festival to enable learners to have contact with a range of health and social care professionals.

This phased approach enabled the scheme to engage with over 3,800 learners between September 2023 and April 2024 (a further secondary school engaged with the careers festival for older learners). It is the first scheme of its kind in Wales to deliver on such a scale and breadth of delivery and we are keen to share our learning across Wales.

We were keen to understand the impact of the project in this academic year and designed an evaluation process involving learners, teachers and partners. Key findings are:

27.5% of learners attending phase 1-4 (yrs 7-13) are likely to make further education or subject choices related to health and social care. 25.7% are likely to take up a career in health and social care. 29% felt motivated about spending more time with the Academy in the future and 32.4% expressed an interest in finding out more about health and social care and related careers in Powys.

Almost 90% of respondents who took part in the phase 5 enhanced programme (for Years 12 and 13 and FE college settings) have reaffirmed that they would be interested in finding out more about

health and social care, 85% reported that they are likely to take up a career within this sector and 85% are feeling motivated to spend more time with the Academy in the future, which is very positive.

100% of teacher respondents found the sessions valuable and said they would like to see them continue next year.

Based on the evaluation findings, recommendations (along with a proposed timeline for the 2024/25 academic year) are presented for discussion and agreement through the Workforce Futures Programme Board:

1. Develop a range of supplementary resources hosted on the RPB site. This will enable teachers and learners to access information that aids their programme of study at a time that benefits them the most and re-cap on content as required.
2. Engage with all settings and confirm dates prior to the end of the summer term. Our aim is to visit every appropriate setting, increasing from the 10 secondary schools and FE college that engaged with ACEES in 2023/24.
3. Engage with the Welsh medium catchment school for the Ystradgynlais population.
4. No more than two settings per week are visited by the team in order to make scheduling and logistics more streamlined. This will also ensure learners have the best possible experience delivered to them. Commence delivery of sessions earlier in the academic year to achieve this.
5. Explore how to make simulation more efficient and accessible.
6. Continue to reflect the breadth of roles across health and social care including services that support front line delivery of care and treatment.
7. Pilot an enhanced work placement experience scheme in conjunction with sovereign bodies.
8. Based on teacher and learner feedback we will deliver as many sessions as possible face to face. These will be supplemented by a range of online resources hosted on the RPB website.
9. To strengthen the sessions delivered to ALN students in the next academic year, we need to be clear on the active offer of paid employment from within organisations.
10. Continue to deliver sessions in the Welsh language as appropriate and emphasise the importance of the Welsh language in the workplace in English-medium settings. We recognise that some schools in Powys are transitioning from dual stream to Welsh-medium settings on a phased basis and the facilitation of sessions will need to reflect this, drawing on support from appropriate colleagues across the partnership.
11. Engage with the Primary & Community Care Academy to develop resources and involvement for the next academic year.
12. We will not be able to support schools with the assessed case study near the end of the academic year due to the differing course requirements of NVQs and A levels.

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Introduction

Part of the Workforce Futures Programme, The Academy Careers Education and Enterprise Scheme (ACEES) is an incredibly exciting and ambitious project, encapsulating how working in partnership will improve outcomes for children, families, and adults. It is the first scheme of its kind in Wales to deliver on such a scale and breadth of delivery.

As corporate responsible employers, we are committed through the Health, Care and Social Care Academy to widen local access to education, training, and access to employment opportunities across the health and social care sector. Our remit is specifically focused on the workforce in Powys. The Academy involves a partnership comprising social care, third sector and health board.

ACEES has been designed and delivered to support the sector to be among the top choices for those entering or returning to the jobs market in the county, and for the Academy to become an exemplar provider of rural professional and clinical education through both its physical and virtual spaces. This partnership approach demonstrates a diverse range of offers, including early exposure to careers information in schools and colleges to help attract and increase the likelihood of young employees being recruited and retained across the health and social care sector.

An evaluation of activity undertaken in the 2023/24 academic year is presented in the pages that follow. Based on the evaluation findings, recommendations for the 2024/25 academic year are presented for discussion and agreement through the Workforce Futures Programme arrangements.

Background

Two secondary schools agreed to participate in the ACEES pilot project in the 2022/23 academic year. The aim of the pilot was to bolster education currently being delivered, with the expertise and facilities of the Health, Care and Social Care Academy, offering students the opportunity to meet health and social care professionals who could inspire as well as inform them. Also, giving students access to innovative technology to complement their learning experience.

As the pilot progressed, it became evident that contact with these students could be further reaching than just improving their understanding of health and social care. We could influence their career choices with this information and highlight the opportunities we had to offer in Powys.

The table below shows the number of sessions delivered between September 2022 and April 2023 and total number of learner interactions arising from those sessions:

High School	Year Group	Number of students	Number of Sessions	Total number of learner interactions
Crickhowell	12	3	11	33
Crickhowell	13	5	3	15
Llanfyllin	12	10	9	90
Llanfyllin	13	13	8	104
Total		31	31	242

Each school visited the Health, Care & Social and Care Academy in Bronllys on two occasions for a taught session and on a further occasion to attend the ministerial opening of the Academy. The sessions were otherwise delivered over teams or face to face in the schools.

Key points of learning in 2022/23 were:

The pilot was considered a success. Both students and teachers reported positive outcomes.

- 95% of students reported they enjoyed the sessions and several commented that the sessions were interesting.
- Practical sessions and those with professionals discussing their roles were the most popular.
- All teaching staff would like to see the project continue and all reported how beneficial the experience has been for their students.

Benefits reported by learners:

- Careers information inspired students, gave them a 'real world' insight into different roles, including the variety of roles on offer.
- Helped information recall which is beneficial for assessments/exams.
- Experiential learning – suited different learning styles.

Benefits reported by teaching staff:

- Increased engagement of learners.
- Improved student motivation.
- Staff expertise and scenario/simulation sessions allowed students to relate theory to practice.

The learning from this pilot informed our approach to ACEES in 2023/24 academic year.

Our phased approach in 2023/24

The ACEES delivery is multi-faceted, developed as a result of the pilot scheme. It is a whole secondary school approach, which has been delivered bilingually in dual stream schools to inform pupils of the breadth of clinical and non-clinical roles available within health & social care settings, not just the more traditionally perceived roles.

The programme was delivered in each participating school, with some elements of phase 5, namely simulation sessions, being delivered onsite at the Academy. It was divided into phases with each phase catering for distinct stages of the educational curriculum from years 7 – 13. Ten out of the thirteen Powys secondary schools engaged in the 23/24 ACEES programme along with two further educational campuses as part of Neath & Port Talbot Group of Colleges which included students studying a child, health, and social care qualification. The anticipated reach in 2023/24 in line with the number of learners who expressed an interest in engaging with the programme was 4,500-5,000 learners.

The phases consist of:

Phase 1 – First touch, a presentation for year 7 & 8 pupils. This creates an early exposure and introduction to health & social care, including careers available and Welsh language in the workplace.

Phase 2 – Early thinking, a presentation delivered to year 9 pupils which delivers and builds on phase 1 with the addition of developing further career awareness across the health and social care sector to support students with choosing GCSE subject options.

Phase 3 – Future affirming, a presentation for year 10 pupils which builds on phase 1 & 2, highlighting transferable skills and introduces them to a variety of enterprise opportunities.

Phase 4 – Outreach, a presentation for pupils in years 11-13, which builds on the previous 3 phases and includes signposting to volunteering and work experience, apprenticeships, and alternative routes to professional qualifications.

Phase 5 – Go for it, an enhanced programme of work for pupils in school years 12 & 13 and college students who are already studying for a health & social care qualification or those interested in medicine. This includes a visit to the Academy in Bronllys, to participate in a simulation scenario and debrief, practitioner delivered specialist sessions exploring physiological conditions and principles of social care and an opportunity to engage with a range of health and social care professionals, hear about a range of enterprise opportunities and receive recruitment advice by attending bespoke careers festivals.

A detailed breakdown of the content of each of the phases is presented in Appendix 1.

The range of resources used throughout phase 1-5 have been produced and ratified through our multi – agency Steering Group, for pupils, teachers, and the public.

The ACEES steering group consisted of colleagues from:

- The Health, Care & Social Care Academy (including registered social worker and registered nurse)
- Powys County Council social care
- Powys County Council education department
- Powys Teaching Health Board clinical education
- Powys Teaching Health Board Welsh language & Equalities
- Expertise from across the partnership was drawn in as required.

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Evaluation of 2023/24

We were keen to understand the impact of the project in this academic year and designed an evaluation process involving learners, teachers and partners. The approach enabled the project to reach over 3,800 learners between September 2023 – April 2024.

School/ College	Phase 1-4	NOR Y7-13	%	Phase 5	NOR Y12-13	%	Careers Festival
Llanidloes High School (Cym & Eng)	570	702	81.2	12*	88	13.6	Attended
Newtown High School (Eng)	566	710	79.7	5	54	9.3	Attended
John Beddoes Campus (Eng)	171	212	80.7	N/A	N/A	N/A	N/A
Welshpool High School (Eng)	49	794	6.2	8	124	6.5	N/A
Bro Caereinion (Cym & Eng)	337	424	79.5	N/A	54	0.0	N/A
Llanfyllin High School (Cym & Eng)	514	654	78.6	6	95	6.3	Attended
Calon Cymru – Builth (Cym & Eng)	267	457	58.4	N/A	45	0.0	Attended
Calon Cymru – Llandrindod (Eng)	377	521	72.4	9	45	20.0	Attended
Crickhowell High School (Eng)	576	933	61.7	6	195	3.1	Attended
Maesydderwen Comprehensive (Eng)	79	538	14.7	6	62	9.7	Attended
Ysgol Bro Hyddgen							Attended
ALN Ysgol Cedewain (Eng)	37	74	50.0	N/A	28		N/A
ALN Ysgol Brynllwarch (Eng)	12	51	23.5	N/A	10		N/A
ALN Ysgol Penmaes (Eng)	28	66	42.4	N/A	28		N/A
Pupil Referral Unit – on request	0						N/A
School Total	3583	6136	58.4%	52	828	6.3%	

Seren – more able and talented learners identified by schools	N/A	47		N/A			N/A
NPTC Group of Colleges	31			22			Attended
Total	3614	47		74			96
Total reach:							3831

Whilst Ysgol Bro Hyddgen did not embark on the Phase 1-4 programme, they did ask that some students attend the careers festival. Powys Teaching Health Boards Health Care Support Worker

Apprentices (3) also attended the careers festival. The total number of attendees includes learners from Ysgol Bro Hyddgen and PTHB apprentices.

*At Llanidloes High School a visit was made by a member of the Academy team to the sixth form block inviting those with a broader interest to attend the practical skills session being held. This resulted in a greater number of learners engaging in that session than the simulation and other phase 5 sessions.

Teacher feedback

The teacher evaluation form was sent to all schools in March 2024 after the delivery of phases 1-5, including the careers festivals. Many teachers were present at all sessions throughout the programme. 7 teacher responses were returned: 100% of respondents reported the sessions valuable and they would like to see the sessions continue in the next academic year. Teacher feedback has been included throughout this report under each of the different elements of the project.

Additional comments from teachers were:

- *The encouragement that the students gained was invaluable.*
- *All events were excellently organised and delivered. The pupils got so much out of them. Such good experiences for them.*
- *A range of very valuable sessions throughout the year, very much hoping for them to continue and looking forward to next year.*
- *Thank you so much for your hard work and enthusiasm in delivering these sessions, we hope to support you in the future.*
- *The Academy staff and professionals were very knowledgeable, incredibly approachable, professional, and engaging at all times. Very down to earth which put learners at ease. very open/honest about their professions.*
- *This is really sector-leading practice you are delivering in our schools. Not all HSCCC students want a career in health, but the links to the A-level course allows students to continue to engage in the process and also get exposure to the different career paths- most would have opted out of the session if they thought it was just a career talk.*

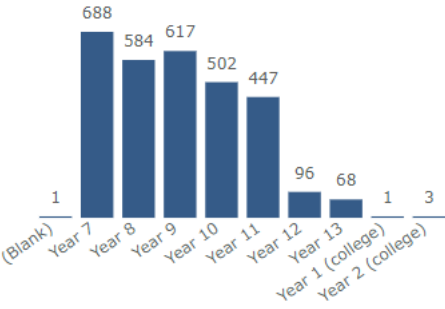
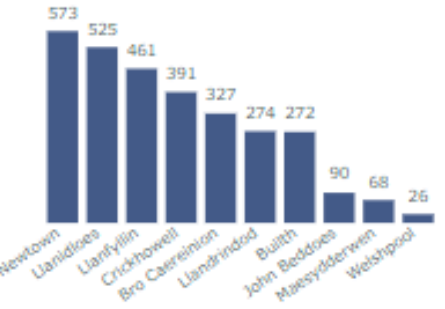
Evaluation of Phases 1-4



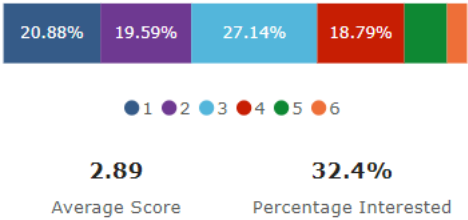
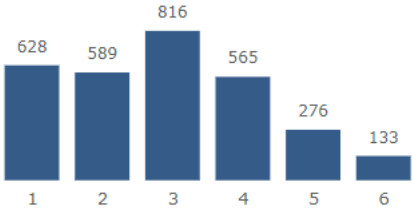
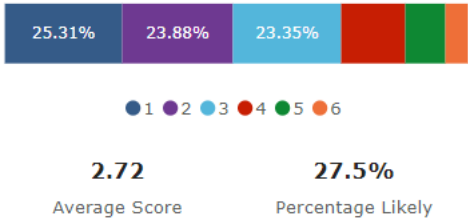
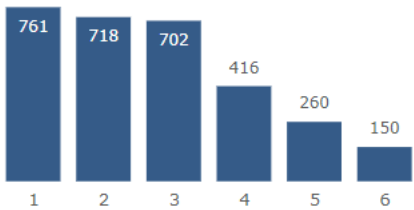
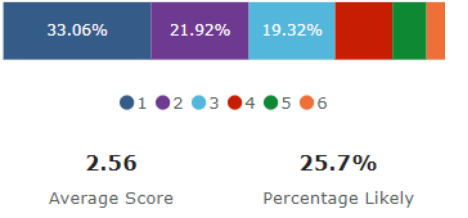
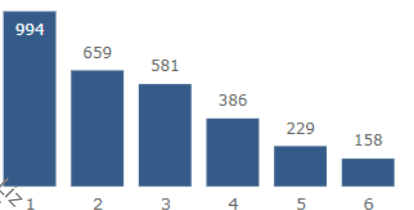
Phases 1-4 were designed as a whole secondary school approach to inform pupils of the breadth of roles available within health & social care, career and enterprise opportunities and the importance of Welsh language in the workplace.

Each phase catered for different stages of the educational curriculum from years 7 – 13 in secondary schools. Phase 4 was also delivered to students in further education colleges studying a child, health, and social care qualification.

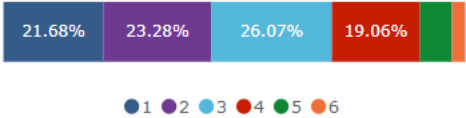
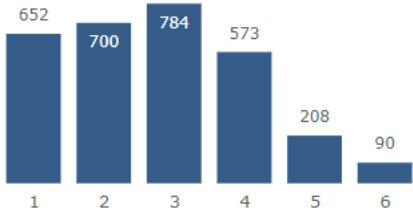
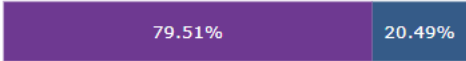
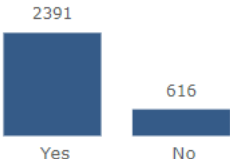
When designing the evaluation, we had hoped to be able to compare pre and post session scores to understand impact. It has not been possible to elicit conclusions from comparing the pre and post session data as the response rate of pre session questionnaires was 50% of the post session response rate, therefore, only post session scores have been presented.

Data	Interpretation																						
<p>3007 (2267 paper plus 740 MS forms)</p>	<p>Schools reported logistical challenges to issuing the pre-session questionnaire. This had been designed to measure impact of the sessions by comparing pre and post session scores. Inclusion of pre-session questionnaires for the whole schools' approach will be considered as part of designing the evaluation for 2024/25 scheme in conjunction with informatics and BI colleagues.</p>																						
<p>Surveys Completed by Year Group</p>  <table border="1"> <caption>Surveys Completed by Year Group</caption> <thead> <tr> <th>Year Group</th> <th>Number of Surveys Completed</th> </tr> </thead> <tbody> <tr><td>(Blank)</td><td>1</td></tr> <tr><td>Year 7</td><td>688</td></tr> <tr><td>Year 8</td><td>584</td></tr> <tr><td>Year 9</td><td>617</td></tr> <tr><td>Year 10</td><td>502</td></tr> <tr><td>Year 11</td><td>447</td></tr> <tr><td>Year 12</td><td>96</td></tr> <tr><td>Year 13</td><td>68</td></tr> <tr><td>Year 1 (college)</td><td>1</td></tr> <tr><td>Year 2 (college)</td><td>3</td></tr> </tbody> </table>	Year Group	Number of Surveys Completed	(Blank)	1	Year 7	688	Year 8	584	Year 9	617	Year 10	502	Year 11	447	Year 12	96	Year 13	68	Year 1 (college)	1	Year 2 (college)	3	<p>Higher numbers of post session questionnaires completed due to availability of online and paper versions of the form and insistence of completion during the session.</p> <p>Some schools were unable to release all Y11, 12 and 13 learners which impacted on attendance and survey completion rate.</p> <p>Y1 and Y2 college learners received a Phase 4 presentation and appeared to complete the questionnaire during the session. However, the low numbers reported here illustrate that not all learners submitted their reviews. In some schools and the colleges, not all learners complied with the request to complete a questionnaire.</p> <p>The blank bar translates into there may be a question unanswered or left blank, but the student may have completed the rest of the form. Removing this data will remove a student and the rest of their answered questions making the data incomplete and it is therefore included.</p>
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<p>Surveys Completed by School</p>  <table border="1"> <caption>Surveys Completed by School</caption> <thead> <tr> <th>School</th> <th>Number of Surveys Completed</th> </tr> </thead> <tbody> <tr><td>Newtown</td><td>573</td></tr> <tr><td>Llanidloes</td><td>525</td></tr> <tr><td>Llanfyllin</td><td>461</td></tr> <tr><td>Crickhowell</td><td>391</td></tr> <tr><td>Bro Caereinion</td><td>327</td></tr> <tr><td>Llanrindod</td><td>274</td></tr> <tr><td>Builth</td><td>272</td></tr> <tr><td>John Beddoes</td><td>90</td></tr> <tr><td>Maesydderwen</td><td>68</td></tr> <tr><td>Welshpool</td><td>26</td></tr> </tbody> </table>	School	Number of Surveys Completed	Newtown	573	Llanidloes	525	Llanfyllin	461	Crickhowell	391	Bro Caereinion	327	Llanrindod	274	Builth	272	John Beddoes	90	Maesydderwen	68	Welshpool	26	<p>Number of respondents driven by the size of the school, number of learners who were released to attend sessions and levels of compliance with the request to complete the questionnaires.</p> <p>Crickhowell school provided the highest proportion of learners who completed the pre session questionnaire (363) and post session questionnaire (391).</p> <p>A total of 48 learners attended Phases 1-4 in Welshpool and there was a lack of evaluation questionnaires due to time constraints not anticipated in advance.</p> <p>Maesydderwen low numbers of post questionnaires can be accounted for by the insistence of learners being taken elsewhere to complete the questionnaires which has clearly of negatively impacted on completion rate.</p>
School	Number of Surveys Completed																						
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Data	Interpretation														
<p>How interested are you in finding out more about health and social care and related careers in Powys?</p>  <p>20.88% 19.59% 27.14% 18.79%</p> <p>● 1 ● 2 ● 3 ● 4 ● 5 ● 6</p> <p>2.89 32.4% Average Score Percentage Interested</p>  <table border="1"> <thead> <tr> <th>Interest Level</th> <th>Number of Respondents</th> </tr> </thead> <tbody> <tr><td>1</td><td>628</td></tr> <tr><td>2</td><td>589</td></tr> <tr><td>3</td><td>816</td></tr> <tr><td>4</td><td>565</td></tr> <tr><td>5</td><td>276</td></tr> <tr><td>6</td><td>133</td></tr> </tbody> </table>	Interest Level	Number of Respondents	1	628	2	589	3	816	4	565	5	276	6	133	<p>974 of 3007 (32.4%) of respondents are interested in finding out more about health and social care and related careers in Powys.</p>
Interest Level	Number of Respondents														
1	628														
2	589														
3	816														
4	565														
5	276														
6	133														
<p>How likely is it that you will make further education or subject choices related to health or social care?</p>  <p>25.31% 23.88% 23.35%</p> <p>● 1 ● 2 ● 3 ● 4 ● 5 ● 6</p> <p>2.72 27.5% Average Score Percentage Likely</p>  <table border="1"> <thead> <tr> <th>Likelihood Level</th> <th>Number of Respondents</th> </tr> </thead> <tbody> <tr><td>1</td><td>761</td></tr> <tr><td>2</td><td>718</td></tr> <tr><td>3</td><td>702</td></tr> <tr><td>4</td><td>416</td></tr> <tr><td>5</td><td>260</td></tr> <tr><td>6</td><td>150</td></tr> </tbody> </table>	Likelihood Level	Number of Respondents	1	761	2	718	3	702	4	416	5	260	6	150	<p>826 out of 3007 (27.5 %) of respondents scored 4 and above, indicating an interest in making subject choices related health and social care. A further 702 (23%) scored 3.</p>
Likelihood Level	Number of Respondents														
1	761														
2	718														
3	702														
4	416														
5	260														
6	150														
<p>How likely is it that you will take up a career in health or social care?</p>  <p>33.06% 21.92% 19.32%</p> <p>● 1 ● 2 ● 3 ● 4 ● 5 ● 6</p> <p>2.56 25.7% Average Score Percentage Likely</p>  <table border="1"> <thead> <tr> <th>Likelihood Level</th> <th>Number of Respondents</th> </tr> </thead> <tbody> <tr><td>1</td><td>994</td></tr> <tr><td>2</td><td>659</td></tr> <tr><td>3</td><td>581</td></tr> <tr><td>4</td><td>386</td></tr> <tr><td>5</td><td>229</td></tr> <tr><td>6</td><td>158</td></tr> </tbody> </table>	Likelihood Level	Number of Respondents	1	994	2	659	3	581	4	386	5	229	6	158	<p>773 (25.7%) respondents are likely to take up a career in health or social care. 581 (19.3%) respondents scored three for this question.</p>
Likelihood Level	Number of Respondents														
1	994														
2	659														
3	581														
4	386														
5	229														
6	158														

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Data	Interpretation
<p>How motivated do you feel about spending more time with Powys Health and Care Academy in the future?</p>  <p>21.68% 23.28% 26.07% 19.06%</p> <p>● 1 ● 2 ● 3 ● 4 ● 5 ● 6</p> <p>2.75 Average Score 29.0% Percentage Motivated</p>  <p>652 700 784 573 208 90</p> <p>1 2 3 4 5 6</p>	<p>871 of 3007 (29%) of respondents felt motivated about spending more time with the Academy in the future. A further 784 scored three. Motivation is powerful and can be capitalised on in future years to build further interest in health and social care.</p>
<p>Did you gain all the information you wanted to from your session with Powys Health and Care Academy?</p>  <p>79.51% 20.49%</p>  <p>2391 616</p> <p>Yes No</p>	<p>Positive in our first large scale year the % is so high. It would be useful in future years to understand the respondents who did not get all the information they required.</p>

Phase 4 evaluation comments

The Academy may be able to increase the future of scores of those who scored 3 this year through sustained engagement and information.

The PCC Work-Based Learning manager has reported an unexpected spike in the number of work experience enquiries following the ACEES sessions in schools.

A pupil voice session held on one of the schools found that learners has found it beneficial to listen to real people who work in the sector and the different types of roles available, not just the usual ones.

When asked, teachers found the following most valuable:

- *Year 7 & 8 content was perfectly pitched.*

When asked what could be improved in the future, teachers replied:

- *Year 9 session held in the schools could have a more Careers focus looking at the range of careers across the sector.*
- *Can the dates of next year's programme be given to schools in the Summer Term to support the planning in the school calendars - if it's in the calendar it is allowed to happen, if not then very difficult to get the students out at times.*
- *The full day of HSCCC careers with year 7 and 8 together would be better separated due to space and ability to ensure learners are engaged.*

- *I know IT is a menace but to have sight of the PowerPoint beforehand, so I had time to think of questions to prompt and support their thinking.*

Phase 5

Phase 5 was an enhanced programme of work for pupils in school years 12 and 13 and college students who were studying for a health & social care qualification. A range of opportunities were provided, described below.




Schools Simulation



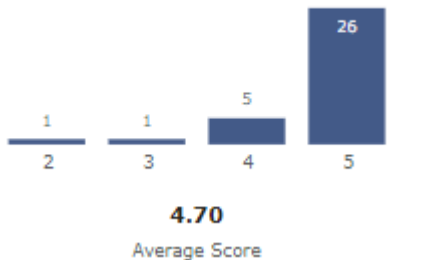
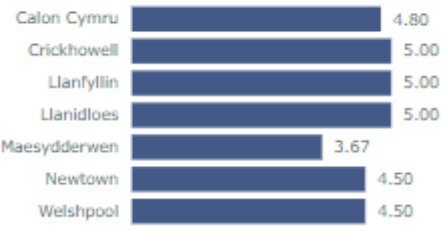
We designed a scenario based on the health and social care curriculum, to provide an experiential learning opportunity within a safe environment. Legislation and theory relevant to social care practice was an integral theme. In addition, ensuring psychological safety for learners was paramount, during both the simulation scenario and reflective debrief. The structure of the visit to the Bronllys simulation suite and session included;

- **A comprehensive pre-brief (1 hour):** This involved setting the scene, identifying learning outcomes, providing key information and allocating roles. Setting the scene involved introducing the character Bob, his recent history, and the purpose of the simulation exercise. There was an opportunity prior to the simulation exercise for any students to discuss or clarify anything further or choose not to participate.
- **The simulation exercise (30 minutes):** The scenario involved Bob, recently discharged from hospital, who lives at home with his brother Brian. To ensure the scenario accurately reflected what working in the community can entail, when the students experienced the scenario, the simulation environment was quite untidy, and had alcohol bottles and cans present. The brother's behaviour was also planned to be quite challenging for the students undertaking the professional roles of Social Care Worker, District Nurse and Social Worker, due to his reluctance to accept professionals visiting his home.
- **The debrief (1 hour):** This provided the opportunity to re-visit the learning outcomes, identify and analyse emerging themes, ask reflective questions, and link learning to practice.

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Data	Interpretation																					
<p>Was the level of content for today's session appropriate?</p>  <p>● just right ● too easy</p> <p>Count of Response by School</p> <table border="1"> <tr><td>Welshpool</td><td>7</td><td>1</td></tr> <tr><td>Crickhowell</td><td>6</td><td>0</td></tr> <tr><td>Llanfyllin</td><td>6</td><td>0</td></tr> <tr><td>Calon Cymru</td><td>5</td><td>0</td></tr> <tr><td>Llanidloes</td><td>3</td><td>0</td></tr> <tr><td>Maesydderwen</td><td>3</td><td>0</td></tr> <tr><td>Newtown</td><td>2</td><td>0</td></tr> </table>	Welshpool	7	1	Crickhowell	6	0	Llanfyllin	6	0	Calon Cymru	5	0	Llanidloes	3	0	Maesydderwen	3	0	Newtown	2	0	<p>32 of 33 (97 %) of respondents stated the session content was just right.</p>
Welshpool	7	1																				
Crickhowell	6	0																				
Llanfyllin	6	0																				
Calon Cymru	5	0																				
Llanidloes	3	0																				
Maesydderwen	3	0																				
Newtown	2	0																				
<p>Were you aware of that this type of opportunity is available in Powys?</p>  <p>● No ● Yes</p> <p>Count of Response by School</p> <table border="1"> <tr><td>Welshpool</td><td>7</td><td>1</td></tr> <tr><td>Crickhowell</td><td>4</td><td>2</td></tr> <tr><td>Llanfyllin</td><td>4</td><td>2</td></tr> <tr><td>Calon Cymru</td><td>5</td><td>0</td></tr> <tr><td>Llanidloes</td><td>2</td><td>1</td></tr> <tr><td>Maesydderwen</td><td>3</td><td>0</td></tr> <tr><td>Newtown</td><td>1</td><td>1</td></tr> </table>	Welshpool	7	1	Crickhowell	4	2	Llanfyllin	4	2	Calon Cymru	5	0	Llanidloes	2	1	Maesydderwen	3	0	Newtown	1	1	<p>26 (78.7%) respondents were not previously aware of our offer.</p>
Welshpool	7	1																				
Crickhowell	4	2																				
Llanfyllin	4	2																				
Calon Cymru	5	0																				
Llanidloes	2	1																				
Maesydderwen	3	0																				
Newtown	1	1																				
<p>Do you think today's session will help you remember this topic in the future?</p>  <p>5.21 Average Score</p>	<p>27 of 33 (82%) respondents rated the session 5 or 6 out of 6.</p>																					
<p>Average Score by School</p> <table border="1"> <tr><td>Calon Cymru</td><td>5.00</td></tr> <tr><td>Crickhowell</td><td>5.83</td></tr> <tr><td>Llanfyllin</td><td>5.83</td></tr> <tr><td>Llanidloes</td><td>5.67</td></tr> <tr><td>Maesydderwen</td><td>4.00</td></tr> <tr><td>Newtown</td><td>4.50</td></tr> <tr><td>Welshpool</td><td>4.88</td></tr> </table>	Calon Cymru	5.00	Crickhowell	5.83	Llanfyllin	5.83	Llanidloes	5.67	Maesydderwen	4.00	Newtown	4.50	Welshpool	4.88	<p>Learners from all schools rated the simulation experience as 4 out of 6 or above.</p>							
Calon Cymru	5.00																					
Crickhowell	5.83																					
Llanfyllin	5.83																					
Llanidloes	5.67																					
Maesydderwen	4.00																					
Newtown	4.50																					
Welshpool	4.88																					

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Data	Interpretation
<p>How do you rate today's experience?</p>  <p>4.70 Average Score</p>	<p>The maximum score for this question was 5.</p> <p>26 out of 33 (78.8%) respondents replied with 5/5.</p>
<p>Average Score by School</p> 	<p>High average scores, suggesting that even if students do not pursue a future health and social care career, their learning was enriched.</p>

Phase 5 simulation evaluation comments

When asked, what was the most interesting aspect of today's session, responses included;

- *Being able to see a snippet of the job that i wanna go into.*
- *Participating in the simulation and finding out how to effectively give care in those situations.*
- *Having the opportunity to play a role of a social worker in real life scenario.*

When asked, what was the least interesting part of today's session, responses included;

- *The debrief took a long time but was still good.*
- *There wasn't a least interesting aspect I enjoyed it all.*
- *The power point- i feel like it was dragged out a tad but this is me being picky.*

When asked, what areas did you develop your knowledge in the most, responses included;

- *Communication and confidence.*
- *Consent - how important it is to ask a person whether you can touch them or inspect an area.*
- *I learnt about the different types of professionals that work with individuals and what careers I could go into.*

When asked, is there anything linked to the topic you would like to know more about, responses included;

- *What happens after a visit at home of patient.*
- *No I have learnt a lot today.*
- *Work experience, Opportunities, Social Worker jobs, career progression*

A student reported the simulation session had allowed them an insight into social work which has confirmed their interest in the role. At one school, teachers reported they had subsequently used the simulation case study in their teaching, which the students had responded well to.

When asked, teachers reported:

- *Case study for year 12 was excellent.*
- *The context that was behind the discussion. relating things to decision making in real life.*

- *Pupils thoroughly enjoyed the practical session delivered in the school by the nurse.*
- *Pupils thoroughly enjoyed the visit to Bronllys simulation centre, and the facilitators were fab.*
- *Really engaging & pitched the sessions just right to challenge and engage the students.*

When asked what could be improved in the future, teachers stated:

- That the simulation sessions are offered in the North.
- Year 13 students apply their theory to case study of a child with complex needs for their NEA task and exam.

NPTC simulation sessions

Less than five students attended this session and so their responses to the evaluation questionnaire cannot be reported. The data has been reviewed and all scores were in the highest two categories and narrative responses aligned with those from schools.

Principles of Social Care session

This session, offered via Teams, provided learners with the opportunity to consider a wide range of principles, their application to practice, an opportunity to reflect on their own principles, and how these may shape and impact the future of social care.

4 students attended from 1 school & 1 college, with all other settings requesting a recording of the presentation for use at a later date.

To date, there have been fewer than five responses to the evaluation questionnaire and so they cannot be reported.

Physiological conditions session

This session, offered via Teams, provided learners with the opportunity to differentiate between chronic and acute conditions, and to recognise the variety of settings where health care may be delivered. They could also recognise the journey that a person with a physiological condition undertakes, apply this to a case study, and explore why prevention is better than cure.

10 students attended from 2 schools, with all other schools & college requesting a recording of the presentation for use in the future.

To date, there have been fewer than five responses to the evaluation questionnaire and so they cannot be reported.

When asked what could be improved in the future, teachers stated:

- *Ideas of how to build confidence to speak in a TEAMS meeting. Pupils aren't used to 'relating' via TEAMS.*

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Practical Skills session



This session was delivered in the school and colleges and provided learners with the opportunity to understand different roles in health and social care, undertake practical activities, and identify some underlying principles.

Because of the way in which evaluation was designed in 2023/24 it is not possible to disaggregate the score for this session from the Phase 4 presentation delivered on the same day. However, learners appeared engaged and to enjoy the hands-on experience of using equipment and conducting diagnostic tests.

Teachers commented on the appeal of the session to learners.

When asked, teachers found the following most valuable:

- *The physiological sessions in school were brilliant.*

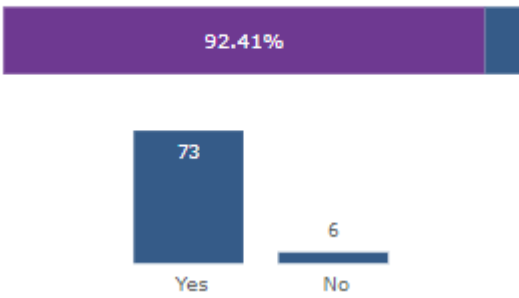
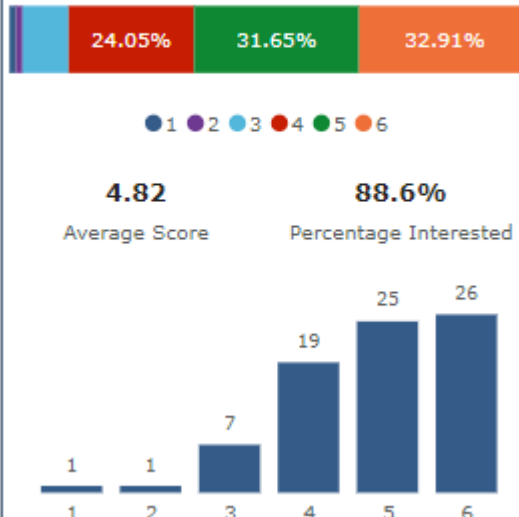
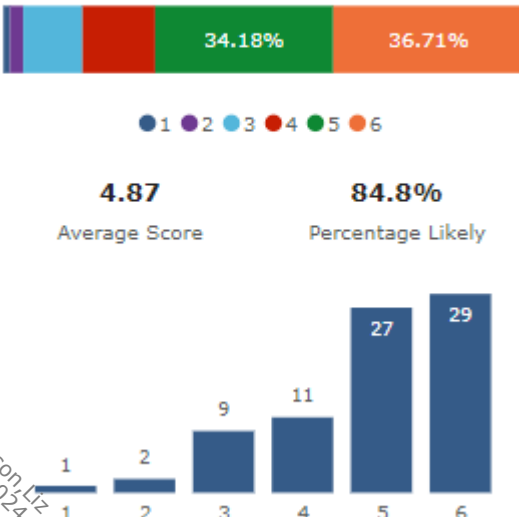
Health and Social Care Careers Festivals

96 Year 12 and 13 students studying a health and social care qualification in schools and NPTC college attended the Health and Social Care Careers Festivals which were hosted in the north and south of the county during February 2024.

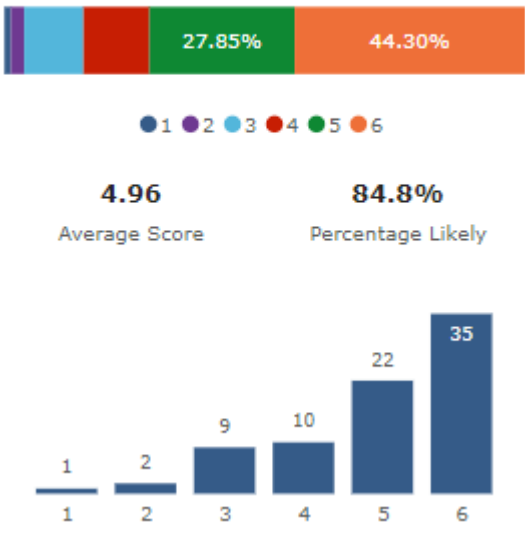
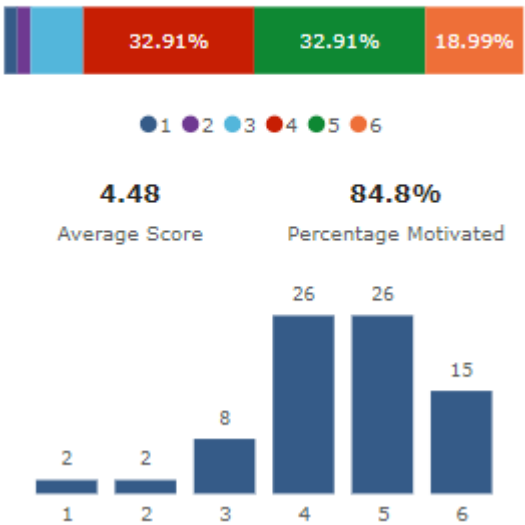
Students had the opportunity to:

- Hear about a range of health and social care careers and engage with professionals from various services, including social work, occupational therapy, mental health, midwifery, dietetics, and district nursing.
- Learn about a range of enterprise opportunities from educational teams, including the PCC social work grow your own scheme and PTHB aspiring nurse programme.
- Receive recruitment advice and support from organisational resource teams.
- Receive support and advice and hear about opportunities from organisations, including PAVO, Credu and Social Care Wales.

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Data	Interpretation
<p>Did you gain all the information you wanted to from your session with Powys Health and Care Academy?</p>  <p>92.41%</p> <p>73 Yes 6 No</p>	<p>It is noted that the event attracted 96 attendees, but feedback was supplied by 79 (response rate 76%).</p> <p>This is very positive feedback considering this was our initial year adopting this approach.</p>
<p>How interested are you in finding out more about health and social care and related careers in Powys?</p>  <p>24.05% 31.65% 32.91%</p> <p>● 1 ● 2 ● 3 ● 4 ● 5 ● 6</p> <p>4.82 Average Score 88.6% Percentage Interested</p> <p>1 1 7 19 25 26</p> <p>1 2 3 4 5 6</p>	<p>Whilst it is reasonable to expect learners undertaking health and social care qualification to be interested in a related career, almost 90% of respondents have reaffirmed this which is positive.</p>
<p>How likely is it that you will make further education or subject choices related to health or social care?</p>  <p>34.18% 36.71%</p> <p>● 1 ● 2 ● 3 ● 4 ● 5 ● 6</p> <p>4.87 Average Score 84.8% Percentage Likely</p> <p>1 2 9 11 27 29</p> <p>1 2 3 4 5 6</p>	<p>Whilst it is reasonable to expect learners undertaking health and social care qualification to be interested in the subject for the future, the slight dip in this score compared to the previous question could be because of the age and qualifications already underway – some of the students may be expecting to enter the workplace at the conclusion of their current programme of study rather than undertaking further study.</p> <p>In future years it would be interesting to understand if the event had a positive impact on this score.</p>

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Data	Interpretation
<p>How likely is it that you will take up a career in health or social care?</p>  <p>4.96 Average Score</p> <p>84.8% Percentage Likely</p>	<p>Again, this is positive score and in line with the previous two questions responses. It has been noted that 35 (44%) have given the maximum score for this question indicating a strong intention to work in health and social care. This is particularly encouraging as these learners are potentially our immediate “job ready” workforce.</p> <p>In future years it would be interesting to understand if the event had a positive impact on this score.</p>
<p>How motivated do you feel about spending more time with Powys Health and Care Academy in the future?</p>  <p>4.48 Average Score</p> <p>84.8% Percentage Motivated</p>	<p>This is another positive score. It is noted that the number of respondents giving the maximum score has dipped and it would be useful to understand why. We hope that the continued programme in future years would increase respondents’ scores through building relationships with the Academy and partner organisations from year 7 through to this age group and beyond.</p>

When asked, learners expressed a view that they would have liked to learn more about the following:

- Enterprise opportunities: volunteering, work experience, career pathways, earn while you learn (apprenticeships and university grow your own schemes).
- “a typical day” in different health and social care roles including health visiting, paediatric nursing, psychology, counselling, mental health, speech and language therapy, and paramedic.
- Practical hands-on activities.

When asked about the most likely career pathway learners would take responses included:

- Social Carer

- Social Worker
- Childcare
- Therapies, including, physiotherapy, occupational therapy, dietician and speech and language therapy.
- Mental health, psychiatry, and counselling
- Midwifery
- Nursing, including paediatrics.

Keeping in touch

When asked, 79 students said they wanted to keep in touch with future health and social care related information and signed up to receive the first edition of the health and social care newsletter. The newsletter created bilingually and in partnership will be sent out to students on a quarterly basis with the first edition due to be ready for release by the end of April 2024.

Partner feedback

Following their attendance at both Careers Festivals, Powys Association of Voluntary Organisations (PAVO), provided a brief report, highlighting the event;

- Promoted the benefits of volunteering as a way of boosting students' CVs and helping them stand out from other applicants when they apply for jobs.
- Enabled students to use voting pots to identify future education and careers choices.
- Enabled students to identify areas of volunteering interest.

The report also stated that, because of attendance on the days, 6 students are currently in discussion to fulfil PAVO volunteering roles.

Credu is the current commissioned service for unpaid carers support in Powys. Credu attended both Careers Festivals with the aim of raising awareness of unpaid carers, whether those were young carers, working carers, or carers that might be considering a future role in health and social care. Credu offered to help support learners with the tools needed so that unpaid carers of all ages can be recognised, understood, valued and supported within families across Powys. The Academy have received positive verbal feedback from Credu who have also confirmed an interest in attending similar events in the future.

Powys County Councils' Social Care Practice Development Team attended both Careers Festivals and provided information on careers, vacancies, training and qualification options within the social care sector. Feedback on the day indicated there had been productive conversations with learners about the opportunities in social care in Powys.

When asked, teachers found the following most valuable:

- *Careers Festival session was valuable to Y12 - they arrived unsure about what they wanted to do but left with a clear vision of future career.*
- *The variety of different job opportunities shared with the learners.*
- *The opportunity to talk to real-life health workers which enabled them to gain knowledge needed for exams.*
- *The knowledge gained about varied career pathways and opportunities within POWYS, making these careers accessible to all.*
- *Networking for work experience contacts*

When asked what could be improved in the future, teachers replied:

- *The careers festival in NPTC was great - but wonder if more movement could be added in as there was lots of sitting still.*
- *The careers festival was great but felt a little rushed, could the day be made a little longer with perhaps an earlier start. - there was so much to fit in and to allow transport but would be worth asking if schools could get there for 9am rather than the 9.30/10 to allow more time.*
- *More time given to each speaker at the career's festivals*
- *More hands-on practical activities at the career's festivals.*
- *Pupils would prefer to have an opportunity to speak with the professionals outside of the lunch break. They didn't want to miss out on the opportunity but felt they didn't have sufficient time to have lunch and engage with professionals at the same time.*
- *Please can we also have a biannual programme of case studies and speakers so that the year 12 learners this year see something different (e.g. a child with complex needs) next year. This is something to also consider for the younger learners (especially year 7 who have had the same talk as year 8 already) for next year.*
- *Multi-agency/ co-production examples for person-centred care examples.*

Additional Learning Needs settings

We were keen to be inclusive and worked collaboratively with the 3 special schools for pupils with additional learning needs to create a more bespoke and responsive session for their learners. The Academy team delivered 8 sessions in 3 ALN settings and reached a total of 77 learners.

Some limited pre-session data was provided. This indicated learners had a wide range of career aspirations. A request for post session data was made in early April, we have not received any responses. Learning for next year is to do simplified evaluation during the session. To strengthen the sessions delivered to ALN students in the next academic year, we need to be clear on the active offer of paid employment from within organisations.

Pupil referral units

An agreement is in place with the Headteacher of the Pupil Referral Units to ensure that an appropriate delivery of sessions to learners can be provided upon request. This is dependent on learners needs and, to date, no requests have been received.

Seren session

The Seren Academy is a Welsh Government initiative dedicated to supporting Wales most able state educated learners to achieve their full academic potential. Following a request by Powys County Council a session was held via Teams for 47 Powys students. Titled 'The Health & Social Care Horizon: Dilemmas to Debate', this session was designed to provide students with the opportunity to consider and debate 4 current social care topics. Unfortunately, ICT issues adversely affected the delivery of this session. Feedback has included that learners engage better in face-to-face sessions.

Highlights of the approach in 2023/24

- The phased approach offer has been positively received across Powys.
- We have been able to offer an inclusive approach, working in partnership with the schools with pupils with additional learning needs and pupil referral units to ensure appropriate delivery.
- A Welsh language design and delivery for our dual stream schools ensures inclusivity.

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- Clinical and non-clinical roles and pathways have been highlighted to ensure the offer potentially appeals to everyone.
- Simulation and debrief provides an excellent platform for students to further understand their academic learning within a practice setting, raise role awareness, and be introduced to reflective practice. Legislation, codes of practice and theory were prominent features of the learning outcomes.
- Having such a diverse partnership input has ensured that an all-sector approach is constant, and the Steering Group consistently ensures that design and delivery remains a focal point of successful partnership working.
- Developing resources for health & social care teachers were welcomed to enhance their delivery.
- A positive image of health & social care professionals is portrayed.
- We are keen to share our learning across Wales.
- Excellent examples of high staff morale, innovative individuals, strong team working, and effective partnership working were prominent.
- Data collection is key, and we are taking an innovative and ongoing approach to evaluation this year, to consistently capture the learner's experience. These changes have been developed because of learning from the pilot. Not all secondary schools have sufficient I.T resources, so a combination of this and paper will ensure that we can maximise feedback and contribute to develop our service offer.
- ACEES supports the emphasis that Powys has generated to grow their own.
- How and when we provide such a delivery has been a significant task but has informed our learning and all decisions have been made in partnership. For example, applying a maximum number of school visits per week next year.
- Annual review and update of RPB content to support ACEES.

Lessons learnt from 2023/24

A lessons learnt log was maintained throughout the year by members of the Academy team, reflecting experience of team members and colleagues supporting the work in partner organisations. The entries into that log have been summarised and themes and are presented below.

Planning and logistics

- Limit school visits to 2 x weekly maximum to manage the impact on the facilitation team
- Estyn inspections can impact on planned activity and some flexibility will need to be retained in 2024/25 in case of a clash.
- The difficulty of digital data capture due to limitations of ICT infrastructure in some schools.

Evaluation

- Consider the application of standards (e.g. Gatsby) to measure against
- Evaluation requires input of colleagues from partner organisations to strengthen and build in 2024/25.
- Significant role played by Digital Developer in addressing the challenge presented by lack of digital evaluation data and reliance on paper copies in school settings. It would have taken 43.5 hours to manually input 2299 paper evaluation forms. In theory, doing this annually, in 5 years saves approximately £2150 purely in admin time.

Inclusivity

- Welsh medium provision for the Ystradgynlais area is not within the Powys County boundary.
- Managing pupil disruption in sessions varied by school and expectations and role clarity in this regard needs to be made explicit for 2024/25.
- Welsh medium delivery and positive feedback, the dual stream approach was valued in those settings.

Recommendations

We acknowledge feedback about challenges of engaging large groups however due to time constraints during the school day it will be necessary to combine year groups: year 7 and 8; year 9 and 10; year 11, 12 and 13.

We will focus on the hook: who we are and the benefits of working for us including the range of career choices with the aim of highlighting a role for everybody. We will achieve this through fun and practical learning supported with a suite of resources hosted on the RPB website – e.g. how to complete an application and how they get scored, top tips for interviews, taught sessions relating to clinical or professional topics.

Face to face or pre-recorded videos will be used in 2024/25 based on teacher and learner feedback and to maximise impact of each session. Logistical and planning implications of this will need to be overcome and timing of Seren session/s included.

1. Develop a range of supplementary resources hosted on the RPB site. This will enable teachers and learners to access information that aids their programme of study at a time that benefits them the most and re-cap on content as required.
2. Engage with all settings and confirm dates prior to the end of the summer term. Our aim is to visit every appropriate setting, increasing from the 10 secondary schools and FE college that engaged with ACEES in 2023/24.
3. Engage with the Welsh medium catchment school for the Ystradgynlais population.
4. No more than two settings per week are visited by the team in order to make scheduling and logistics more streamlined. This will also ensure learners have the best possible experience delivered to them. Commence delivery of sessions earlier in the academic year to achieve this.
5. Explore how to make simulation more efficient and accessible.
6. Continue to reflect the breadth of roles across health and social care including services that support front line delivery of care and treatment.
7. Pilot an enhanced work placement experience scheme in conjunction with sovereign bodies.
8. Based on teacher and learner feedback we will deliver as many sessions as possible face to face. These will be supplemented by a range of online resources hosted on the RPB website.
9. To strengthen the sessions delivered to ALN students in the next academic year, we need to be clear on the active offer of paid employment from within organisations.
10. Continue to deliver sessions in the Welsh language as appropriate and emphasise the importance of the Welsh language in the workplace in English-medium settings. We recognise that some schools in Powys are transitioning from dual stream to Welsh-medium settings on a phased basis and the facilitation of sessions will need to reflect this, drawing on support from appropriate colleagues across the partnership.
11. Engage with the Primary & Community Care Academy to develop resources and involvement for the next academic year.

12. We will not be able to support schools with the assessed case study near the end of the academic year due to the differing course requirements of NVQs and A levels.

Increased elements for 2024/25:

- Parent and carer video on RPB site
- Supplementary resources (taught sessions and recruitment advice etc) on RPB site to benefit teachers, learners (including those that are home educated).
- Pilot an enhanced work placement experience scheme in conjunction with sovereign bodies.
- Co-produce ACEES for unpaid carers (priority in theme 5 – Partnership and Citizenship).

Indicative proposed timeline

Month	Activity
May 2024	Complete evaluation of ACEES 2023/24
June 2024	Liaise with education settings to plan dates for 2024/25, including consideration of approach to delivering simulation closer to settings. Liaise with colleagues regarding supplementary resources to be hosted on RPB website (for example, pre-recorded videos).
July 2024	Finalise dates for all settings in 2024/25. Design of simulation and ACEES delivery materials.
August 2024	Design evaluation with informatics and BI colleagues. Commence planning of Careers Festivals.
September 2024	Commence delivery of simulation sessions and phases 1-4. Supplementary resources live on RPB website. Resource for parents/carers launched on RPB website via schools.
December 2024	Conclude delivery of simulation sessions and phases 1-4.
February 2025	Careers Festivals.
March 2025	Additional Learning Needs session delivery.
April 2025	Conclude all delivery in advance of Easter holidays. Commence evaluation.

Conclusion

This has been our learning year. The reach of ACEES far exceeded what we expected at the outset of this year, and it has been wonderful to witness the young people from right across Powys engaging with our skilled team of facilitators and educators.

We were really enthused by the post session evaluation scores, which evidence a good level of interest in developing a career in health and social care in Powys. The Academy, with partners, has the opportunity in future years to positively influence the levels of interest through repeated contact and use of engaging techniques.

We look forward to continuing to work with schools, colleges, learners and our partnership colleagues to strengthen and embed our approach to growing our own future health and social care workforce in the years that come.

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Appendices

Appendix 1: Phases 1 to 4 2023/2024

Phase 1 - First Touch Year 7 & 8 (11-13yrs)	Phase 2 - Early Thinking Year 9 (14yrs)	Phase 3 - Future Affirming Year 10	Phase 4 - Out Reach Years 11, 12 & 13	Phase 5 – Years 12 & 13
Introduction to Health & Social Care	Developing Career Awareness	Career Awareness & Enterprise Opportunities	Career & Recruitment Enterprise Opportunities	Enhanced Health & Social Care Enterprise Opportunity
Autumn Term	Autumn Term	Autumn Term	Autumn Term	Autumn Term / Spring term
Phase 1 - First Touch Year 7 & 8 (11-13yrs)	Phase 2 - Early Thinking Year 9 (14yrs)	Phase 3 - Future Affirming Year 10	Phase 4 - Out Reach Years 11, 12 & 13	Phase 5 – Years 12 & 13
Introduction to PTHB & PCC	Developing Career Awareness	Career Awareness & Enterprise Opportunities	Career & Recruitment Enterprise Opportunities	Enhanced Health & Social Care Enterprise Opportunity
Autumn Term	Autumn Term	Autumn Term	Autumn Term	Autumn Term / Spring term
<p><u>Introduction:</u></p> <p>*Powys Health & Care Academy PTHB & PCC</p> <p>*What is Health & Social Care?</p> <p>*Careers in Health/Social Care/PCC</p> <p>*Welsh Language in the Workplace</p> <p>*"Day in the life of" ... job profiles</p>	<p><u>Introduction:</u></p> <p style="text-align: center;">+</p> <p>Developing Careers Awareness:</p> <p>*Job Roles & Career Pathways in Health / Social Care/ PCC – qualifications required - GCSE informed</p>	<p><u>Introduction:</u></p> <p style="text-align: center;">+</p> <p>Enterprise Opportunities:</p> <p>*Young Peoples Volunteering Enterprise Programme (Welsh Bacc/DoE)</p> <p>*Introduction to Work Experience Enterprise Programme – Year 12+</p> <p>*Introduction to Apprentices Career Enterprise Programme – Age 16+</p>	<p><u>Introduction:</u></p> <p style="text-align: center;">+</p> <p>Enterprise Opportunities:</p> <p style="text-align: center;">+</p> <p>Career & Recruitment Enterprise Opportunities:</p> <p>*Work Experience Enterprise Programme – Year 12+</p> <p>* Apprentices Career Enterprise Programme - Year 12+/Age 16+</p>	<p>Enhanced Health & Social Care Enterprise Opportunity – H&SC/Science & Medical students</p> <p>Session 1 - Yr 12/13 – Health and Social Careers Event (External venue-NPTC) SPRING</p> <p><i>(Careers session where health and social care professionals invited in to speak about their careers and roles.) Combined with recruitment advice/bank applications/talent pool</i></p> <p>Yr 12 - Session 2 - Practical skills: (Lunch time drop in) AUTUMN <i>(Including wound dressing, blood pressure, urine testing) –</i></p>

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<p>*Introduction from School Careers Advisor – Careers Wales</p>		<p>*Recruitment Enterprise Programme – stage 1</p>	<p>*University Registrant available to Powys learner opportunities</p> <p>*Recruitment Enterprise Programme – routes into H&S care in Powys</p>	<p>Yr 12 - Session 3 - Physiological Conditions (Teams) Spring <i>(a deep dive into a variety of conditions and their effect on a person and their needs, including introduction to different roles)</i></p> <p>Y13 - Session 4 - Patient Scenarios – (Academy) Autumn <i>(simulation-based learning experience)</i></p> <p>Yr 13 - Session 5 - Principles of Social Care (Teams) SPRING</p>
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Powys Teaching
Health Board

Workforce and Culture Committee

4th June 2024

‘Employee Health and Wellbeing’

Agreed by: Debra Wood-Lawson Executive Director People and Culture

Prepared by: Rhys Brown Head of OD/Sarah Powell Assistant Director People and Culture

Presented by: Sarah Powell , Assistant Director of People and Culture

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Debra Wood-Lawson

Subject:	Update against the 'Workforce Futures' priority in the integrated plan. Strategic Priority 12: Employee Health and Wellbeing
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 Employee Health and Wellbeing priority.
Recommendations:	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • 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 'Health and Wellbeing' priority.

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Strategic Priority 12: Employee Health and Wellbeing

Integrated Plan Intended Outcome/Impact

- Staff report positively about their health and wellbeing at work, feel supported and have access to wellbeing initiatives that meet their needs
- Staff across the organisation demonstrate compassionate leadership in their everyday work
- Managers are able to utilise workforce policy and guidance to support staff to remain in/return to work

Regular access to wellbeing roadshows and initiatives which support health	Undertake a series of wellbeing roadshows across the county	Q4
Embed Compassionate Leadership model to underpin approach to staff wellbeing	Deliver two Compassionate Leadership courses per month	Quarterly Update
Develop the capability of managers in relation to Managing Attendance at work policy to support staff to return to work or stay in work	Review and republication of the managing attendance at work toolkit	Q1
	Delivery of targeted / bespoke sessions to managers	Ongoing
Undertake regular Team Climate surveys and feedback to service managers to identify ways they can support the wellbeing of their staff	Undertake surveys targeting one service per quarter	Quarterly Update

This assurance report will cover :

- Wellbeing roadshows
- Compassionate leadership : Managers programme :15 min wellbeing break
- Capability of managers – relating to attendance at work
- Occupational Health: Wellbeing at work group : Planning ahead sessions

Wellbeing Roadshows



Wellbeing Roadshows

All main hospital sites visited through December 2023 with 211 attendees (90% of staff available on the site on the day of the visit)

Wellbeing Road-runs

In January and February, we visited over 200 staff members who are not based in main hospital sites but work in small sites, GP centres and schools for example.

Areas visited:

Newtown, Llanfyllin, Welshpool, Llandrindod, Brecon, Knighton, Builth, Crickhowell and Talgarth.

Staff were given Wellbeing bags which contained information, biscuits and tea/coffee.

As well as this, staff were given the opportunity to discuss their Wellbeing and to take time to find out more about what PTHB does and can do to support them.

Planning for repeat roadshows is underway.

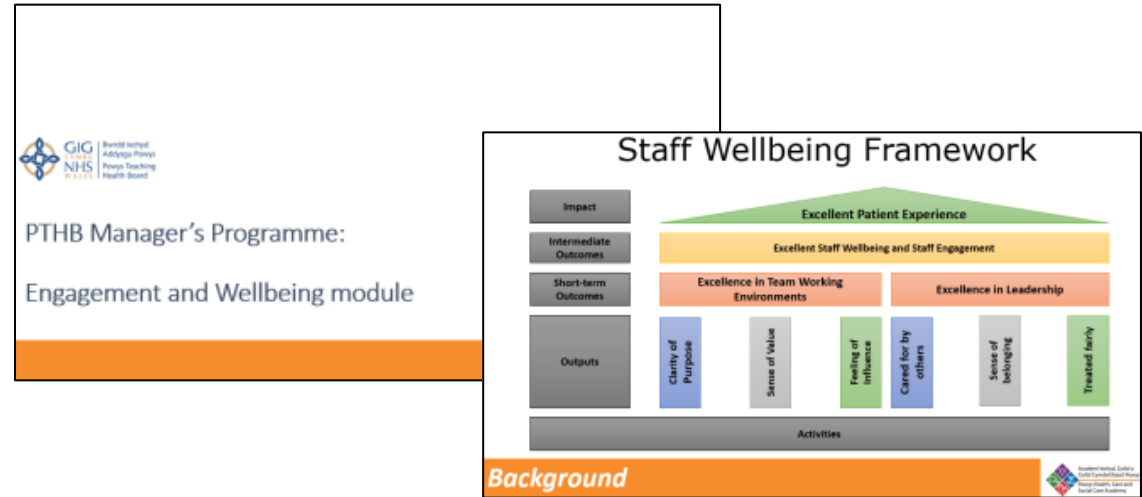


Manager's Programme

A new module of 'Engagement and Wellbeing' has been created for the Manager's programme. Its first session ran on 26th April and has received positive feedback. There are 5 more planned up until end of July, with further to follow from September onwards.

The module covers:

- Research, Evidence and Background
- Staff Engagement
- The science of Wellbeing and the ways to Wellbeing
- How do you improve your Wellbeing?
- Employee Experience Toolkit session
- Wellbeing resources
- Next steps



This section contains two diagrams. The first, titled 'Sections', lists four key areas: Working environments, Wellbeing advice and resources, Workplace culture, and Learning and development, each with a brief description. The second, titled 'Self-assessment', shows an example of a self-assessment tool for 'Working environments'. It includes an overview table and a detailed self-assessment table with columns for 'To achieve this, each organisation should have', 'How well do we do this?', and 'How well do we do this?'.

Compassionate Leadership

Introduction to Compassionate Leadership Behaviours

- 1.5-hour course delivered online
- Open to all staff across the Health, Care and Social Care Sector
- 430 Staff in total attended (324 from PTHB) since March 2023

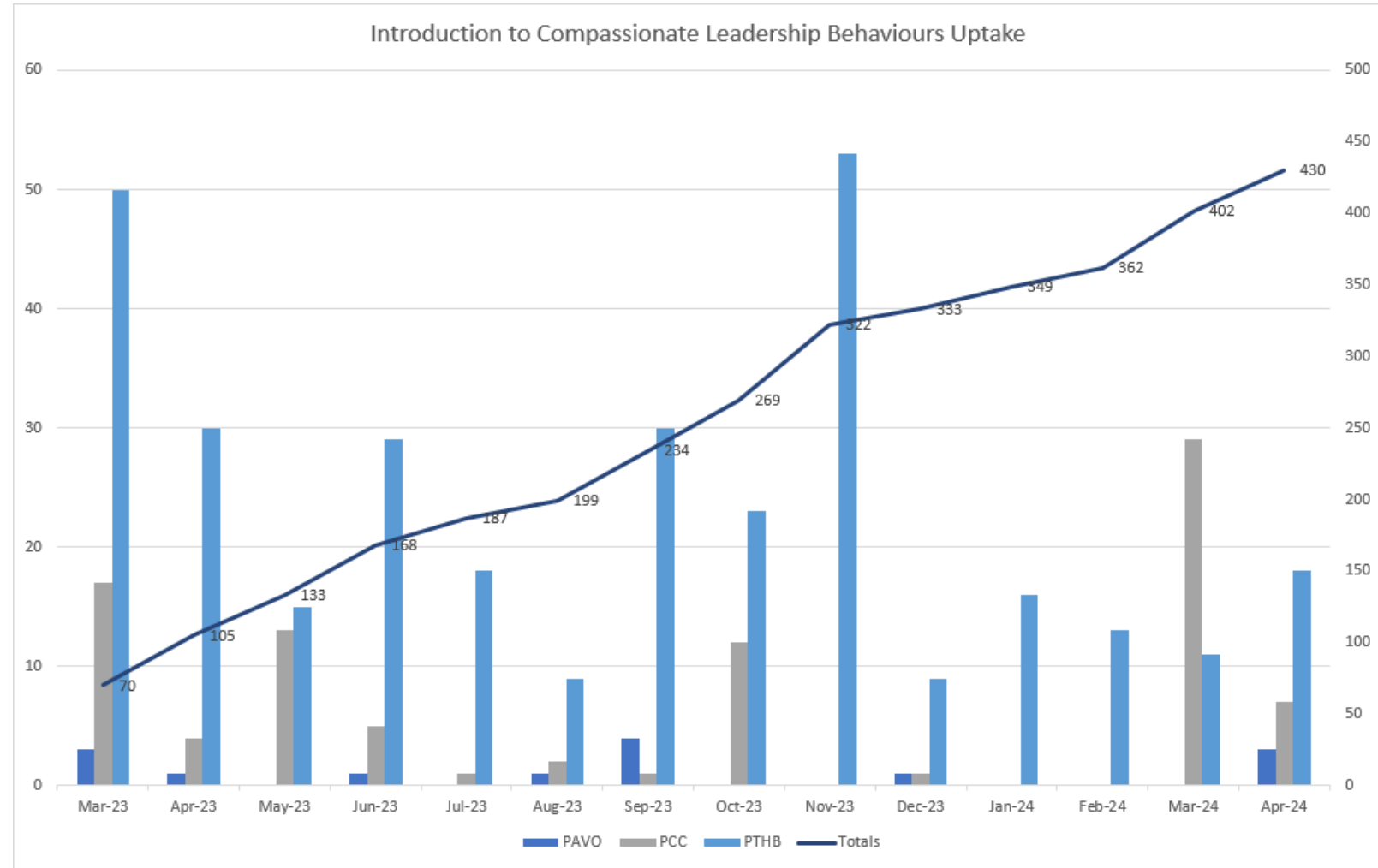
Evaluation

Responses	PCC	PTHB	PAVO
Average Session score	4.6/6	5.0/6	Nil Return

Feedback generally positive except PCC/PAVO colleagues highlighting health focus of examples. This has been rectified.

Pilot Compassionate Leadership Modular Programme

- 4 Module course developed by HEIW and delivered over 3 days
- Incorporated into PTHB Manager's Programme
- Pilot numbers were **PCC – 13, PTHB 20**
- Good feedback from pilot participants which emphasises the need to increase compassionate behaviours and seek out 'win:win' interactions



PAVO – 14 (28%) PCC – 92 (18%) PTHB – 324 (15%)

15-Minute Wellbeing Breaks

During face-to face feedback sessions with Powys Teaching Health Board staff in the summer of 2023, across all main sites, a range of staff mentioned a misunderstanding of the '15 Minute Wellbeing Break' and they were not sure exactly of their entitlement.

Recommendations via an SBAR were a complete refresh and re-promotion of the WBAW break. Including:

- Working closely with managers to ensure their understanding around the nuances of the break, including levels of discretion.
- Find ways for clinical and non-clinical staff to all access the WBAW break – eg. A quiet room for ward staff
- Re-promote the break, highlighting the fact it is for staff and to help with morale, wellbeing and stress.
- Have high-level endorsement for encouraging managers to facilitate breaks and/or staff to set aside time to take their breaks.

During May, we will have re-promote of the guidelines, provide answers to FAQs and produce a resource of top tips (see example poster).

[PTHB Connect - Wellbeing - Home \(sharepoint.com\)](#)



Develop the capability of managers in relation to Managing Attendance at work policy to support staff to return to work or stay in work

- The managing attendance at work toolkit has been developed and reviewed in partnership to ensure managers have a point of guidance and actively consider options such as redeployment, adjusted hours or duties to support staff remaining in or returning to work.
- The toolkit is now published and readily available to managers via the Human Resources intranet site. [Managing Attendance at Work Guidance & Toolkit.doc \(sharepoint.com\)](#)
- The Business Partner team review absence data to recommend targeted intervention in relation to Managing Attendance at Work with Assistant Directors. The first targeted session is due to take place in June and will continue throughout the year.

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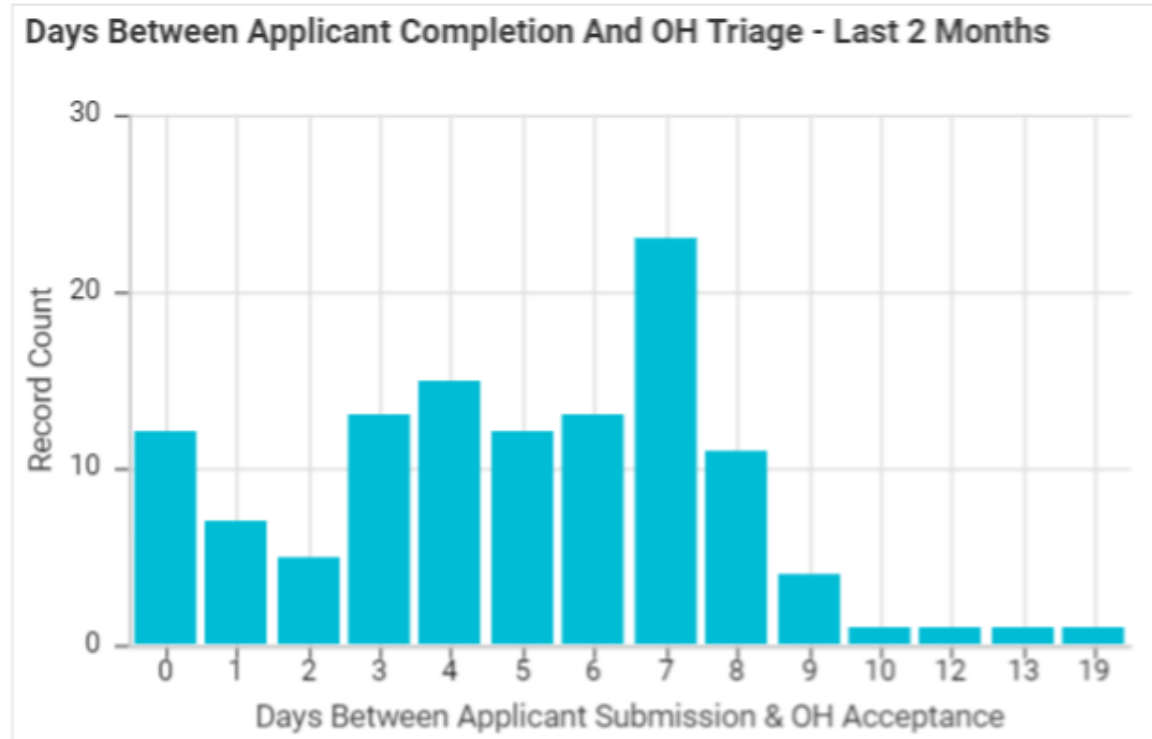
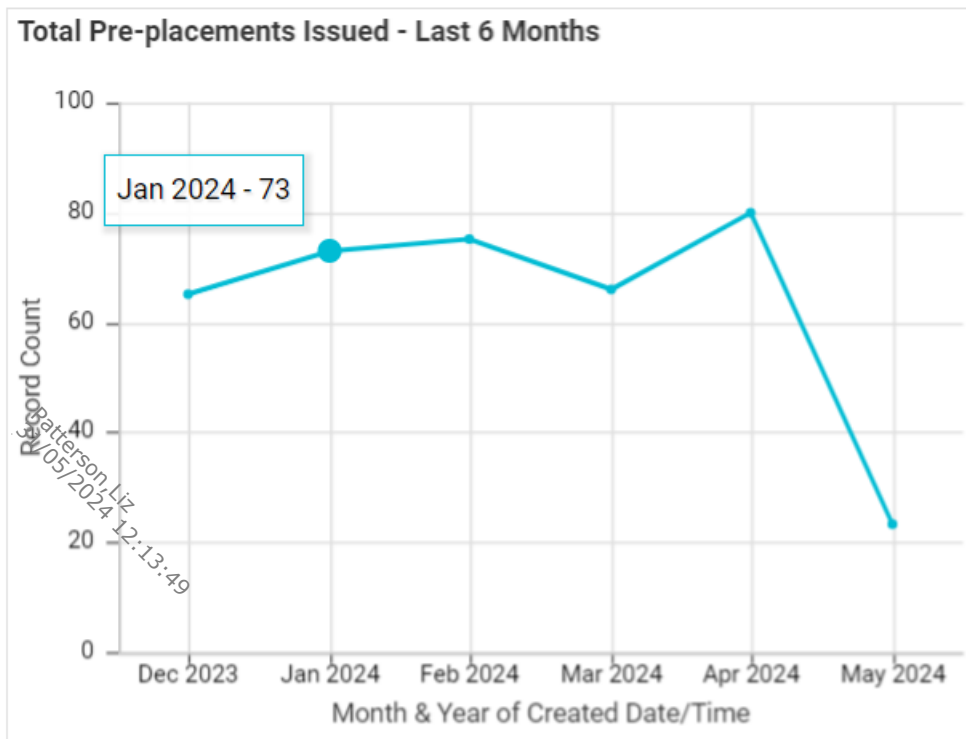
Occupational Health

- Configuration of OPASG2 (the OH management system) is still ongoing and we hope to be bi-directional with ESR within the next 3 months
- New OPASG2 Managers Referral Portal will be live and managers assigned by the beginning of July – this will enable electronic entry of Management and Self Referrals and the ability to track the pathway of the staff member once the referral has been triaged.
- Occupational Health team are working with PTHBs Powys Public Health to offer the MMR catch up vaccination programme for staff and have currently delivered an additional 43 vaccines to staff
- **The Wellbeing at Work group has been recommenced with positive engagement and feedback.**
- During May an appointment to the part time post of Consultant Physician was made. This will bring additional stability and OH experience to the service from June 2024. Appointments to these roles are rare due to scarcity of OH consultants and we are delighted to have secured Dr Shuja Din to work in Powys.

Occupational Health OPAS G2 Dashboard- Snapshot

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 64 checks being completed in a calendar month.

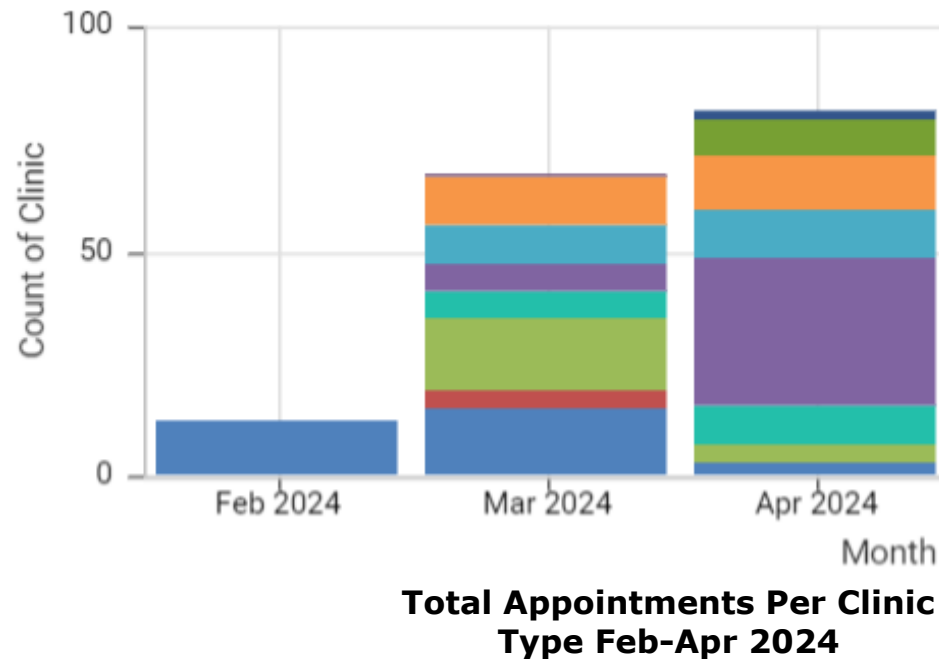
The average days between submission and completion is averaging at 7 days - when we are fully staffed we will be able to achieve the **All Wales NHS Occupational Health (OH) Scope of Practice and Draft Minimum Service Standards - March 2024** of 5 working days for standard clearances.



Occupational Health OPAS G2 Dashboard

All Vaccine/Serology Appts and Consultant Management Referrals are now managed through the OPASG2 system – from the graph below you can see that there is an average of 75 face to face appts being completed in a calendar month.

When fully staffed we will be able to achieve the **All Wales NHS Occupational Health (OH) Scope of Practice and Draft Minimum Service Standards - March 2024** of 3 days to triage and for staff to have an appointment within 20 days. The appointment of our new Consultant Physician Dr Shuja Din, will ensure a robust service moving forward.

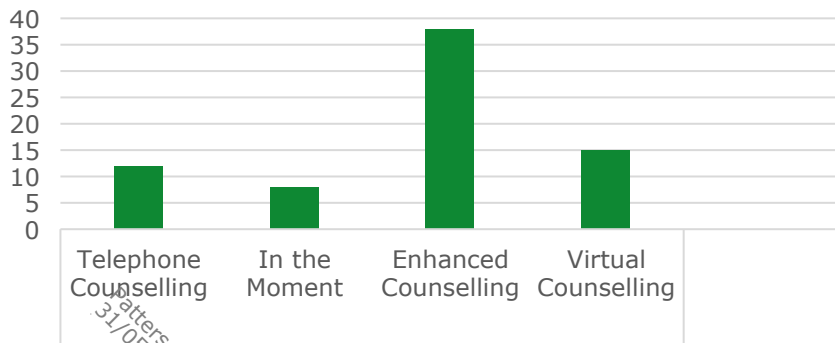


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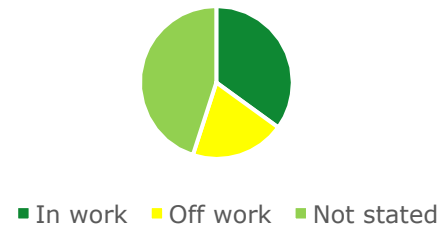
Occupational Health VIVOP Employee Assistance Programme/Counselling Service Mar/Apr 2024

- Wellbeing pages : VIVUP employee assistance programme is in place to develop wellbeing specific intranet pages and providing wellbeing resources and activities.
- The page continues to have approximately 500 visits each month.
- 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.

PTHB Counselling Mar - Apr 2024

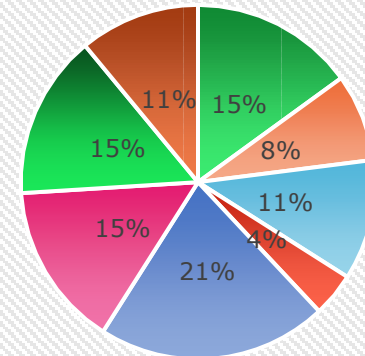


Work Status at time of call



PTHB Presenting Issue - Mar - Apr 2024

- Anxiety
- Workplace Stress
- Family Difficulties
- Financial Stress
- Other /Relationships
- Health Concerns
- Stress
- Depression



Wellbeing at Work Group



The purpose of the Wellbeing at Work group is to provide leadership and support to PTHB departments in facilitating the health and wellbeing of staff as an integral part of its corporate objectives. The group reports up to the Health & Safety Group.

The group will oversee and advise on relevant activities, initiatives and strategies to ensure governance across programmes and improve the overall offer to staff as an employer to look after the health and wellbeing of its staff.

The group has met twice since late 2023 and has begun developing a Wellbeing Action plan, with three focus themes:

- Surveys and Workforce data
- Promotions/Campaigns
- The Staff Wellbeing offer

Planning Ahead in Powys

- ❖ Offer to PTHB Staff to attend a short workshop on early conversations about death and dying and the types of things to consider in order to plan ahead
- ❖ Two sessions delivered so far with 14 participants
- ❖ Evaluation of these initial sessions saw the participants level of confidence to discuss these issues increase from 3.08/5 to 4.08/5
- ❖ New Bereavement Lead in place in the Quality and Safety Team who will continue these discussions in the future

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Workforce Retention

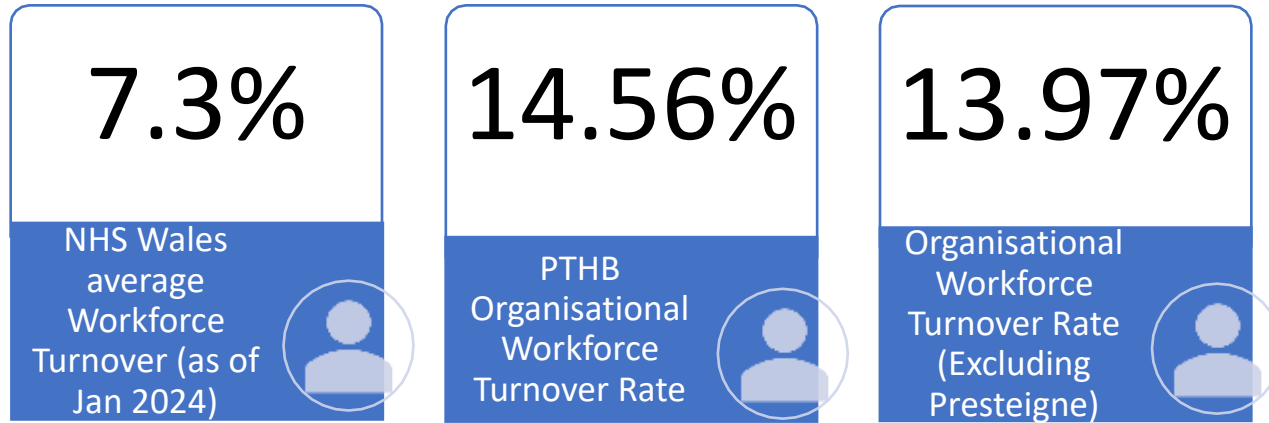
A Review of Workforce Retention in
Powys Teaching Health Board from
01/04/23-31/03/24

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31/05/2024 12:13:49

Subject:	Workforce Retention
Approved and Presented by:	Approved by Debra Wood Lawson, Presented by Julia Williams
Author:	Julia Williams, Workforce Retention Lead
Purpose:	These slides seek to inform the Committee of the current available data related to workforce turnover and retention.
Recommendations:	<p>The Workforce & Culture Committee is asked to:</p> <ul style="list-style-type: none"> • RECEIVE the presentation, and • take ASSURANCE that a review of workforce retention has been undertaken and further plans are in place to positively focus on retention in the future.
Executive Summary:	<p>PTHB workforce turnover is higher than the NHS Wales average. Within the last financial year 2023/2024, some staff groups have experienced higher turnover than others. Registered Nurses and Midwives have seen the highest turnover by headcount, but this is in relation to the size of the staff group. The data shows that 47% of staff who left the organisation in this time, did so after less than 2 year’s service. The age demographic of the workforce also indicates that the number of staff due to retire in the next 5 years, will be a leading factor in workforce turnover. In some cases, sickness rates and vacancy rates are related to high workforce turnover.</p> <p>Staff engagement has taken place to further understand the reasons for staff attrition in PTHB. To further comprehend staff attrition, triangulation of the results of the detailed analysis of the staff survey, the review of PTHB’s Nurse Retention Self-Assessment and exploration of staff feedback gathered during engagement will be essential to improving understanding, which will form the basis for a local action plan. This will initially focus on the Nursing workforce and be guided by a retention steering group, whilst working alongside the HEIW Nurse Retention Plan.</p> <p>It has been recognised that there are many elements to staff retention and therefore a collaborative and multidimensional approach will be needed to make progress.</p>

Workforce Turnover

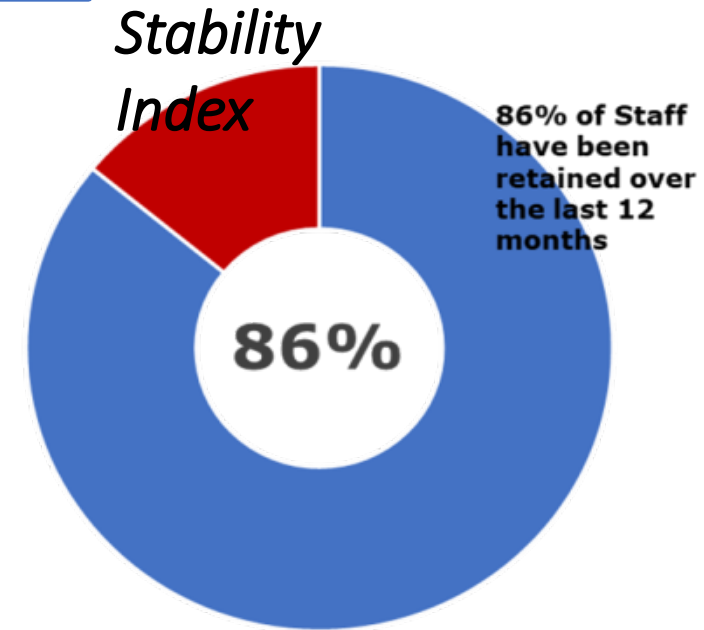
Q: Does Powys Teaching Health Board have a higher-than-average workforce turnover?
A: Yes, when compared with NHS Wales average, and a similar Trust in England.



Powys Teaching Health Board’s Workforce Turnover Rate is currently higher than the NHS Wales average.

Key considerations:

- **Geographical challenges** – sparseness of population
- **Clinical differences** – potentially seen as limited progression or challenge
- **Population demographic** – ageing population



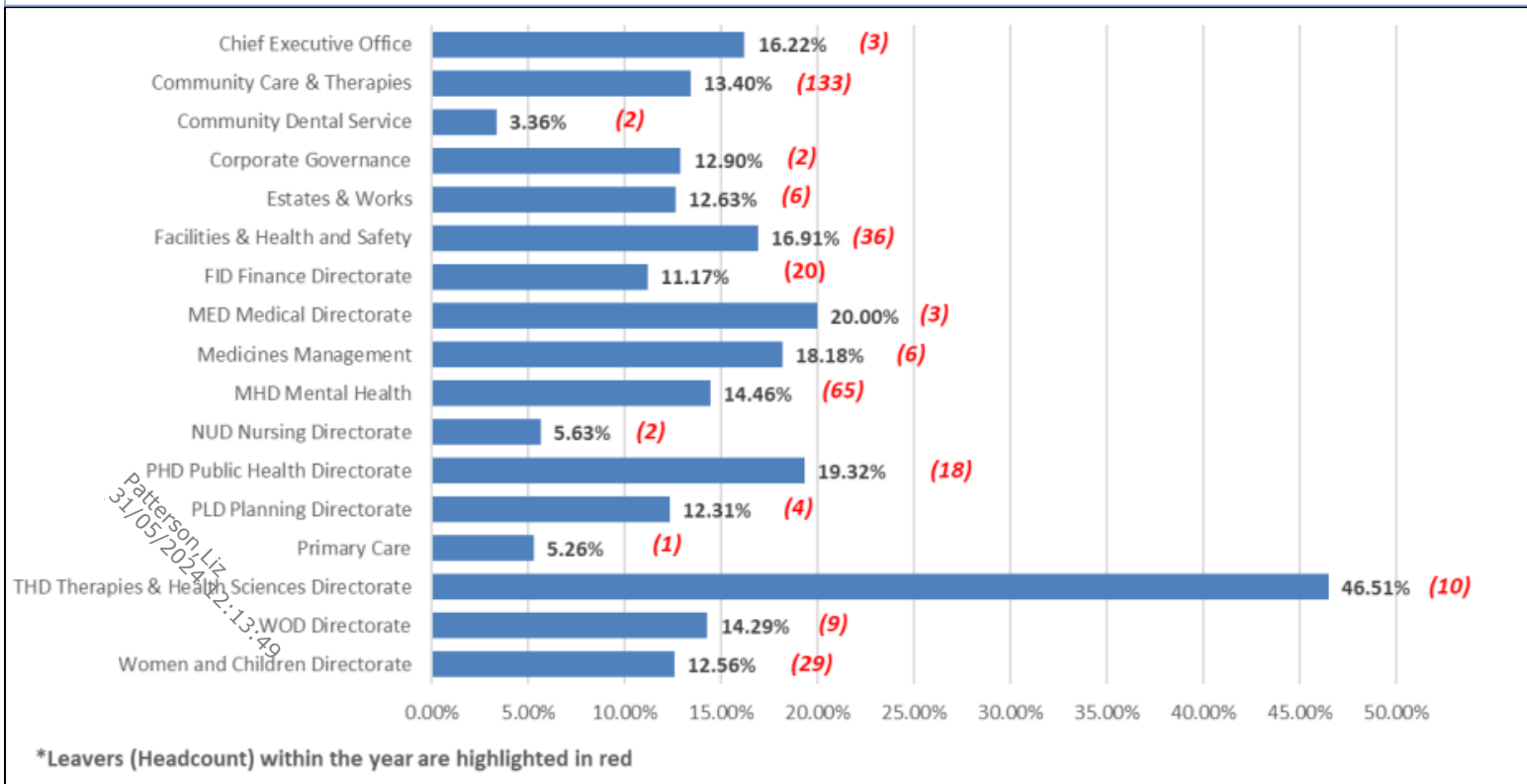
Staff retention is based on the number of employees who were in post at the start of the period (01-Apr-23) and those still with us at the end of the period (31-Mar-24.)

Workforce Turnover

Q: Is the turnover related to a particular directorate?

A: The turnover is relatively widespread across the organisation, the highest turnover is in Community Care and Therapies, Mental Health and Women and Children.

Turnover by Directorate/Number of Leavers (in last financial year 2023/2024)



Therapies & Health Sciences saw greatest percentage turnover, however this is down to a small workforce within the directorate, 22 average, with 10 leavers in the last 12 months, 4 of which were end of fixed term contracts.

Medical Directorate also have a small number of staff, 15 average - 3 leavers 1 of which was fixed term.

Medicines Management have a relatively small workforce; 33 average. This data shows there were 6 leavers, 1 of which was end of a fixed term contract.

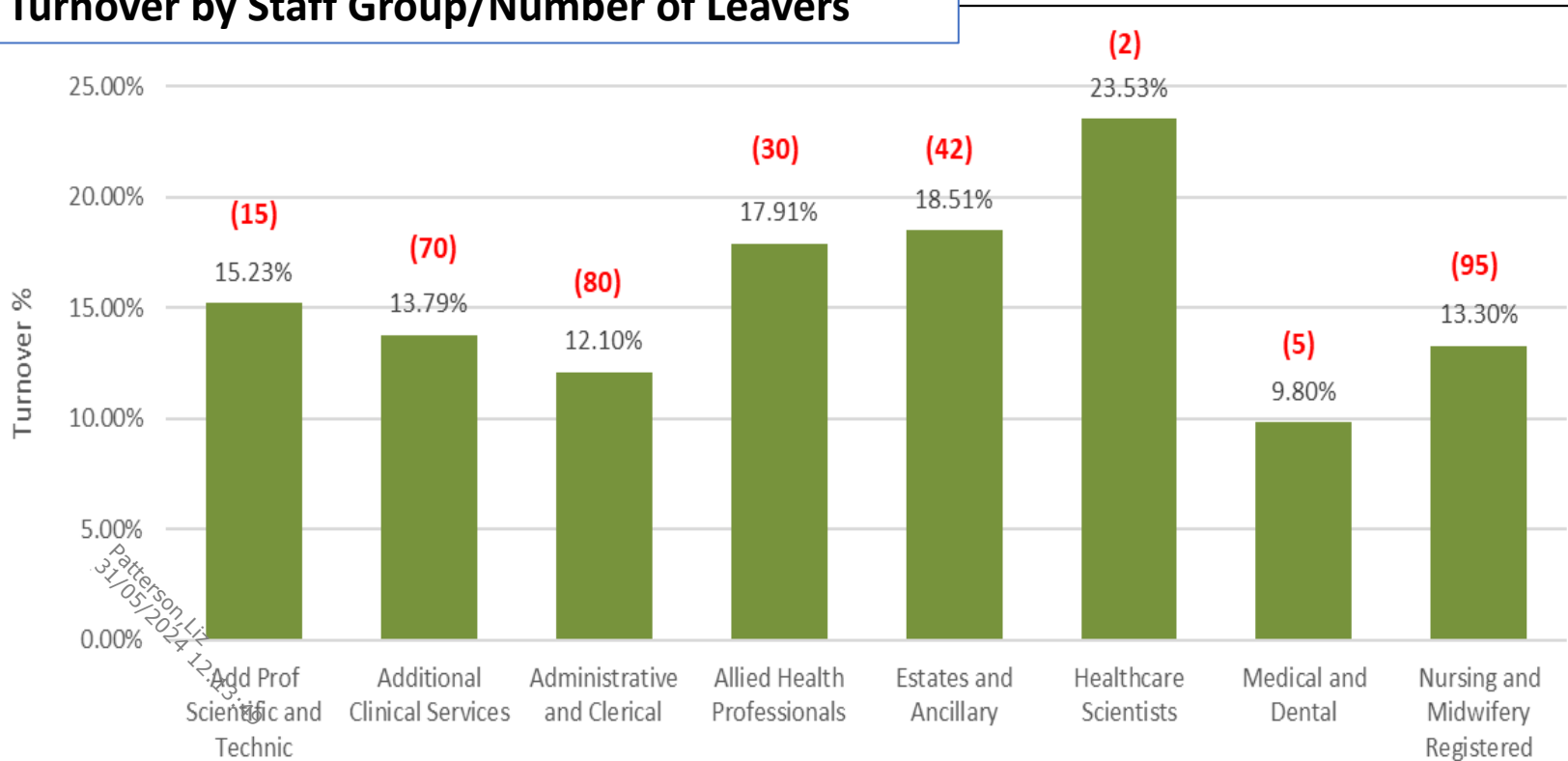
Public Health includes Mass Vaccination Staff, who have a high turnover in themselves (18.80%) and who have had 12 staff leave in the last year, 6 of which were fixed term.

Workforce Turnover

Q: Is the turnover related to a particular staff group?

A: All staff groups see turnover; Nursing & Midwifery saw the highest turnover by headcount.

Turnover by Staff Group/Number of Leavers



*Leavers (Headcount) within the year are highlighted in red

Estates & Ancillary had a total 42 Leavers of which 14 were due to retirement (including flexi retirement) in the last year, & 23 staff left through voluntary resignation, of various reasons, although some unknown.

Healthcare Scientists have a high turnover due to the small number of staff within the staff group (9 headcount) and 2 leavers in the last year.

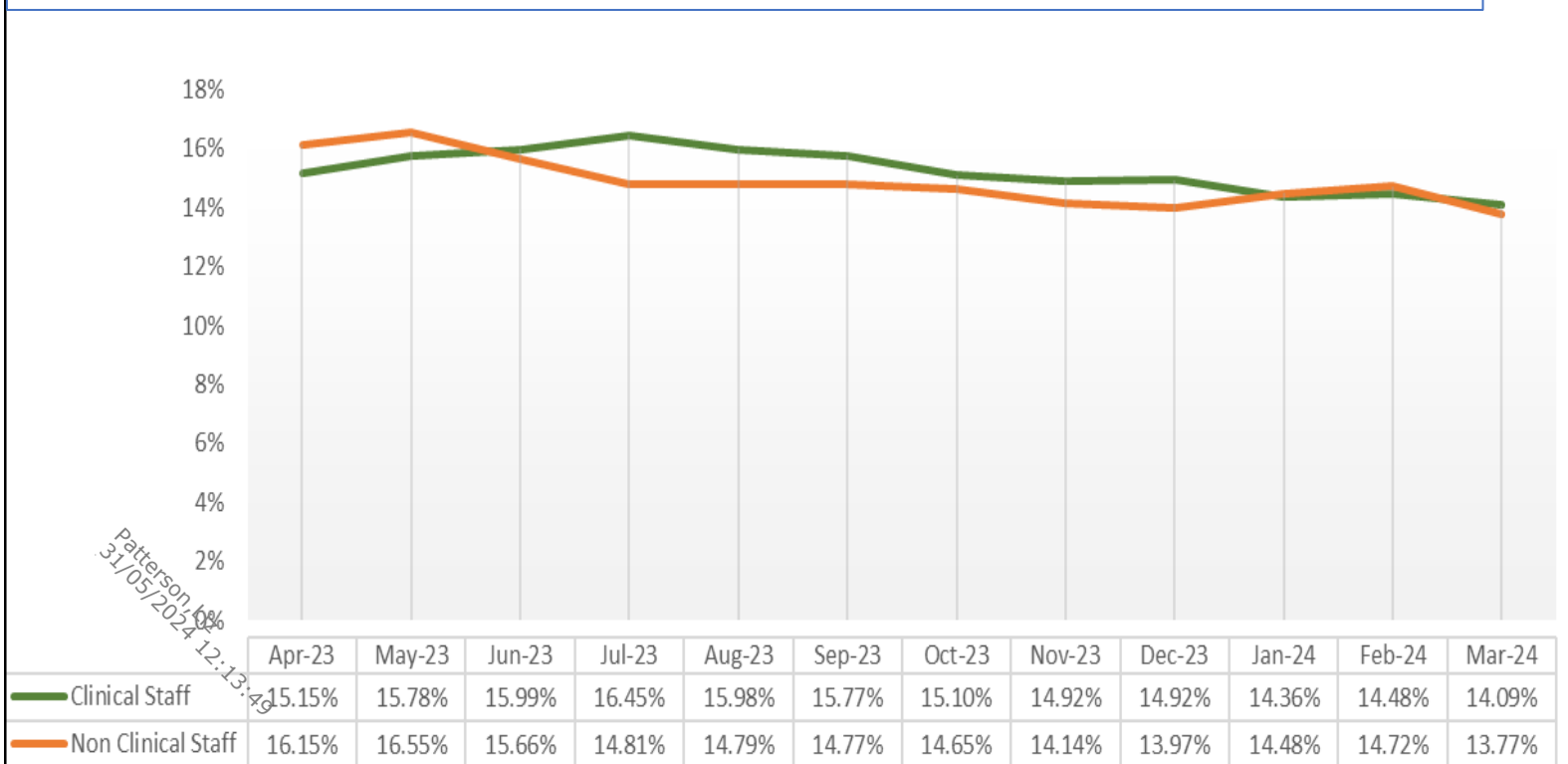
Allied Health Professionals across the organisation lost 30 staff, of which 10 were Occupational Therapists, 8 Physiotherapists and 4 Radiographers and 4 Speech Therapists – collectively 6 were due to age retirement.

Workforce Turnover

Q: Is high turnover related to clinical roles only?

A: No, turnover is consistent across clinical and non-clinical roles

Turnover by Clinical and Non-Clinical Staff (April 2023 – March 2024)



Non-Clinical Staff - Admin and clerical turnover:

- 78 staff left in the last 12 months
- Of those, 12 staff left due to end of fixed term contracts over various directorates
- 15 staff left due to retirements
- 45 staff left due to voluntary resignations including promotion, relocation and unknown causes
- 48% of staff who left admin and clerical roles had under 2 years' service.

Clinical/Non-Clinical Staff	Total Leavers	Headcount with 2 year or less service	%
Clinical Staff	215	108	50.23%
Non-Clinical Staff	120	49	40.83%
Grand Total	335	157	46.87%

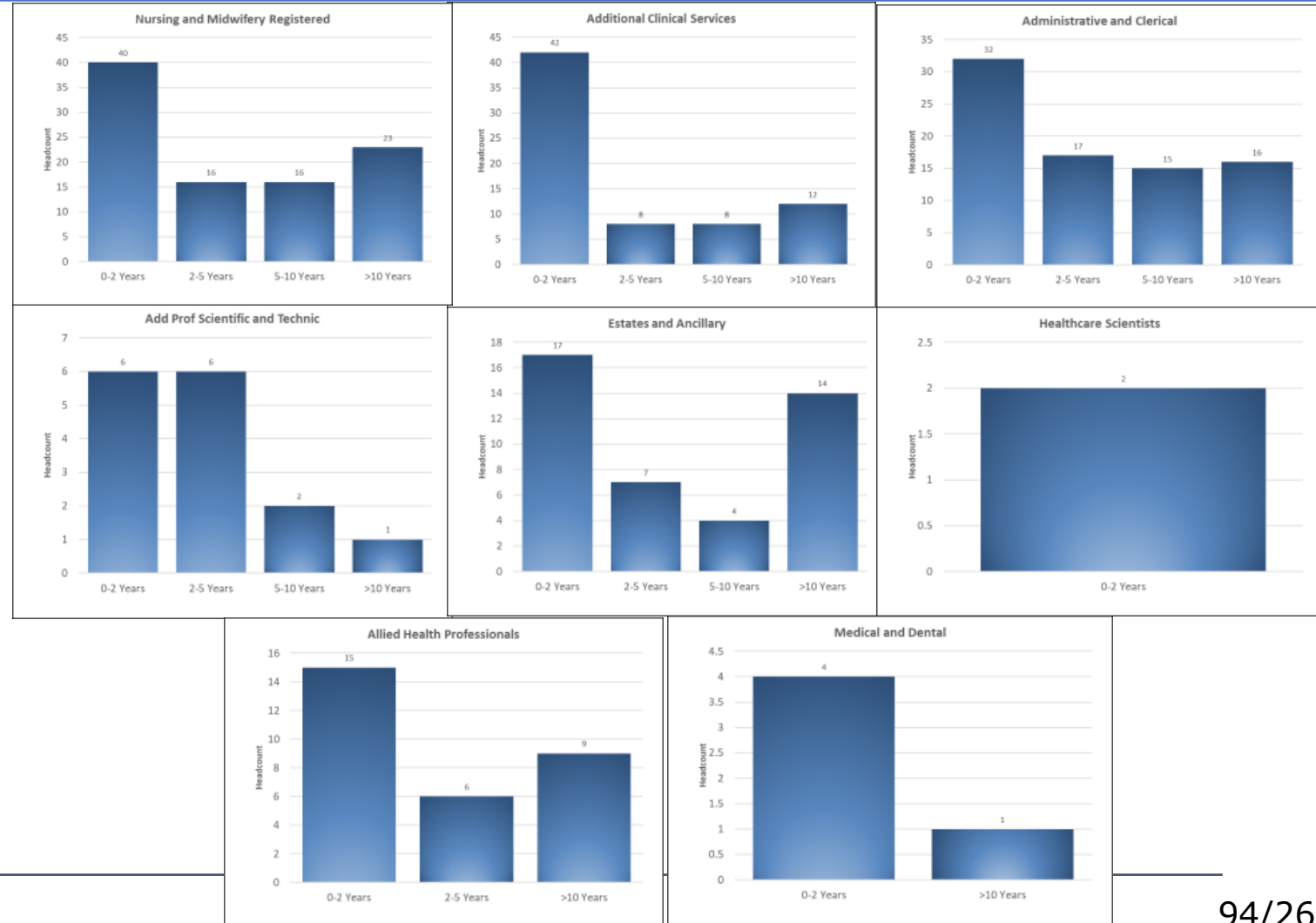
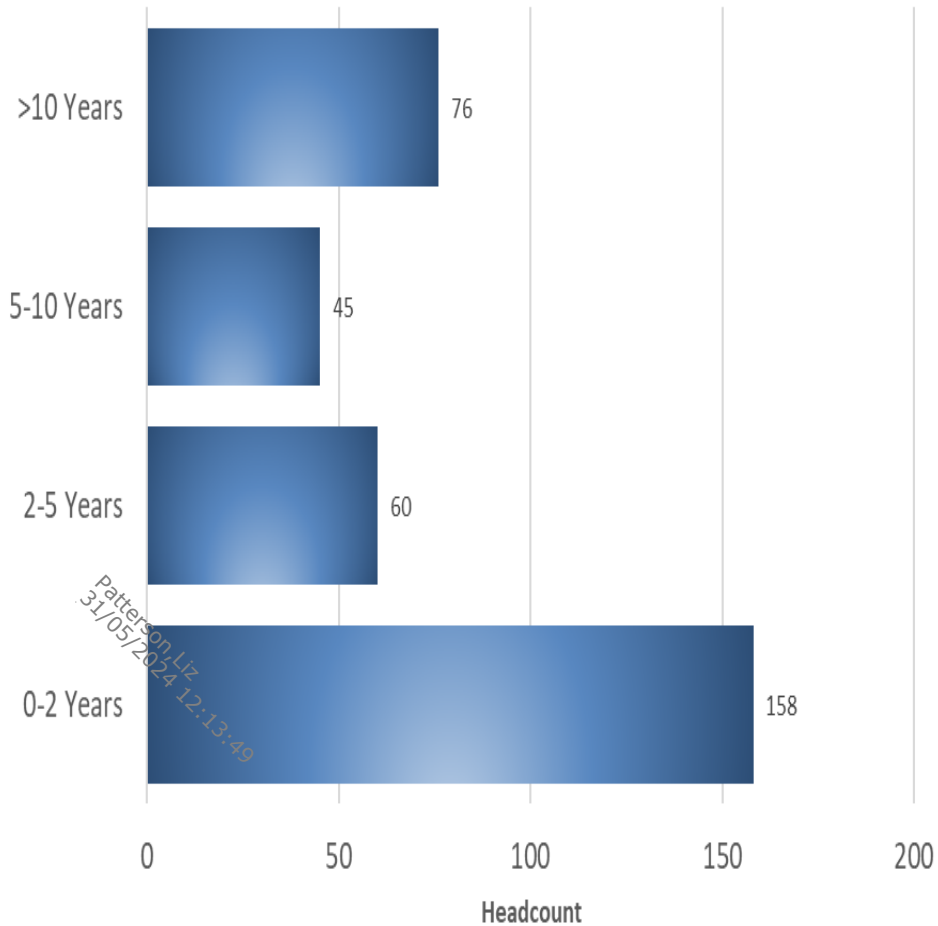
The rates of staff turnover is similar between clinical and non-clinical staff.

Length of Service

Length of Service for Leavers by Staff Groups (April 2023- March 2024)

Q: Does the organisation retain staff for over 5 years?
A: No, there is significant turnover of staff 'new' to the organisation and with less than 2 years' service. This is consistent across all staff groups.

All Staff Groups

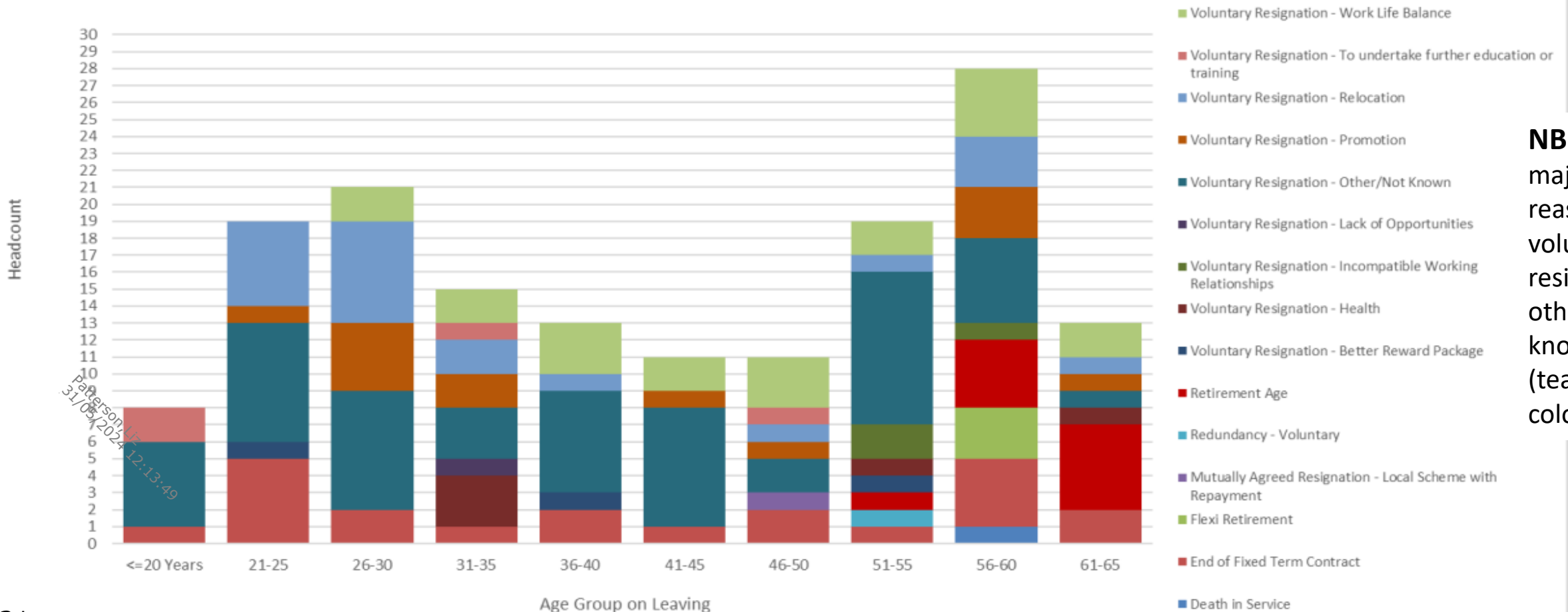


Length of Service

Q: Is there a particular age group of staff who leave within 2 years and why do they leave?

A: The greatest attrition is those over the age of 50 – some down to retirement, but a high number of staff under the age of 30 leave too. Reasons why are largely unknown.

Staff Leaving with less than 2 Years of Service by Age Group & Reason

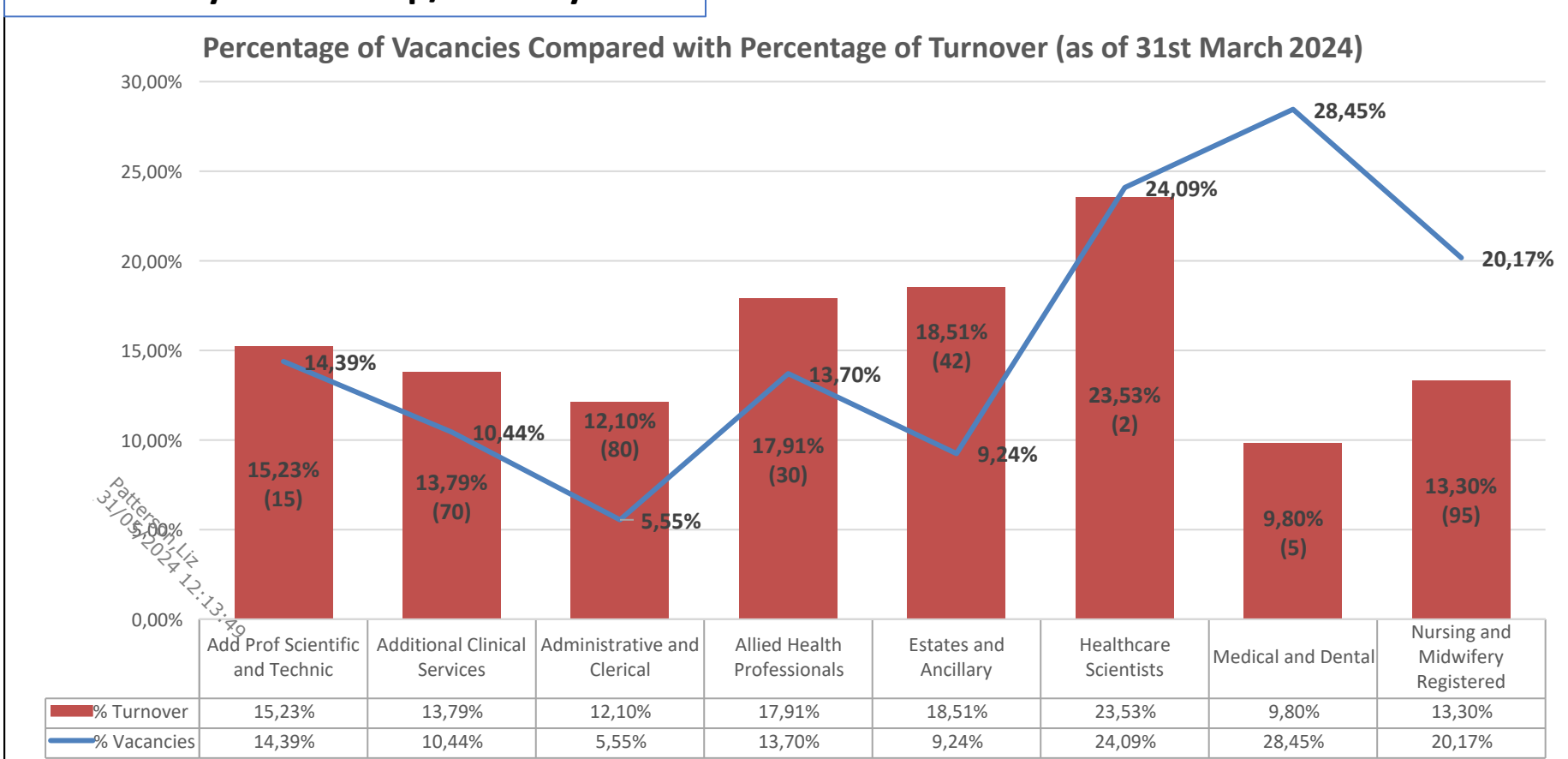


NB – the majority of reasons are voluntary resignation other/not known (teal colour)

Workforce Turnover and Vacancy Rate

Q: Is high turnover related to areas with high vacancy rates?
A: Potentially in some cases, but not in every area. Further understanding required.

Turnover by Staff Group/Vacancy Rate



To Note:
 A high vacancy rate, does not always appear to cause a high turnover for example, admin and clerical vacancy rate is 5.55% - the lowest of all staff groups, yet in year up to 31st March 2024, 80 staff have left those roles.

However, in Nursing & Midwifery Registered staff, there appears to be a relationship, high vacancy rate of 20% and 95 staff have left the role.

Therefore, the data does not present a clear correlation in every staff group.

Clinical Workforce Turnover

Turnover by Profession (Registered Staff 2023/24) and Correlation to High Sickness Rate

Key –

■ Turnover higher than 15% and greater than 10 staff in profession

■ Rolling sickness higher than organisation rate

Rolling Organisation Sickness Rate 5.27%

Q: Is high turnover related to areas with high sickness levels?

A: Potentially in some cases, but not in every area. Further understanding required.

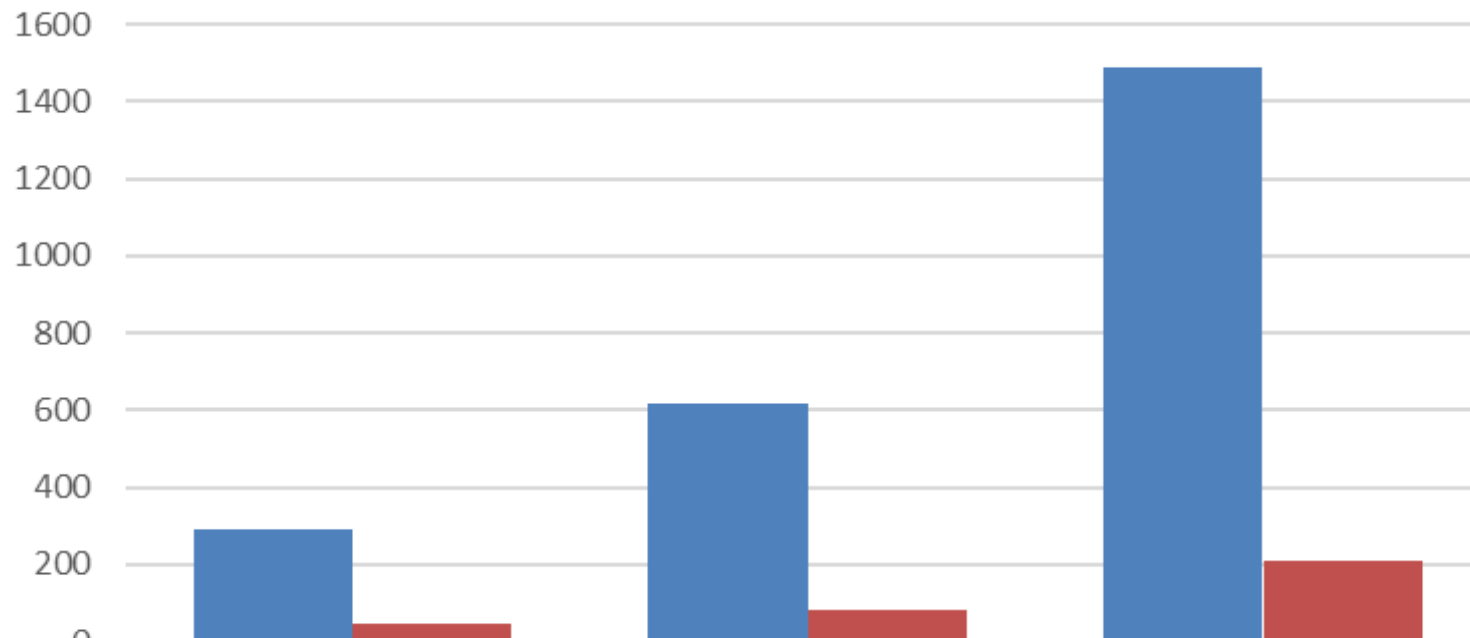
	Avg Head count	Avg FTE	Leavers Head count	Leavers FTE	Turn over Head count %	Turnover FTE %	12 Month Total FTE Sickness	12 Month Total FTE Anxiety Stress & Depression	% Rolling Sickness
Applied Psychologist - Clinical	23	18.96	6	5.70	26.67%	30.06%	0.87	0.22	3.19%
Counsellors	19	14.65	0	0.00	0.00%	0.00%	0.70	0.00	4.81%
Dental Nurses	13	10.01	0	0.00	0.00%	0.00%	0.16	0.00	1.67%
Pharmacist	25	21.61	2	2.00	8.16%	9.26%	0.05	0.00	0.50%
Social Worker	27	23.06	3	2.40	11.32%	10.41%	1.09	0.36	2.86%
Occupational Therapists	50	43.70	10	7.99	20.20%	18.28%	3.91	0.94	5.77%
Physiotherapists	56	46.52	8	6.84	14.41%	14.70%	1.84	0.10	3.44%
Speech Therapists	19	16.28	4	3.10	21.05%	19.05%	0.76	0.21	3.49%
Podiatrists	8	7.37	3	2.60	37.50%	35.26%	0.06	0.00	0.75%
Dieticians	9	7.95	0	0.00	0.00%	0.00%	0.30	0.11	1.77%
Radiographers	16	12.68	4	2.70	25.81%	21.29%	1.84	0.23	11.51%
Operating Dept Practitioner	3	3.00	1	1.00	33.33%	33.33%	0.56	0.08	(anomaly)10.87%
Multi Therapist	2	1.50	0	0.00	0.00%	0.00%	0.01	0.00	0.34%
Healthcare Scientists	9	7.91	2	2.00	23.53%	25.27%	0.10	0.00	1.36%
Dental Officers	17	11.51	0	0.00	0.00%	0.00%	0.13	0.00	1.10%
Medical Officers	36	22.31	5	2.52	14.08%	11.30%	0.15	0.00	0.66%
Adult Nursing	352	278.37	47	34.37	13.35%	12.35%	21.83	4.59	6.29%
Health Visitors	40	31.54	3	2.60	7.50%	8.24%	1.32	0.14	3.89%
LD Nurses	15	12.55	2	1.50	13.79%	11.95%	1.10	0.38	5.18%
Mass Vaccination Nurses	18	11.10	6	4.20	22.22%	37.83%	0.18	0.00	2.00%
Mental Health Nurses	153	128.91	26	22.63	17.05%	17.56%	12.38	3.30	7.24%
Midwives	43	36.25	5	3.50	11.63%	9.66%	1.56	0.33	3.41%
Paediatric Nurses	12	10.57	2	1.60	17.39%	15.14%	0.59	0.00	5.47%
School Nurses	16	12.46	2	1.40	12.50%	11.24%	0.87	0.36	3.95%

Turnover by Geographical Location

Q: Is turnover higher in a particular geographical area?

A: Answer on following slide.

Total Organisation Average Headcount against Leavers Headcount in the last 12 months



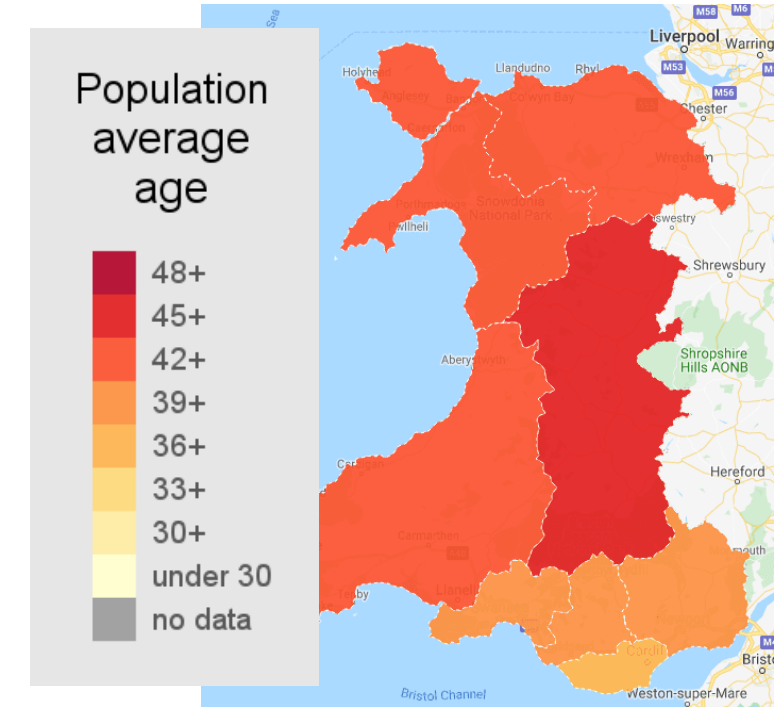
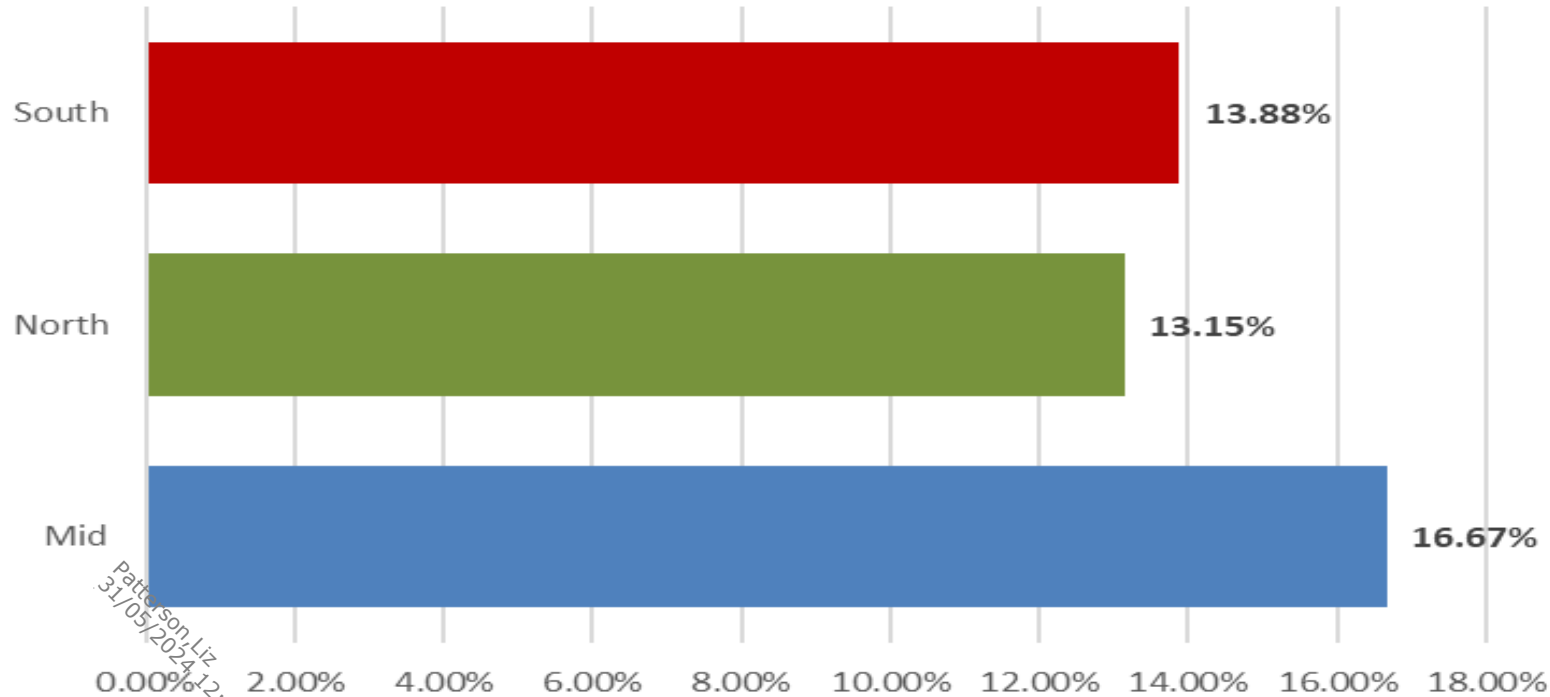
The South locality has a larger amount of workforce as this is the base for Corporate Services.

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Turnover by Geographical Location

Workforce Turnover Based on Geographical Location (as a percentage of the average headcount of staff for that location)

Turnover by Location

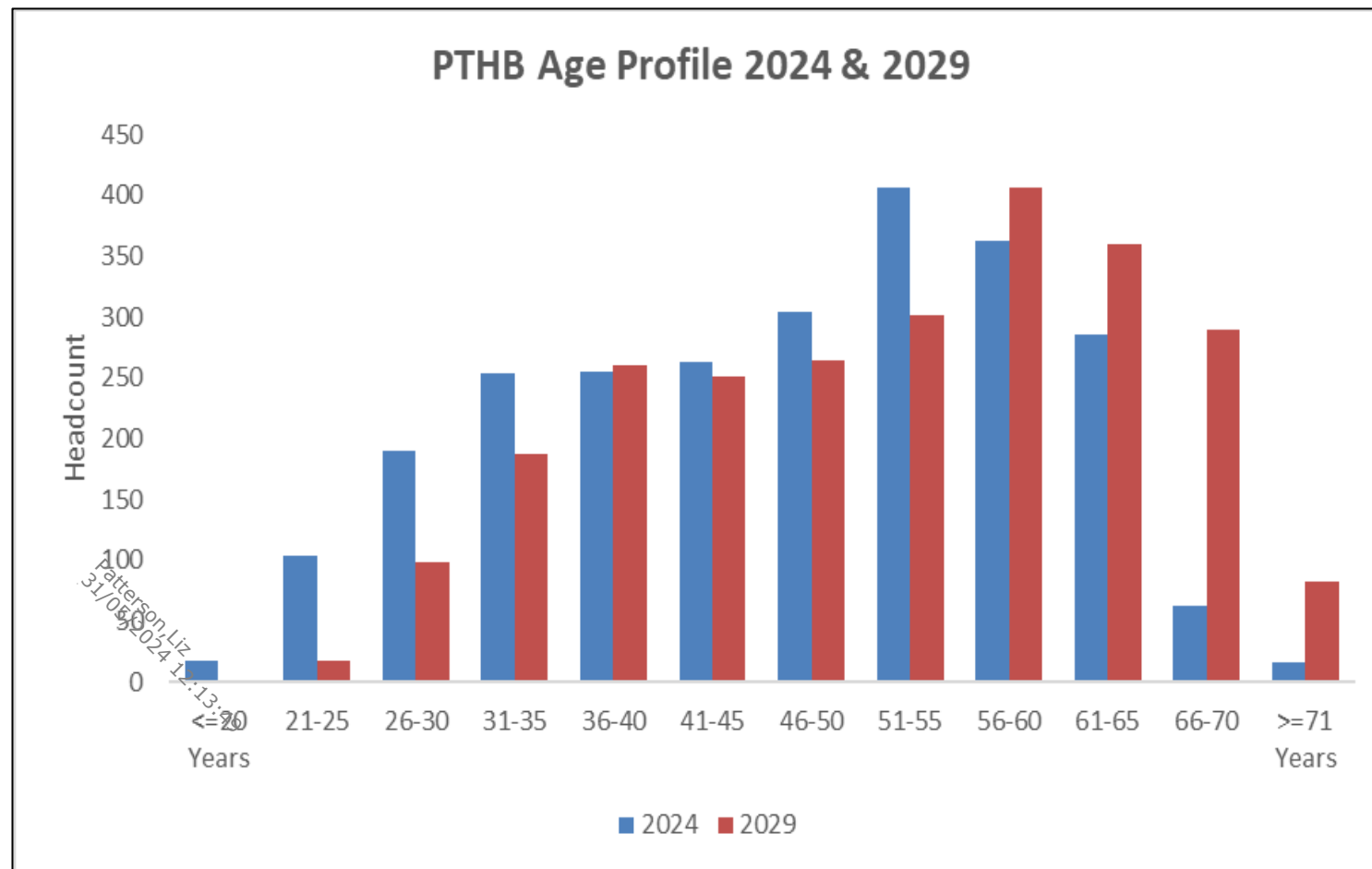


Q: Is turnover higher in a particular geographical area? Does the geographical location relate to the age of staff leaving?
A: Turnover is slightly higher in the Mid locality. The North locality has higher turnover of those over the age of 56, and the South locality has a higher turnover of staff under the age of 30.

Age Profile

Q: Is the organisation likely to see high levels of retirement in the near future?

A: Yes, this is likely to be a significant factor affecting turnover and retention.



Workforce age:

45% (1121 Headcount) of the workforce are currently **over the age of 50**, this will increase to **54%** (1361) in 2029.

29% (704 Headcount) of the workforce are currently **over the age of 56**, this will increase to **45%** (1104) in 2029.

45% (327) of Registered Nurse within the organisation are currently **over the age of 50**. In 2029 this will increase to **58%** (419).

Workforce Attrition – Why?

Q: Why do staff leave the organisation?

A: Further analysis and understanding is required at this present time.

Positive Results	Areas for Action
68% of staff NOT thinking of leaving the organisation	56% reported undertaking regular, unpaid overtime each week
Ability to Speak Up <ul style="list-style-type: none"> 65% feel safe to speak up about anything that concerns them 80% feel able to speak up within their team 80% feel secure raising concerns about unethical behaviour 75% feel secure raising concerns about unsafe clinical practice (only 6% disagreed with this) 	13% disagreed, or strongly disagreed that they could speak up about anything that concerns them 52% agreed that the organisation would address concerns High numbers of respondents reported Sometimes, Often, or Always for questions relating to feeling Burnt Out, Tired, or Exhausted at the end of a day/shift
90% have not experienced discrimination (5% have)	55% agreed that the organisation takes positive action on health and wellbeing
77% agreed that their line manager takes a positive interest in their health and wellbeing	52% agree that there are opportunities to develop their careers in PTHB

Initial staff survey insights identify some potential factors that may affect retention i.e. burnout.

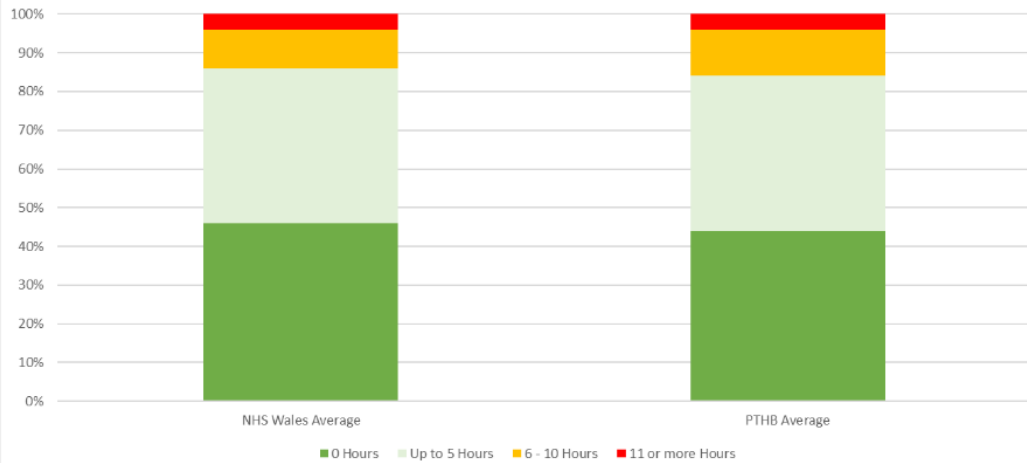
Analysis of the survey results is underway, this will provide more information.

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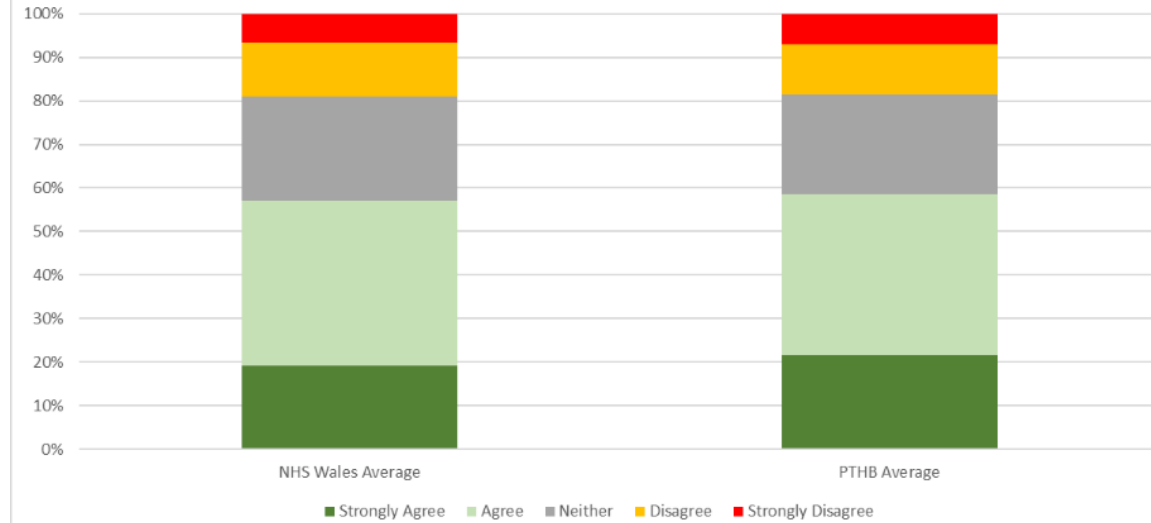


Workforce Attrition – Why/When?

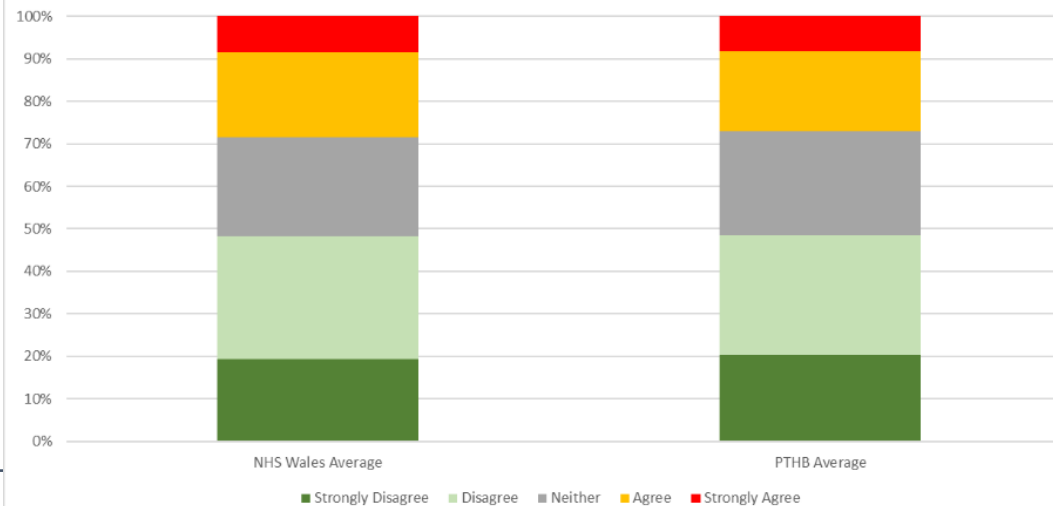
Q47 - On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours? Please include unpaid overtime and additional unpaid hours on-call.



Q140. I am satisfied in my current role and intend to remain in it for the foreseeable future



Q141 I often think about leaving this organisation



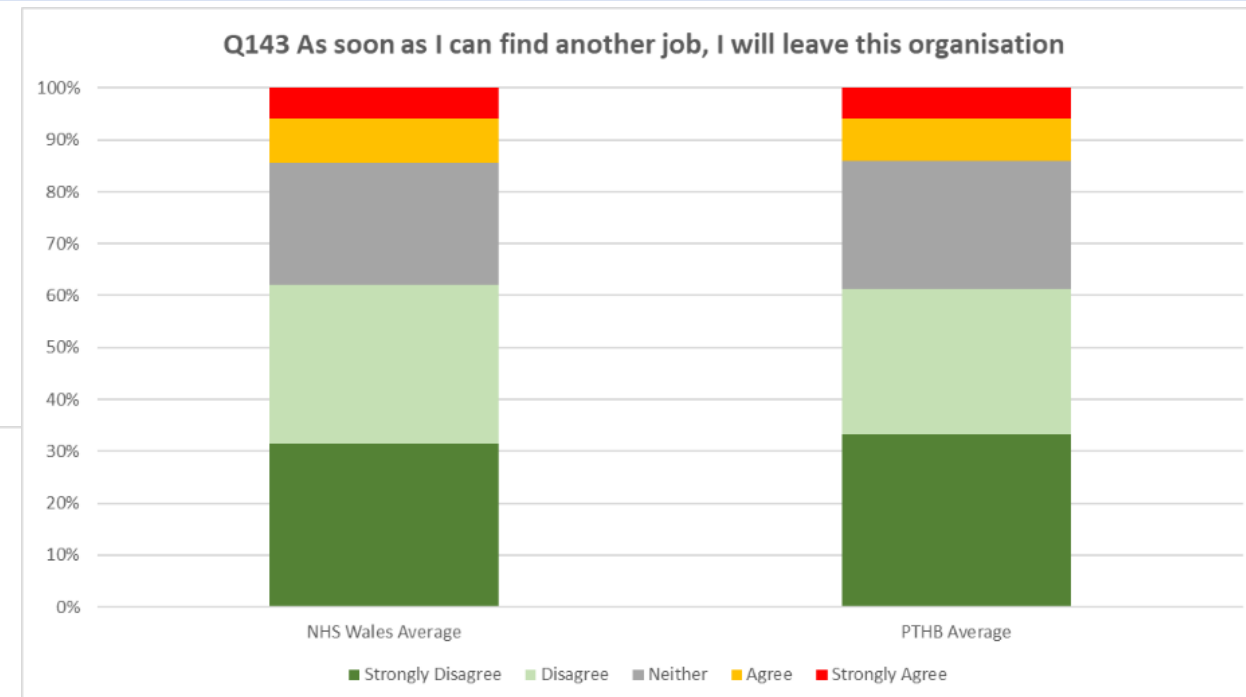
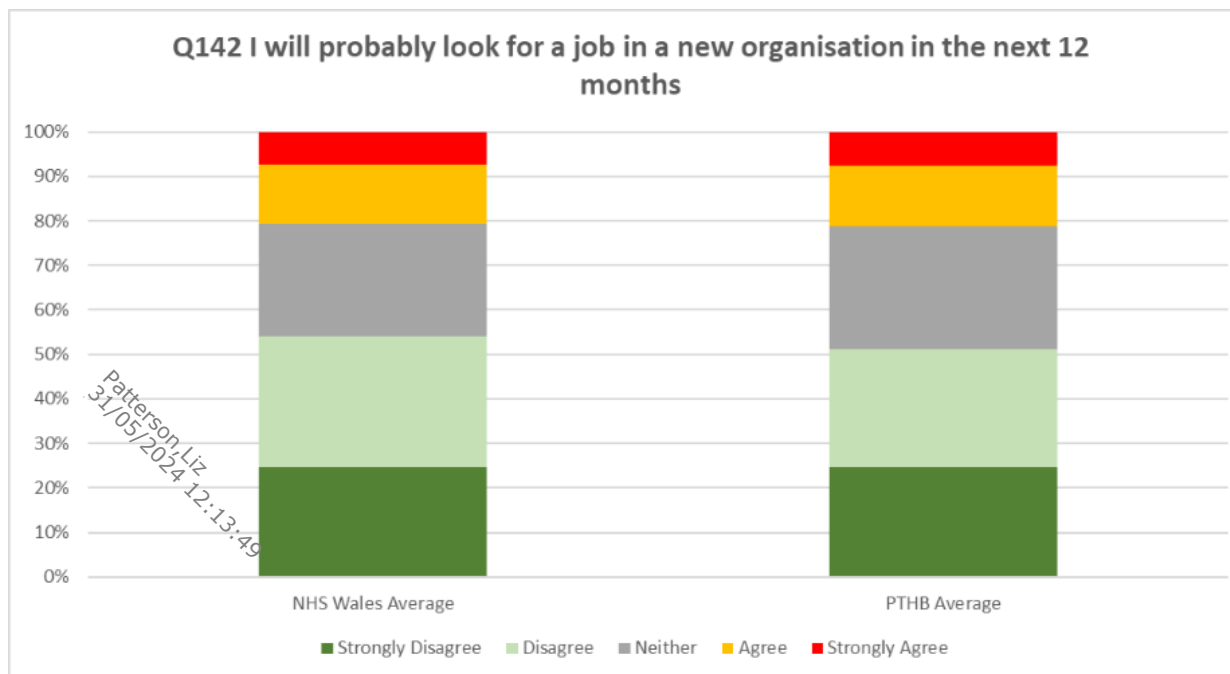
PTHB average, is largely aligned to NHS Wales averages.

Q: Why might staff leave PTHB and when might this occur?

A: Working unpaid overtime may be an issue but is similar to the All Wales average. When staff might leave is variable

Workforce Attrition – When?

Q: When might attrition this occur?
A: We anticipate from this data, some staff may leave imminently, others appear to have no intention of leaving.



Intentions to leave imminently and in the next 12 months; again, PTHB averages are similar to that of NHS Wales averages.

Future Projections

Q: Are we able to predict future workforce turnover?

A: Not accurately, we hope that a reduction in turnover continues, but further input will be required to achieve this

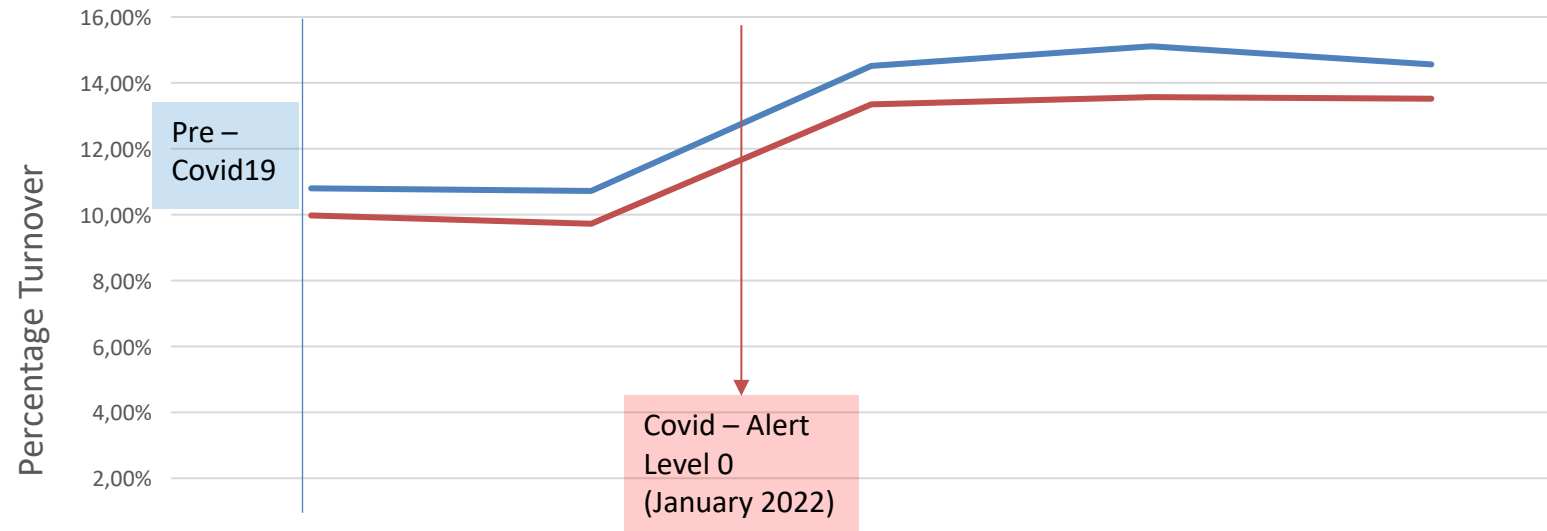
The impact of Covid19:

This data indicates that following the pandemic we have seen an increase in workforce turnover.

Future Projection:

It is difficult to project the future trend of staff turnover. A projection would rely on staff retirement, relocations, promotions etc. continuing on the same trajectory and this is unpredictable. However, there has been a slight decrease over the past year, and we hope that with our interventions this will accelerate.

Workforce Turnover 2020-2024



	2020	2021	2022	2023	2024
— % Turnover	10,80%	10,72%	14,51%	15,11%	14,56%
— % Turnover (Exc Fixed Terms)	9,98%	9,72%	13,35%	13,57%	13,52%

— % Turnover — % Turnover (Exc Fixed Terms)

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Movement Analysis

Q: Why do staff leave the organisation?

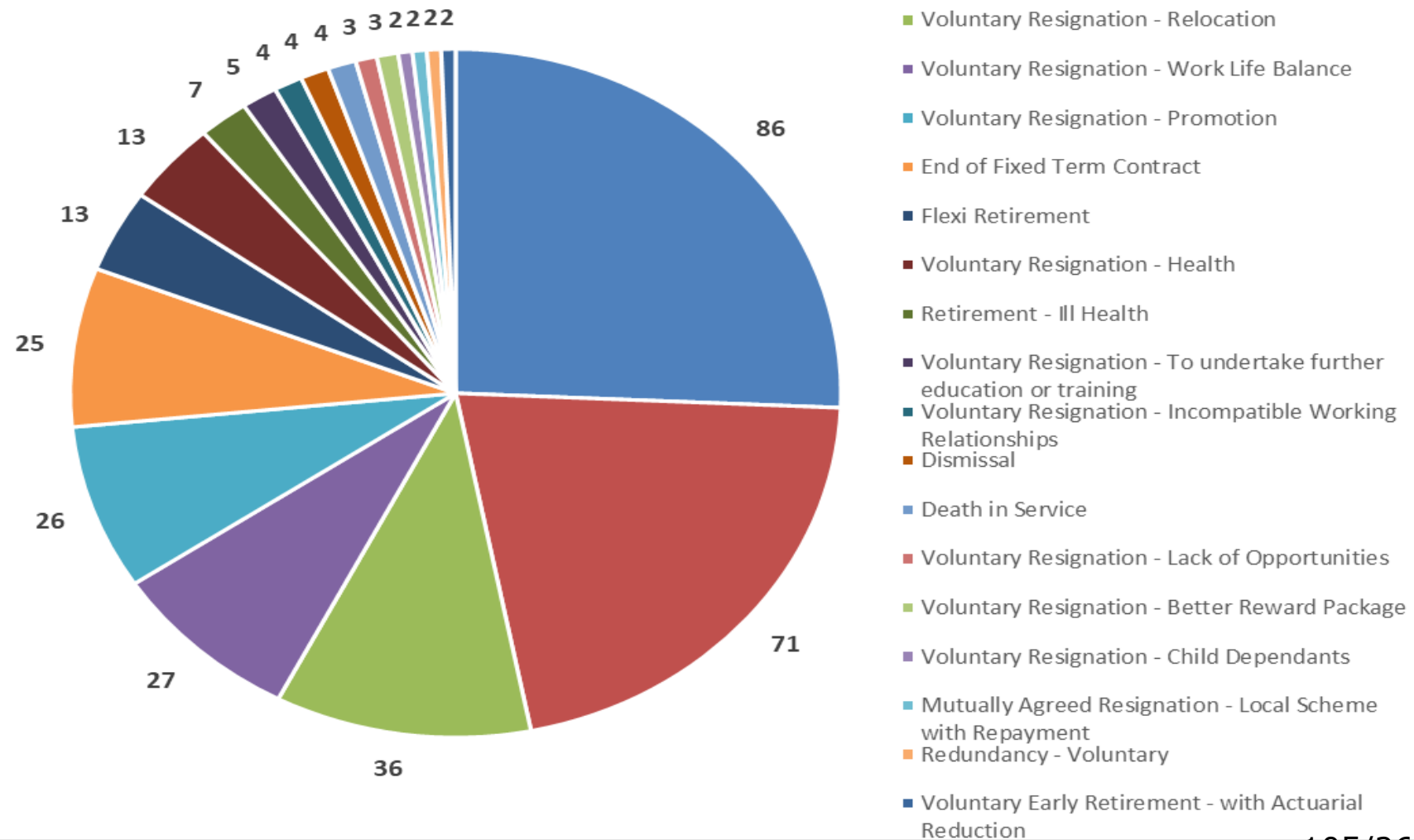
A: This is unknown from the data gathered from ESR, it is unreliable.

This data is unreliable – voluntary resignation – other/not known being the highest category which does not allow for accurate interpretation of reasons for leaving. Movement within organisations is not captured.

This result is mirrored across each staff group in PTHB when broken down individually.

Reasons for Leaving

All Staff Groups



Workforce Retention

Data Summary:

- Powys Teaching Health Board has a higher turnover rate than the All-Wales average
- Turnover rate of clinical and non-clinical staff is relatively similar
- Some professions are experiencing higher turnover than others across the organisation
- 46% of staff have left the organisation with under 2 years' service
- In some areas, high vacancy rate, correlates with high turnover
- In some areas, high sickness, correlates with high turnover
- Geographical location has some impact on retention – Mid Powys seeing slightly higher attrition, South Powys seeing an increase in younger staff leaving the organisation.
- Retirement of staff is a substantial risk to the workforce.
- Reasons for attrition are not fully understood due to limited data. Staff survey results will provide further insight.
- Future turnover organisationally is difficult to predict.

Therefore, we have identified that workforce retention is **complex** – there appears to be **many contributing factors** – but what are the **most likely factors in PTHB ...**

These are **not fully known**.

Interventions So Far

Workforce Retention Lead – came into post February 2024. In order to better understand why staff may leave the organisation, I sought to engage with the workforce.

106 face to face contacts with staff across the organisation

101 responses to online retention questionnaires

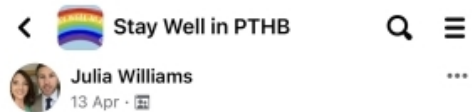
11 'simple fix' solutions delivered

2 staff or patient safety issues escalated immediately

Helped to expel 'myths' around workforce related processes

Staff reported:

*They had felt it beneficial to talk to someone outside of their team.
 They appreciated someone listening – allowing them to express themselves.
 They greatly appreciated the 'small fixes'.
 They felt more valued, for having their voice heard.*

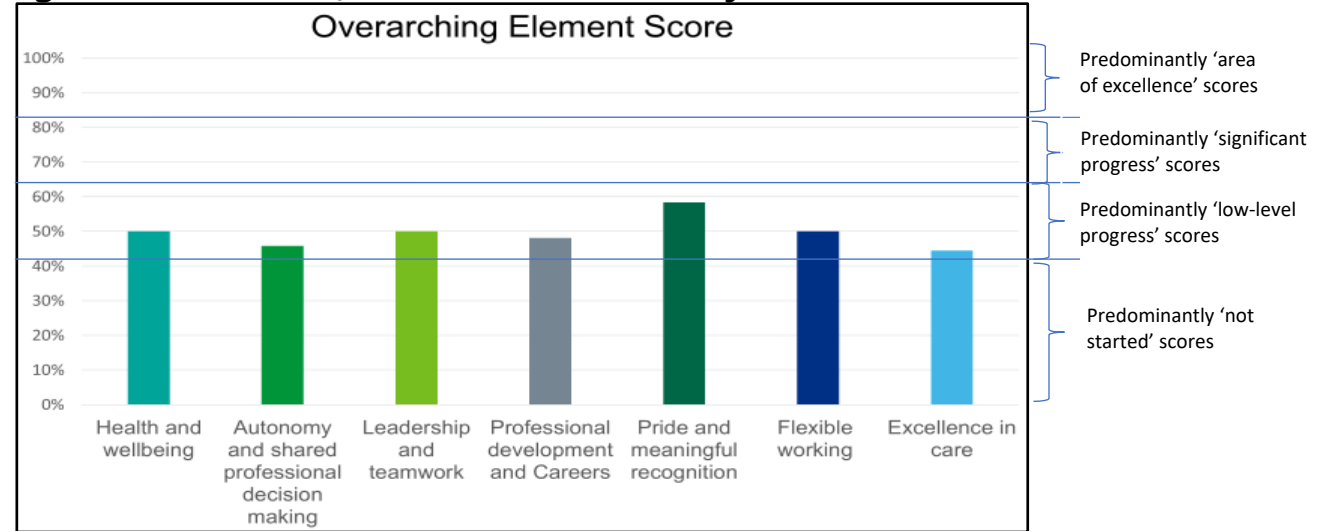


Moving Forward

Key actions:

- **Analyse feedback following engagement with staff** – including a later feedback loop to ensure they feel their voices have been heard.
- **Continue analysis of the staff survey results** – to build a better understanding
- **Alignment with HEIW Nurse Retention Plan** – Organisational Level Nurse Retention Self-Assessment carried out in March 2024
- **Retention steering group development** – emphasis on Nursing initially to identify key areas of focus including; consideration of stay interviews and review exit questionnaire data retrieval, in line with HEIW Nurse Retention plan
- **Develop a local retention plan**
- **Involvement with All Wales Retention Community of Practice** - sharing good practice and success stories

Organisation Level, Nurse Retention Self-Assessment Dashboard



Workforce retention is multifaceted – there are several factors that make a difference:
‘There is not one factor that can be identified that will make the difference, but it is the complex interplay of these within a dynamic system that will ultimately help to create impact and change... There are no easy answers or quick fixes’

NHS England (2020)

Workforce and Culture Committee		Date of Meeting: 4 June 2024
Subject:		
Approved and presented by:	Debra Wood-Lawson Executive Director of People and Culture	
Prepared by:	Adam Pearce Service Lead for Welsh Language and Equalities	
Other Committees and meetings considered at:	Executive Committee – 29 May 2024 who endorsed the report to the Workforce and Culture Committee.	

PURPOSE:

To review and approve the Welsh Language Annual Report for 2023-24, and, in line with the Standards, publish it on the PTHB Website.

RECOMMENDATION(S):

The Committee is asked to:

- **CONSIDER** the report and take **ASSURANCE** on the progress made against plan;
- **APPROVE** the annual report for publication.

The report will also be shared with the Board, for assurance, on the 24 July 2024.

Approval	Discussion	Information
✓	✓	✓

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

	1. Focus on Wellbeing	✓
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Patterson/Liz
31/05/2024 12:49:49

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

EXECUTIVE SUMMARY:

As part of the it's Statutory Duty under the Welsh Language Standards, the health board is required to publish an Annual Report for each financial year outlining the steps it has taken to comply with the Welsh Language Standards. The statutory deadline for this is **September 2024**.

DETAILED BACKGROUND AND ASSESSMENT:

The report is descriptive and details work carried out by the Welsh Language and Equality team as well as other departments. Highlights from 2022-23 include:

- Introducing Welsh in Healthcare for Managers as a mandatory part of the PTHB Managers' training course. This ensures that all staff members with leadership responsibility will attend a 1.5 hour expert-led session outlining their responsibilities as managers to ensure compliance, covering not only the requirements of the standards but also More than Just Words and the Active Offer. It is hoped that this will inform the cultural change necessary to meet our responsibilities.
- Developing our new Strategy for Welsh in Healthcare, in response to the requirements of Standard 110 and also the *More than Just Words* framework for the Welsh Language in Health and Social Care.
- Developing our response to two Investigations by the Welsh Language Commissioner.
- Finalisation of a Welsh Language in the Workplace policy to meet the requirements of Standard 79.

Patterson, Liz
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This Annual Report is an overview of some of the Health Board’s key work to promote the Welsh Language Standards throughout 2023-2024. It also outlines our intentions for the future to build upon the work already undertaken.

The overall format of the report is in compliance with the recommendations of the Welsh commissioner. Once approved the

Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical	x			
Financial	x			
Corporate	x			
Operational	x			
Reputational		x		

There is a small risk of reputational damage due to the lack of progress identified in some areas.

Failing to publish could represent a compliance or reputational risk.

Patterson, Liz
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Welsh Language Standards

Annual Monitoring Report

2023-2024

DRAFT FOR APPROVAL

Patterson, Liz
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Foreword

Welcome to the Annual Report of Powys Teaching Health Board on the Welsh Language Standards in 2023-24.

It is my pleasure to introduce this report, which reflects the hard work of the Health Board to improve health services in Wales.

In addition to our contribution to the health and wellbeing of people here in Powys, we acknowledge the importance of the Welsh language in our work. By using Welsh, we encourage effective communication with our communities, ensuring that health services are accessible and close to the people who need them. I am excited to see continued progress in this area and look forward to seeing how our efforts to increase the quality and flexibility of approach to this area of our health services continue to develop over the coming months and years.

Hayley Thomas

Chief Executive Officer

The Welsh Language Standards Annual Report 2023-24 for Powys Teaching Health Board demonstrates the continued commitment to enhancing Welsh language services within the healthcare sector. Over the past year, significant strides have been made to ensure that Welsh speakers receive equitable and high-quality care.

One notable development is the introduction of the new Welsh in Healthcare for Managers training course. This initiative aims to equip managers with the necessary skills and knowledge to promote Welsh language usage within their teams and ensure that Welsh language standards are met consistently across the board. The course covers various aspects, including communication strategies, language awareness, and cultural sensitivity, fostering a supportive environment for bilingual healthcare delivery.

Furthermore, the report highlights the development and introduction of our new Strategy for Welsh in Healthcare. This comprehensive strategy outlines the Health Board's objectives and action plans for promoting and improving Welsh language services. By aligning with national standards

The report also details progress in meeting Welsh language standards across various aspects of healthcare delivery, including patient care, administration, and workforce development. Our report demonstrates some of these positive outcomes, with an increase in compliance across a range of standards and significant improvements in staff training and awareness.

Looking ahead, the Health Board remains dedicated to furthering its commitment to Cymraeg. Plans for the upcoming year include expanding the Welsh in Healthcare for Managers training course, embedding the Welsh language strategy and overhauling our approach to the Welsh language in recruitment.

Debra Wood-Lawson

Executive Director for Workforce and Organisational Development

Executive Summary

This report outlines the steps taken by PTHB to implement the Welsh Language Standards as listed in our compliance notice.

It provides details on the progress made throughout 2023-2024. This includes improvements made in the following key areas:

- Introducing Welsh in Healthcare for Managers as a mandatory part of the PTHB Managers' training course. This ensures that all staff members with leadership responsibility will attend a 1.5-hour expert-led session outlining their responsibilities as managers to ensure compliance, covering not only the requirements of the standards but also *More than Just Words* and the Active Offer. It is hoped that this will inform the cultural change necessary to meet our responsibilities.
- Developing our new Strategy for Welsh in Healthcare, in response to the requirements of Standard 110 and the *More than Just Words* framework for the Welsh Language in Health and Social Care.
- Developing our response to two Investigations by the Welsh Language Commissioner.
- Finalisation of a Welsh Language in the Workplace policy to meet the requirements of Standard 79.

Overall, the health board continues to work to ensure compliance with the Standards. Systems are in place to ensure most of the standards are met in most circumstances. The health board performs particularly well in areas such as communications and social media, and in areas where systems are managed centrally (e.g. recruitment processes such as offering contracts, assessing prospective applicants' Welsh language skills and inviting them to apply in Welsh / use the Welsh language at interview).

Further information on the above alongside a detailed account of the health board's compliance against each of the Standards can be found in Part 2 of this report.

Background

PTHB along with other Health Boards and Trusts in Wales must comply with a set of Standards as outlined in [The Welsh Language Standards \(No. 7\) Regulations 2018](#).

Although it is the Welsh Ministers who specify the standards, it is for the Commissioner to determine which standards apply to a specific body. In November 2018, the Commissioner issued a compliance notice to PTHB which outlined the standards with which it must comply and the date by when it must be compliant. A copy of PTHB's compliance notice can be found [here](#).

Included in these Standards is the requirement for PTHB to monitor the implementation of the Standards and produce an Annual Report (this document) which provides details of how the health board has complied with the Standards.

All staff must take responsibility for implementing the Standards across PTHB. Service Leads will monitor compliance within their own service areas and will report progress to the Service Improvement Manager for Welsh Language who will provide advice and support around the implementation of the Standards accordingly. At the end of each financial year, the Service Improvement Manager for Welsh Language will draft an annual report which will be presented to the Executive Lead for Welsh Language and approved by the Executive Committee and the Board before being published on the health board's website.

The *More than Just Words* framework for the Welsh Language in Health and Social Care sits alongside the Standards and outlines how the health and social care sectors in Wales will improve their ability to provide their services in Welsh, organised around the principle of the Active Offer – the idea that it is service providers' responsibility to offer service users the opportunity to use Welsh without being asked.

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Part 1: 2023-24 in Review

Overview

A significant amount of time and effort has been invested during this year in the production of our Strategy for Welsh in Healthcare, and in responding to two Investigations by the Welsh Language Commissioner undertaken during the period.

Strategy for Welsh in Healthcare

Our main achievement this year has been the design, development, consultation, approval and publication of our Strategy for Welsh in Healthcare 2024-2029. This comprehensive document incorporates the requirement to develop a Five-Year Plan to increase our ability to provide Clinical Consultations in Welsh in accordance with Welsh Language Standard 110 as well as the Workforce Strategy required by *More than Just Words*, and provide overall direction and targets for the development of our bilingual workforce. The document is available on the PTHB website and sets out how we plan to develop our Welsh language capacity as an organisation over the next five years.



Strategy for Welsh in Healthcare 2024-2029

Incorporating:

- 1) A five year plan to increase the health board's ability to carry out a clinical consultation in Welsh (Welsh Language Standard 110);
- 2) a targeted Welsh language training and workforce strategy under the *More than Just Words* Framework.

Mae'r ddogfen hon ar gael yn y Gymraeg.

Welsh in Healthcare for Managers Training

Model good behavior

- Use whatever Welsh skills you have
- Begin / end meetings with Welsh greetings
- Be proactive in allowing staff to use their Welsh
- Promote internal processes in Welsh
- Do you know who the Welsh speakers are on your team?
- Consider setting personal and team objectives around Welsh and the Active Offer.



Do you have any good internal processes you'd like to share?

was held during 2023-24, however this number will increase exponentially in coming years as it is now a mandatory part of the training program which is provided to all staff

Recruitment: Applications & Interviews

This new training module has been introduced and integrated into the existing Powys Teaching Health Board Managers' Training Program. A single session with 11 attendees



Examples of interview questions to ask:

- How would you respond if you received a telephone call from someone speaking in Welsh?
- How do you think our department can support compliance with the Welsh language Standards / patients who wish to use Welsh?

Do any of you have any questions regarding recruitment?



in the health board with leadership responsibilities.

The course covers such subjects as:

- The moral and cultural reasons why providing services in Welsh is a necessary part of good clinical practice, touching on subjects such as Cultural Anxiety, as well as outlining the legislative and strategic requirements.
- How to appropriately consider the Welsh language in recruitment.
- How to access translation and interpretation services and why you need them.

The Welsh in Healthcare for managers training module is a cornerstone of our strategy for compliance with the Standards and *More than Just Words*, helping to ensure the standards become 'business as usual' across the health board.

Investigation into Compliance with Standards 8-10

The health board received notification of the Commissioner's investigation (Ref: CS1124) on 28th March 2023, requiring the health board to agree on a terms of notice for the investigation; subsequent correspondence requested we send evidence for the steps we had previously taken to ensure compliance. On 8th September we received a Final Notification and Report providing full details of the investigation, the evidence we provided, and instructing us to complete an Action Plan by 8th December.

The core of the response centres around the planned infrastructure upgrades, which will enable calls to be redirected around the health board as required. The action plan approved by the Commissioner identified the following seven actions:

- 1) Implement the required telephony infrastructure upgrades to the PTHB telephone system to allow for call redirection.
- 2) Develop and implement a call handling process utilising the new system that will ensure compliance with Standards 8, 9, 10
- 3) Ensure that all future vacancies for roles dealing with initial call handling on main hospital numbers are advertised with Welsh language skills as an essential requirement AND/OR with a commitment to learn a certain level of Welsh if appointed.
- 4) Carry out a review of existing PTHB guidance around telephony to ensure consistency with the Commissioner's advice and the requirements of Standards 8, 9 & 10, modifying or replacing guidance as required.
- 5) Deliver awareness/training sessions to all staff with responsibility for call handling on the requirements of the standards in relation to telephony.
- 6) Inform all staff with responsibility for call handling of the opportunities available to develop their Welsh language skills within PTHB and beyond.
- 7) Approve the Welsh in Healthcare Strategy to increase the Welsh language skills of the PTHB workforce

During 2023-24 we have completed actions 3, 4, 6 and 7, and made significant progress with actions 1 and 5. Action 2 is contingent on the completion of Action 1. It is anticipated that all actions will be completed during 2024-25.

Investigation into Compliance with Standards 39 and 41

The health board received notification of the Commissioner's investigation (Ref: CS1205) on 23rd October 2023 into the compliance of the health board with these two standards, which relate to the Website.

The Welsh Language Commissioner's proposed report and decision notice is embedded on the right in English and Cymraeg. The Commissioner has proposed the following enforcement action:

1. The health board must review its translation resources to ensure there is capacity to translate content into Welsh promptly and accurately.
2. The health board must strengthen its quality assurance protocols for translating content into Welsh to minimise errors and inconsistencies.
3. The health board must carry out regular audits of its main website to identify and rectify any errors and inconsistencies between the Welsh language and English language website.
4. The health board must develop (and share with all relevant teams within the organisation) clear protocols and guidelines for creating, translating, and publishing bilingual content on its websites.
5. The health board must review its content management processes to ensure that an (English) page cannot be published on the English language website without also simultaneously publishing a (Welsh) page on the Welsh language website.
6. The health board must provide the Welsh Language Commissioner with sufficient written evidence that enforcement actions 1 to 5 have been completed. Timetable: Within 3 months of issuing the final determination.

The Commissioner was informed that action 5 is not within the direct control of the health board as this relates to functionality of the MURA Content Management System managed on behalf of all NHS health boards by Digital Health and Care Wales (DHCW); however, the other actions have all been since either been completed or are on target for completion by the agreed deadline in May 2024.

Welsh Language Service Leads Steering Group

This group has continued to meet during the year, providing an opportunity for staff to discuss and share issues relating to compliance with the standards as well as consulting on strategies and developments. This group for example provided an opportunity for staff to provide feedback on and contribute to the development of The Strategy for Welsh in Healthcare.

Welsh Language Awareness Training

The Welsh Language Awareness ESR module has been a mandatory online training session for all staff; it has been completed by 2283 of our 2254 current staff, 90% of the total.

This level of completion is comparable to other mandatory training modules. Because the completion expires after a certain amount of time, and because of staff turnover; we therefore do not anticipate that it will be practical to achieve a significantly higher % than this in future.

Welsh Translation Service

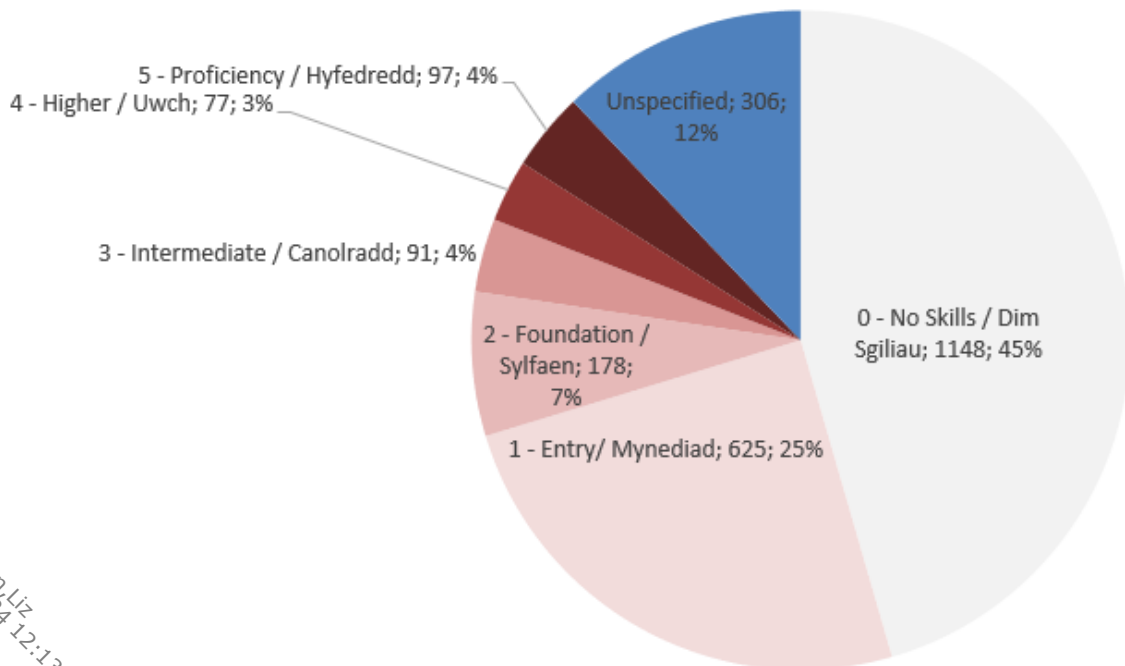
A total of 476,127 words were translated internally during 2023-24. Internal analyses have shown demonstrable financial savings from the introduction of this service, with an additional benefit from the use of Translation Memory software. However, the main benefits have been non-financial:

- Improved experience from the point of view of staff, with greater input on the finished product and the ability to consult with the translator in real time.
- Greatly improved turnaround times.
- Improved consistency of terminology.

Current Welsh Language Skill Levels at PTHB

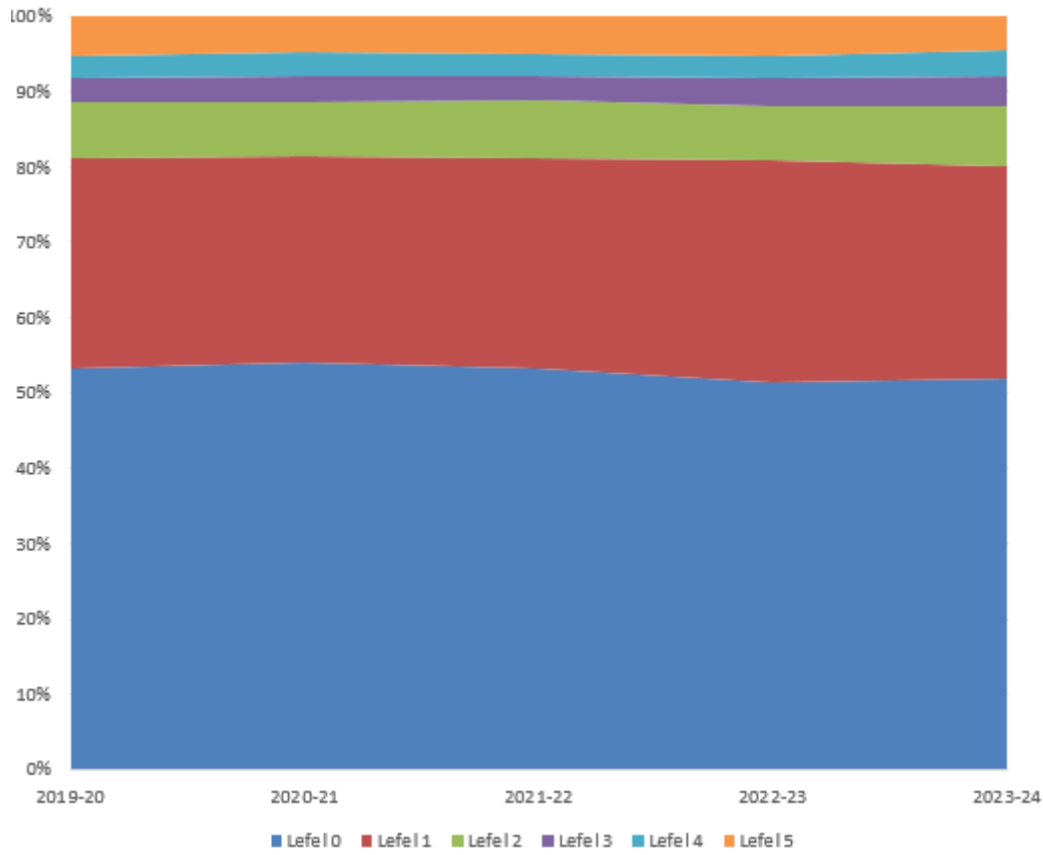
As of 31st March 2024, the 2,522 staff at PTHB staff indicated that their ability to speak Welsh was as follows:

Cyfanswm / All Staff



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Welsh Language Skills by Year (Numbers)



	Unknown	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5	TOTAL
2022-23	317	1,140	654	161	79	69	115	2,535
2023-24	306	1,148	625	178	91	77	97	2,522

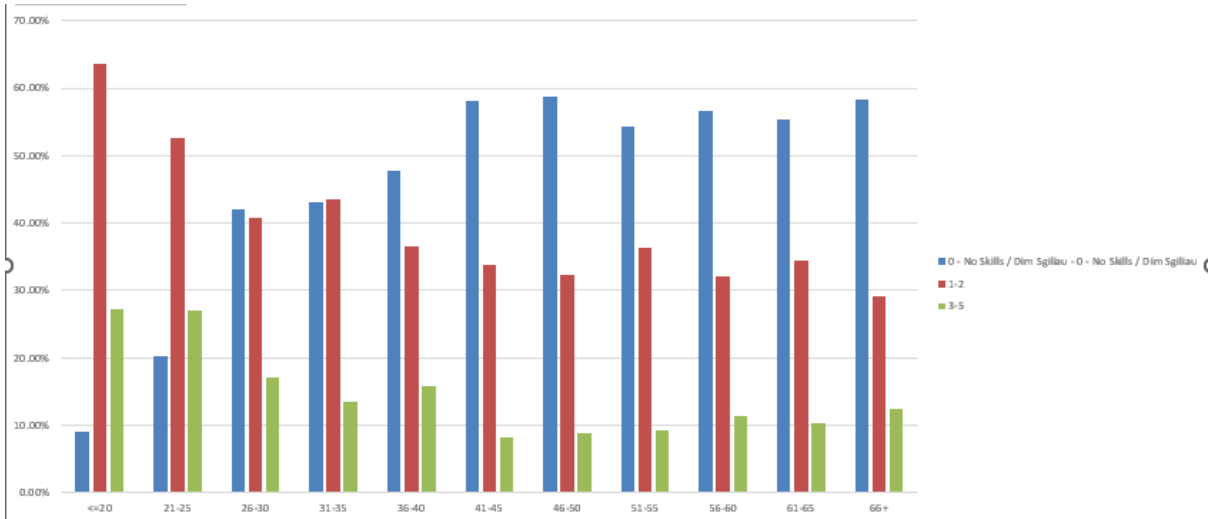
The significant number of 'unknowns' in 2019-20 likely reflects staff on temporary contracts related to Covid-19)

These figures are broadly similar to previous years, with a decrease in the numbers reporting Level 5 and 1 but an increase at levels 2, 3 and 4.

These figures represent the highest ever recorded numbers of staff on levels 2, 3 and 4. This broadly reflects a continual trend of a very gradual increase year on year, though this year the percentage showing any level of Welsh language skill (Levels 1-5) fell slightly.

Welsh Language Skills by Year (Percentage; Unknowns Removed)

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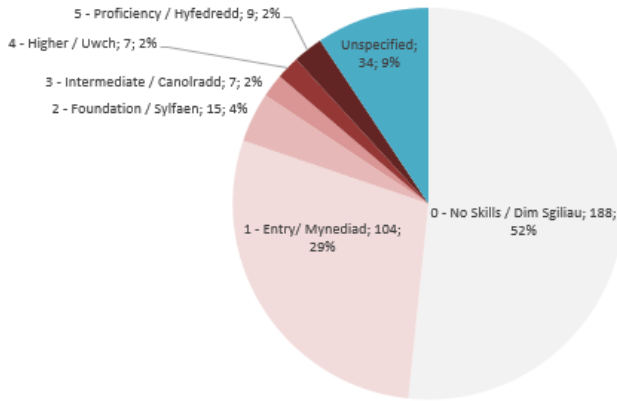
As in previous years, breaking down Welsh language skills by age shows significantly higher levels of Welsh language skills amongst younger employees.

The distribution of Welsh skills amongst PTHB staff is uneven, with two sites in particular (Ystradgynlais and Bro Dyfi (Machynlleth) hospitals) showing significantly higher levels of staff skills than other sites. This is in line with local population statistics on Welsh.

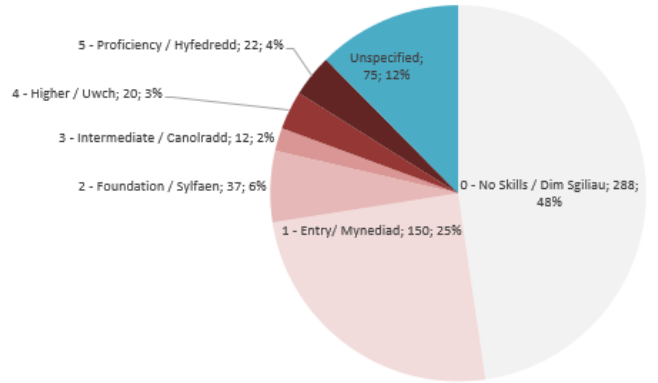
This data has been broken down by base (for the 9 main PTHB hospital sites) on the following page, which shows the statistics for the 9 main hospital sites. The distribution of Welsh skills amongst PTHB staff is uneven, with two sites (Ystradgynlais and Bro Dyfi (Machynlleth) hospitals) showing significantly higher levels of staff skills than other sites. This is in line with local population statistics on Welsh.

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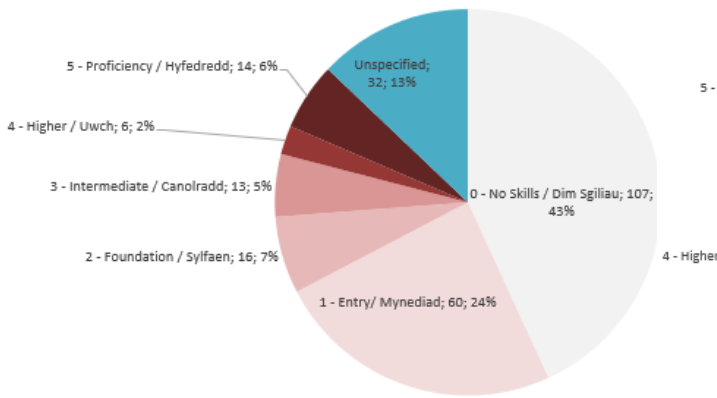
Aberhonddu (Brecon)



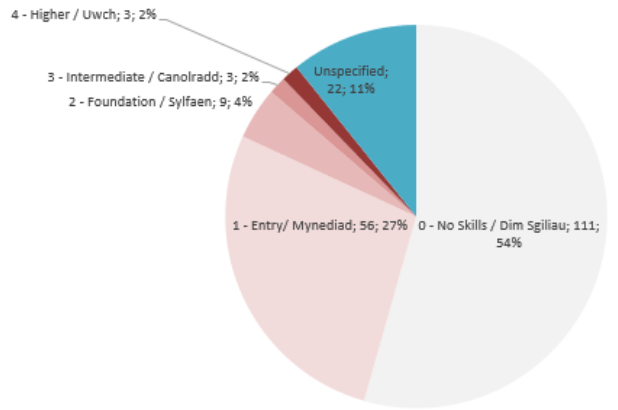
Bronllys



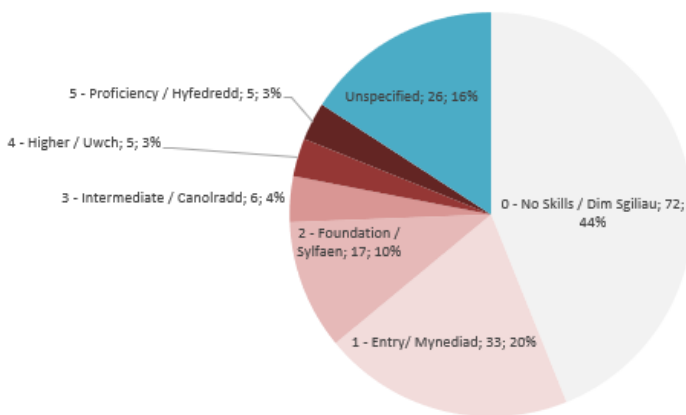
Y Drenewydd (Newtown)



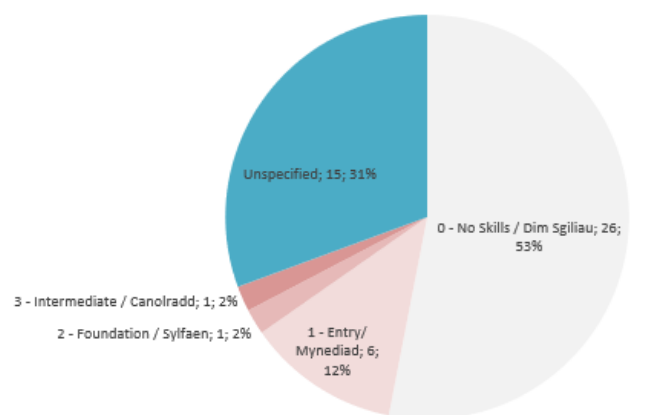
Llandrindod



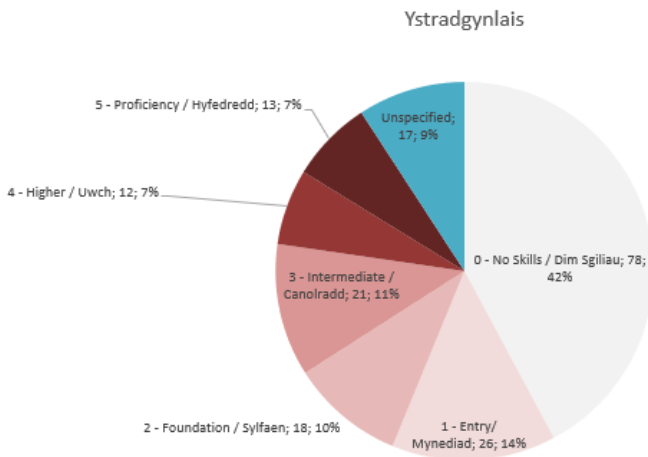
Y Trallwng (Welshpool)



Trefyclawdd (Knighton)



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This variation reflects the prevalence of Welsh in the local population, which varies considerably across Powys. Whilst the 2021 census showed that 16.4% of the overall population was able to speak Welsh – slightly below the Wales average of 17.8% - the proportion locally varies from as low as 7% in Knighton and Presteigne to as high as 33% in Ystradgynlais and 48% in Machynlleth.

DRAFT

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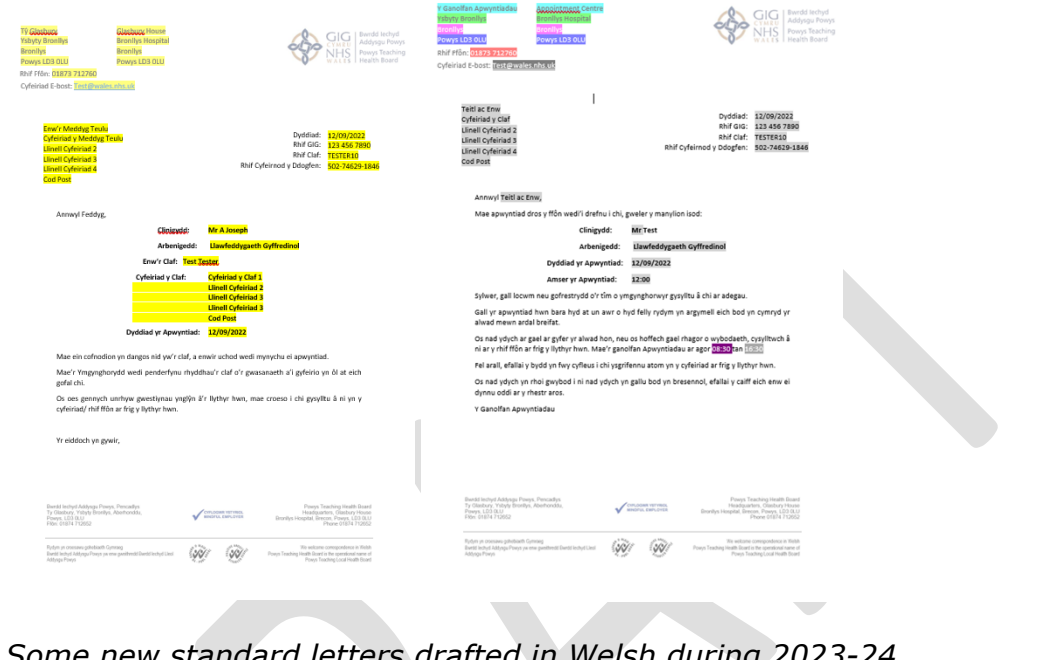
Part 2: Compliance with the Welsh Language Standards

In addition to the examples provided above, the following provide details of steps PTHB has taken to ensure or improve compliance with the Welsh Language Standards during 2021-22:

Service Delivery Standards

Standards	Situation as of 2023-24	Proposed Actions during 2024-25
Standards 1-7 relating to correspondence sent by the health board	<p>As per the standards and our internal PTHB policy, we have continued to proactively ensure standard correspondence is sent out bilingually as a matter of course.</p> <p>Regarding non-standard correspondence, the requirement to deal with this locally on a case-by-case basis is promoted via induction, language awareness courses and internal departmental action plans.</p> <p>A considerable quantity of communication with the health board takes place over social media, which is managed by the communications team who have a Welsh speaker in post able to ensure that any correspondence received using that platform can be addressed in Welsh without recourse to translation.</p>	Continue to ensure that correspondence is proactively translated as required, and to promote compliance with these standards via induction, language awareness courses and internal departmental action plans.

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	 <p><i>Some new standard letters drafted in Welsh during 2023-24.</i></p>	
<p>Standards 8 – 20 relating to telephone calls made and received by the health board</p>	<p>During 2023-24 PTHB received notification of an investigation into a failure to comply with standards 8, 9, and 10. The investigation was carried out and found a lack of compliance; and PTHB was tasked with developing and carrying out an action plan to ensure compliance in the future.</p> <p>During 2023-24 the process of carrying out the action plan began, with the following steps carried out:</p> <ul style="list-style-type: none"> • Most call handling staff across the organisation received bespoke training on the requirements of the Welsh Language Standards with regards telephony; the remainder will receive this training during 2024-25. 	<p>The new telephony system is expected to come online during 2024-25; call flows will need to be designed to meet the requirement of the standards. The current iteration of the Welsh language Vacancy assessment tool indicates that all call handling roles should be advertised as Welsh essential to improve the skill levels of the</p>

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	<ul style="list-style-type: none"> • All the health board's guidance around responding to telephone calls was verified for accuracy and compliance with the Standards. • The process began of procuring a replacement the health boards decades-old telephony system. Whilst compliance with the standards was not the main motivation for carrying out this work, it has the additional benefit of enabling call diverting which will improve the health board's ability to comply with the standards. 	organisation's staff in this regard.
Standards 20-22CH relating to meetings that are not open to the public	<p>This requirement is promoted on an ongoing basis and individual teams have implemented processes as per their individual requirements.</p> <p>The Manager's Resource and Guidance document includes information on holding meetings with members of the public. Where Welsh speaking staff are not available to attend meetings, staff have access to interpretation services who can assist, and details of the approved interpretation services are available to staff on the intranet and have been promoted to staff.</p> <p>The new Welsh in Healthcare for Managers training session covers the requirements of these standards and ensures managers are aware of the need to proactively offer persons invited to meetings the opportunity to use the Welsh language.</p>	Continue to monitor compliance levels and feedback.
Standards 23-25 relating to in-patients and case conferences	<p>In-patient language choice can be recorded via several channels across PTHB. Our WPAS and WCCIS electronic systems both have capacity to record patient language choice. Many of our service user referral forms also asks patients for their preferred language choice, and case conferences are routinely carried out with the assistance of interpretation.</p> <p>The new Strategy for Welsh in Healthcare identified that this was unlikely to be a significant issue in preventing patients using Welsh.</p>	Ensure any new systems are developed in line with these requirements, including any national systems to which PTHB contributes.

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<p>Standards 26-32 relating to meetings and events that are open to the public</p>	<p>The requirement to ask the public if they would like to use Welsh at our meetings is outlined in guidance documentation on holding meetings and events.</p> <p>Uptake of this offer is rare, e.g. Participants at the AGM of the board were invited to use Welsh in questions, and all information provided was in Welsh; however, no questions in Welsh were received.</p> <p>The 'Welsh Language – Communication and Marketing' procedural guidelines which includes information on how to comply with the Standards when arranging meetings which are open to the public continues to be promoted to managers and staff within their teams; the new Welsh in Healthcare for Managers training session covers the requirements of these standards and ensures managers are aware of the need to proactively offer persons invited to meetings the opportunity to use the Welsh language.</p>	<p>Continue to monitor compliance levels and feedback.</p>
<p>Standards 33-38 relating to publicity and advertising, displaying material in public, producing and publishing document and forms.</p> <p>(Standards 47-49 relating to signage; also, Standards 111 – 113 relating to signage)</p>	<p>Periodic site visits have been carried out of the 9 main hospital sites, assessing compliance with a range of standards including those related to signage, information displays and documents or leaflets.</p> <p>Fixed signage has been bilingual as a matter of course long before the introduction of the Welsh Language Standards, and no examples of non-compliance were found with regards fixed signage. A single complaint was received in relation to English only signage at Bro Dyfi (Machynlleth); however, it transpired this was in relation to a photograph of the site during works published on social media in which the Welsh part of a fixed sign had yet to be installed; the site was never in fact open to the public without the Welsh sign in situ.</p>	<p>Continue to visit sites to assess compliance and escalate issues.</p>

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DECHRAU DA

Yn ystod y blynyddoedd cynnar, mae eich plentyn yn datblygu fel unigolyn, yn dysgu iaith, chwarae a sgiliau symud, deall ei feddyliau a'i weithredoedd a datblygu perthynas â chi a'r teulu ehangach.

Gall cefnogi eich plentyn yn ystod y blynyddoedd cynnar hyn ei helpu tyfu a datblygu, gan leihau'r angen am ymyriadau arbenigol yn ddiweddarach a rhoi'r dechrau gorau mewn bywyd iddynt.

Mae'r cynllun Braenaru yn brosiect gan Lywodraeth Cymru sy'n helpu'r Bwrdd Iechyd, y Cyngor ac asiantaethau eraill i gydweithio'n well. **Nod y dull Braenaru yw cefnogi plant yn y blynyddoedd sylfaen o'r cyfnod Cynenedigol hyd at 7 oed.**

Mae'r cynllun Braenaru yn edrych ar anghenion plant a theuluoedd yn y Blynyddoedd Sylfaen, gan edrych ar wasanaethau sydd ar gael i'r plant a chydweithio i brofi a darparu rhaglen gymorth ar gyfer y dechrau gorau mewn bywyd.

Mae'r cynllun Braenaru wedi bod yn gweithio ledled Powys i ddeall anghenion plant a theuluoedd a gwasanaethau. Maent wedi bod yn gofyn cwestiynau fel "Pa wasanaethau sydd ar gael ac ydyn nhw'n addas, yn hygyrch ac yn y lle iawn?"

Mae'r prosiect wedi bod yn casglu barn teuluoedd a'r gweithwyr proffesiynol sy'n eu cefnogi i ddeall beth sydd angen ei wneud.

Bydd y prosiect peilot yn cael ei gyflwyno yng nghymunedau Tref-y-clawdd a Llanfyllin o fis Ebrill 2023 tan fis Mawrth 2024.

Bydd y prosiect yn cynnig mwy o weithgareddau a grwpiau cymorth i fabanod a phlant 0-7 oed.

Bydd Nyrs Feithrin Gymunedol ar gyfer y prosiect Braenaru yn cynnal grwpiau ar gyfer plant 0-4 oed gan ddarparu cymorth ychwanegol fel grwpiau chwarae a chymorth iaith.



GIG Cymru NHS Wales | Bwrdd Iechyd Addysgu Powys Powys Teaching Health Board

Large quantities of documents, signage and public information is routinely published in Welsh and/or bilingually within the health board. The images in this section show a tiny fraction of the various posters and information leaflets published during 2023-24.

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**YDYCH CHI'N POENI AM
OLWG LLYGAID RHYWUN?**



Gall eich optegydd lleol trin ystod o broblemau'r llygaid a helpu canfod cyflyrau'r llygaid fel y gellid eu trin yn gyflymach. Helpwch eich teulu a ffrindiau ceisio'r cymorth cywir.

Dewch o hyd i'ch optometrydd lleol yn biap.gig.cymru/gofallygaid




Bwrdd Iechyd Arolygyddu Parhys
Primary Care Trust
Health Board

Visitors
All Visitors – please speak to a member of staff for information prior to entering the room

Ymwelwyr
Pob Ymwelydd – siaradwch ag aelod o'r staff am wybodaeth cyn mynd i mewn i'r ystafell

All Staff
Contact Precautions Required (in addition to standard precautions)

Pob Aelod o Staff
Rhagofalon Cyswll Angenrheidiol (yn ychwanegol at rhagofalon safonol)

Before entering the room / **Cyn mynd i mewn i'r ystafell**

- Perform Hand Hygiene / Glanhau eich dryll
- Put on Gown or Apron / Rhai glio neu ffedog ymlaen
- Put Gloves on / Rhai menyg ymlaen

Before leaving the room / **Cyn gadael yr ystafell**

- Dispose of Gloves / Cell gwaredd a'y menyg
- Perform Hand Hygiene / Glanhau eich dryll
- Dispose of Gown or Apron / Cell gwaredd a'y glio neu ffedog
- Perform Hand Hygiene / Glanhau eich dryll

Outside room / **Tu allan i'r ystafell**

- Decontaminate Equipment / Ddaluogi Offer
- Perform Hand Hygiene / Glanhau eich dryll

Temporary signage and information displays remain somewhat inconsistent however, and prominence has been given to these

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standards in the Welsh in Healthcare for Managers training.

Ydych chi'n 65 oed neu'n hŷn?
Ydych chi wedi cwmpo dros y flwyddyn ddiwethaf neu'n poeni am gwmpo?

Are you 65 or over?
Have you fallen over in the last year or are you worried you might fall?

13^{EG} MAWRTH 2024 10YB- 2YH, MAES PARCIO AEL Y BRYN

YDYCH CHI ERIOED... WEDI??


DIGWYDDIAD PROFI DROS DRO

Cael twll yn eich corff – o unrhyw fath
Cael tatŵ
Cael unrhyw driniaethau harddu: BOTOX, Iliwio'r croen
Cael pigladau mewn gwlad dramor
Cael triniaeth ar eich dannedd mewn gwlad dramor
Rhannu brwsh dannedd
Rhannu raser
Cael eich gwallt wedi torri mewn siop dros dro
Cael eich siaoio â raser hir
Cael trallwysiad gwaed cyn 1991 yn y DU
Cael trallwysiad gwaed mewn gwlad dramor
Ffroeni rhyw sylwedd – erioed!
Cael pigiad: Iliwio'r croen, steroidau neu gyffuriau o unrhyw fath – erioed!!
Smocio pibell neu bong
Rhannu dŵr, llwyau, ffiltteri
Cael rhyw heb ddiogelwch

IE I UNRHYW BETH, HYD YN OED OS MAI DIM OND UNWAITH - yn golygu efallai eich bod wedi dod i gysylltiad â feirws yr afu sy'n achosi hepatitis a niwed difrifol i'r afu yn ddiweddarach mewn bywyd os na chechw eich trin.

NEWYDDION DA - MAE MEDYGINIAETHAU EFFEITHIOL AR GAEL A ALL WELLA'R CYFLWR HWN

DEWCH I WELD TŪM CYFEILLGAR Y GIG AM BRAWF SYML
TE A CHOFFI HEFYD AR GAEL A WIF A WIF AM DDM
CADWCH LYGAD AM Y BWS WALLICH PORFFOR, SYDD WEDI'I BARCIO YN AEL Y BRYN,
YSTRADGYNLAIS
AR 13^{EG} MAWRTH 10YB-2YH



A wyddoch chi mae unrhyw un sy'n ateb **Ydw** i un neu ddau o'r uchod yn cael ei annog i gael asesiad manwl i ddarganfod beth all eich tîmau iechyd a gofali cymdeithasol ei wneud i'ch atal rhag cwmpo.

Gofynnwch i'ch gweithiwr gofali iechyd proffesiynol eich cyfeirio chi, neu ewch i biap.gig.cymru a chwiliwch am 'Gwasanaeth Cwmpioadau' i hunanatgylfwrdd.

Did you know, anyone who answers **Yes** to the above or both is encouraged to have a detailed assessment to find out what your health and social care teams can do to prevent you from falling.

Ask your Healthcare professional to refer you, or visit pfbh.nhs.wales and search 'Falls Services' to self-refer for a falls assessment.

#CARU'CH AFU

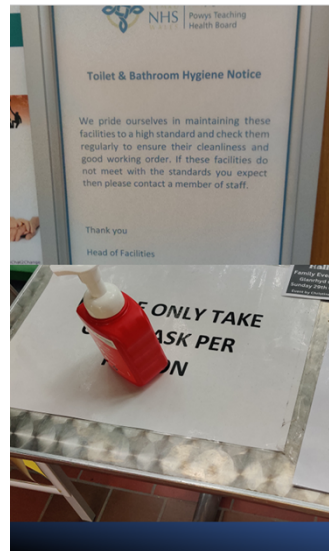
Gwneud i Bob Cyswllt Gyfrif
Making Every Contact Count



Sut i gael sgysiau iach
A guide to having healthy conversations

Patterson, Liz
31/05/2024 12:13:49

It should be noted that a significant proportion of information posters on display in PTHB sites come from sources which do not have Welsh language standards and provide information in English only; for example, UK charities such as The Alzheimer’s Society, or small local voluntary or charity groups. In line with the Code of Practice for the Welsh Language Standards (No. 7) published by the Welsh Language Commissioner, displaying this information does not consist of a breach of the standards, where PTHB (or another organisation which has received a Welsh Language Standards Compliance Notice) did not produce the information in the first place.



Notices and Posters

- Must be bilingual or in Welsh / English.
- This is an important part of ensuring we provide a welcoming bilingual environment.
- Reassures Welsh speakers their needs will be met.
- Don’t assume this is someone else’s job!
- **Remove posters if they are not compliant or out of date.**
- Translation are available and will be turned around immediately; common signs are available [here](#).

Standards 39-46 relating to the health board’s website, apps and social media

During 2023-24 PTHB received notice of an investigation by the Welsh Language Commissioner into compliance with standards relating to the website. A limited number of pages were found which were not available bilingually.

Comms team to continue to act as gatekeepers for the website and social media, ensuring best practice.

Patricia Spall
31/05/2024 12:13:49

Cyfleoedd gwych i Hyfforddi, Gweithio, Byw ym Mhowys

As part of the Action Plan in response to this investigation, a new process has been implemented which has strengthened the process and will ensure no content will be uploaded in English only in future. As part of PTHB's own investigations into the situation it was found that most non-compliant pages could be isolated to certain specific teams, suggesting there is not a systemic problem across the whole health board.

As per the new process, teams persistently failing to upload Welsh content will lose the ability to upload to the website without prior approval.

Standards 47-49 relating to signage

See Standards 33-38 above.

See Standards 33-38 above.


Patterson, Liz
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Standards 50-53 relating to receiving visitors	A sign has been provided to each reception area in the health board (where there was not already a sign present), inviting visitors to use the Welsh language (Standard 52); badges/lanyards were also widely distributed to Welsh speaking staff (Standard 53). All these standards are covered in the new Welsh language for Managers training.	Once the new telephony system is installed and functioning it will be possible to offer a telephone reception service (as per the Welsh Language Commissioner's code of practice) at all reception areas.
Standards 54-59 relating to grants, tenders and procurement	PTHB remains compliant with these standards as per NHS Wales standard procurement and practice.	Continue to ensure compliance.
Standards 60-62 relating to the organisation's corporate image	PTHB's corporate identity is wholly bilingual, with the Welsh appearing above the English in our logo.	Continue to ensure compliance.
Standard 63 relating to education courses offered by the health board	Managers are informed of this standard as part of the Welsh in Healthcare for Managers training program.	Continue to ensure compliance.
Standard 64 relating to public address systems	As of 31 st March 2024, there are currently no public address systems in operation within PTHB.	N/A
Standards 65-68 relating to primary care	As per Standard 65, a dedicated area of the website exists to provide the public with information on primary care services able to offer some or all services in Welsh.	Ensure this section of the website remains current.

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☰ Listen ▶

Gwasanaethau Cymraeg o fewn Gofal Sylfaenol



Manylion am staff sy'n siarad Cymraeg sy'n gweithio o fewn Meddygfeydd, Deintyddfeydd, Fferyllfeydd ac Optegwyr o fewn Powys ar gael trwy gysylltu â'r Meddygfeydd, Deintyddfeydd, Fferyllfeydd ac Optegwyr perthnasol.

Gellir gweld gwybodaeth am Feddygfeydd, Deintyddfeydd, Fferyllfeydd ac Optegwyr o fewn Powys ac ar draws Cymru ar ein gwefan:

- Meddygfeydd Teulu - Bwrdd Iechyd Addysgu Powys (gig.cymru)
- Gwasanaethau Deintyddol - Bwrdd Iechyd Addysgu Powys (gig.cymru)
- Fferyllfeydd - Bwrdd Iechyd Addysgu Powys (gig.cymru)
- Optegwyr - Bwrdd Iechyd Addysgu Powys (gig.cymru)

The PTHB in-house translation service continues to be offered to primary care providers as per Standard 66 along with the opportunity to order badges / lanyards with the 'Iaith Gwaith' logo free of charge.

Policy Making Standards

<p>Standards 69 – 78A relating to policy making decisions</p>	<p>The assessment of policy decisions for their impact on Welsh continues to take place as part of the health board's wider Equality Impact Assessment (henceforth EIA) process.</p>	<p>The Equality Impact Assessment Policy is due for review and renewal in 2024-25, as well as being a part of a wider review of processes</p>
---------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------

During 2023-24, 1 additional training sessions were delivered on carrying out EIAs. The training session and the corporate template cover the requirements under the Welsh Language Standards. Because the Equality and Welsh Language functions at PTHB are covered by the same staff, the requirement to assess policies and developments for their impact on Welsh is routinely reinforced as a matter of course as part of this broader process. All EIA training sessions are delivered by individual(s) with experience of Welsh Standards Compliance.



Bwrdd Iechyd
Addysgu Pwys
Pwys Teaching
Health Board

<http://pthb.nhs.wales>

What do I need to consider? (5/6)

Welsh Language


The Policy or Project must should not have negative effects and ideally will have positive effects on

- 1) Opportunities to use the Welsh Language
- 2) Treating the Welsh Language less favourably than English

Questions to ask:

What provision have you made for Welsh?
Will Welsh versions be distributed with English materials?
Will it be easier for people to receive services in Welsh?
If the service is new, how will you offer it in Welsh?

around written control documents, and the commissioner's research into compliance with these standards. PTHB's internal processes may change as a result.

<p>Standard 79 relating to a policy on the internal use of the Welsh language</p>	<p>During 2023-24 Powys Teaching Health board published its Welsh Language in the Workplace policy to meet the requirements of this standard. It is promoted via induction and the Welsh in Healthcare for Managers training session.</p> <div style="text-align: center;">  <p>WELSH LANGUAGE IN THE WORKPLACE POLICY</p> <table border="1" data-bbox="598 553 1021 834"> <tr><td>Document Reference No:</td><td colspan="2">PTHB /HR 109</td></tr> <tr><td>Version No:</td><td colspan="2">1</td></tr> <tr><td>Issue Date:</td><td colspan="2">July 2023</td></tr> <tr><td>Review Date:</td><td colspan="2">July 2026</td></tr> <tr><td>Author:</td><td colspan="2">Service Improvement Manager for Equality and Welsh Language</td></tr> <tr><td>Document Owner:</td><td colspan="2">Service Improvement Manager for Equality and Welsh Language</td></tr> <tr><td>Accountable Executive:</td><td colspan="2">Director of Workforce and Organisational Development</td></tr> <tr><td>Approved By:</td><td colspan="2">Executive Committee</td></tr> <tr><td>Approval Date:</td><td colspan="2">12 July 2023</td></tr> <tr><td>Document Type:</td><td>Policy</td><td>Non-clinical</td></tr> <tr><td>Scope:</td><td colspan="2">PTHB-wide</td></tr> </table> <p style="font-size: small; text-align: center;">The latest approved version of this document is online. If the review date has passed please contact the Author for advice.</p> <p style="font-size: x-small; text-align: center;">Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys</p> </div>	Document Reference No:	PTHB /HR 109		Version No:	1		Issue Date:	July 2023		Review Date:	July 2026		Author:	Service Improvement Manager for Equality and Welsh Language		Document Owner:	Service Improvement Manager for Equality and Welsh Language		Accountable Executive:	Director of Workforce and Organisational Development		Approved By:	Executive Committee		Approval Date:	12 July 2023		Document Type:	Policy	Non-clinical	Scope:	PTHB-wide		<p>Continue to promote the Welsh in the Workplace Policy.</p>
Document Reference No:	PTHB /HR 109																																		
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Approval Date:	12 July 2023																																		
Document Type:	Policy	Non-clinical																																	
Scope:	PTHB-wide																																		
<p>Standards 80 – 81 relating to employment documents</p>	<p>Contracts (Standard 80) are standardised and automatically provided bilingually through the TRAC system.</p> <p>Other Employment documents have been made available in Welsh on the Health Board intranet; awareness of these is promoted via induction and the Welsh in Healthcare for managers training session.</p>																																		

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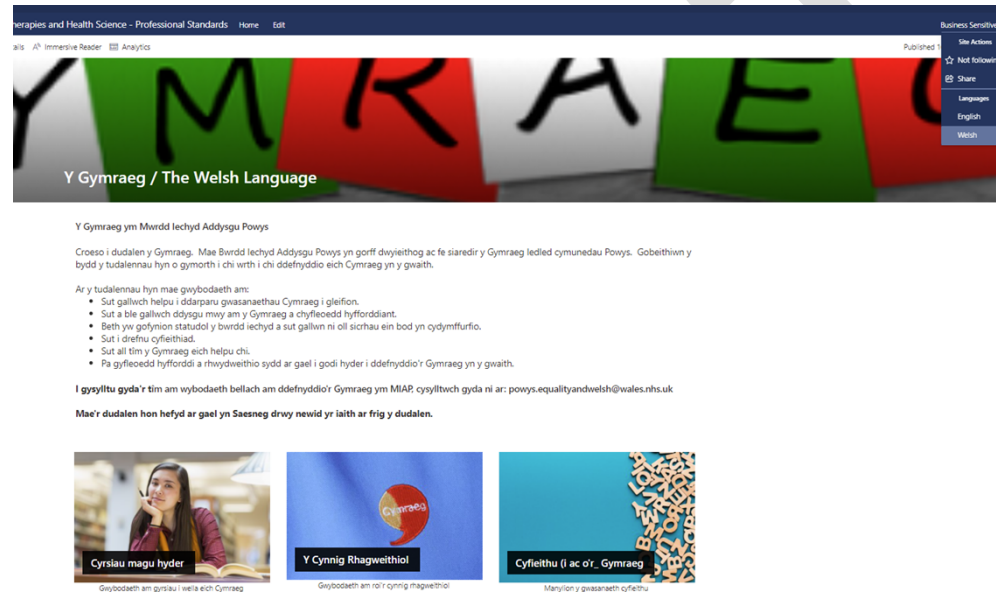
<p>Standard 82 - relating to operational policies</p>	<p>A process has been put in place to ensure policies relevant to this standard are made available in Welsh, and where changes are made, these are flagged. Most of the policies covered by Standard 82 are published bilingually already due to being All-Wales policies.</p> <p>Due to capacity limits within the Welsh translation team and the need to prioritise patient-facing information, these policies are being translated as and when they are separately reviewed; this work is ongoing.</p>	<p>Continue to work to ensure all policies under this standard are available in Welsh.</p>
<p>Standards 83-88 - relating to disciplinary, grievance and other internal processes.</p>	<p>All these requirements continue to be met via the existing relevant all-Wales and PTHB policies; awareness of these is promoted via induction and the Welsh in Healthcare for managers training session.</p>	<p>Continue to ensure all policies reflect these requirements.</p>
<p>Standard 89 relating to bilingual computer software interfaces</p>	<p>Cysgliad and Welsh interfaces for Windows, Office and ESR remain available to staff. Details on accessing these are available on the health board staff intranet, and awareness of these is promoted via induction and the Welsh in Healthcare for managers training session.</p>	<p>Continue to promote these via staff induction and training/awareness sessions.</p>

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Standards 90 – 95 relating to the intranet

Our internet has been designed from the start to be wholly compliant with the Standards related to the intranet (to the extent that the architecture allows). The Welsh versions of intranet pages (where they exist) can be accessed by clicking 'Welsh' on the languages tab:

Continue to monitor the intranet to ensure compliance continues as the intranet grows.



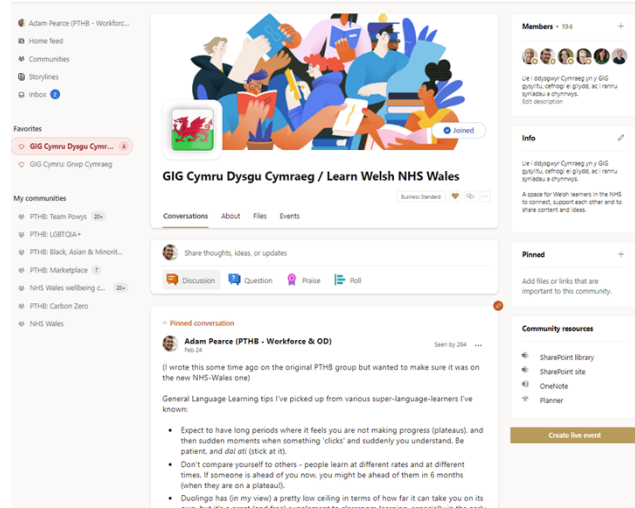
As well as the pages relating to the use of Welsh at work (see above), the homepage of the intranet is available in Welsh as are pages relating to OD and clinical education (Training) and all other sites as specified by the Standard 81.

Standards 96 – 101 relating to staff Welsh language skills and training

See the section above for staff skills reporting responsibilities. PTHB have continued to promote and, where appropriate, financially support learning of Welsh in line with the standards. These courses have been popular as ever, with 19 individuals completing the online *Cymraeg Gwaith* courses during 2023-24 and other staff following

Continue to promote existing and new training options to staff across PTHB. Follow up on the disparity between the expressions of interest in the *Codi Hyder* scheme (49) and

Dysgu Cymraeg courses online and in the community. As of 31st March 2024, 9 individuals at the health board were also attending the *Codi Hyder* Confidence Raising scheme.



The *GIG Cymru Dysgu Cymraeg / Learn Welsh NHS Wales* Yammer group, originally a PTHB-only group but since opened up to staff across NHS Wales, provides a supportive network for staff learning Welsh as well as an opportunity to share tips and ask questions.

the number undertaking the course (9).

Standards 102-103 relating to Welsh language awareness training

The online More than Just Words: Welsh Language Awareness module was introduced in December 2022. As of March 2024, a total of **90%** of all PTHB staff had undertaken this mandatory training module.

In person Welsh Language Awareness training continues to be offered within the health board and primary care, with two departments partaking of this during 2023-24:

- Patient Services

Continue to monitor and encourage completion of the mandatory training module.

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	<ul style="list-style-type: none"> Primary Care Team 	
Standards 104-105 relating to identifying Welsh speaking staff	<p>Badges and lanyards to identify Welsh speaking staff and Welsh learners are available to all staff. This enables patients to readily identify Welsh speaking staff and increases their confidence in the health board's ability to provide services in Welsh.</p> <p>Bilingual email signature templates are available on the Welsh language resource intranet page and in the Managers Guidance and Resource document.</p>	
Standards 106 – 109 relating to recruitment	<p>The health board's policy is that all vacancies have the Welsh language requirement specified, and are advertised in Welsh as well as English as per Standards 106 and 106A; as a matter of course applicants to all vacancies are invited to apply in Welsh.</p> <p>107A a-c are all provided in Welsh as a matter of standard practice. The health board does not currently translate all job descriptions (107A ch) due to financial and capacity constraints.</p> <p>During 2023-2024 PTHB advertised 973 vacancies:</p> <p>1 post was advertised with Welsh language skills as essential.</p> <p>972 posts were advertised with Welsh language skills as desirable.</p> <p>0 posts were advertised with Welsh language skills as not required.</p> <p>The roles advertised with Welsh language skills essential was a role in the Health & Social care academy.</p> <p>A new mandatory process involving an online assessment tool that will be required will be provide full accountability for Standard 106 and for the decisions made leading to the statistics advertised in this part of future Welsh Language Standards Annual Reports.</p>	Rollout the new mandatory vacancy assessment process and monitor the number of vacancies advertised in the various categories.

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Standards 110-110A relating to a plan for bilingual clinical consultations	<p>Our main achievement this year has been the design, development, consultation, approval and publication of our Strategy for Welsh in Healthcare 2024-2029. This comprehensive document incorporates the requirement to develop a Five-Year Plan to increase our ability to provide Clinical Consultations in Welsh in accordance with Welsh Language Standard 110 as well as the Workforce Strategy required by More than Just Words, and provide overall direction and targets for the development of our bilingual workforce. The document is available on the PTHB website and sets out how we plan to develop our Welsh language capacity as an organisation over the next five years.</p> <p>The Review of the previous strategy under Standard 110A is included as an appendix to the Welsh in Healthcare Strategy</p>	Ensure the Welsh in Healthcare Strategy is embedded and promoted across the health board.
Standards 111 - 113 relating to signage	(See Standards 33-38 above).	(See Standards 33-38 above).
Standard 114 - relating to recorded workplace messages.	This standard is not applicable to PTHB as there are not recorded workplace announcement systems in place on our sites.	N/A

Record Keeping and Supplementary Standards

Standard 115 - relating to complaints.	<p>During 2022-2023 PTHB received no formal or informal complaints in relation to the implementation of the Welsh Language Standards.</p> <p>PTHB continues to follow the conditions set out in NHS Wales 'Putting Things Right' policy, which include information on dealing</p>	N/A
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	<p>with complaints made in Welsh and relating to Welsh language provision. Copies of these documents can be found here.</p> <p>In late March 2023, the Welsh Commissioner opened an Investigation into the health board relating to non-compliance with Standards 8, 9 and 10 on some hospital switchboard numbers; another investigation was opened in December 2023 around Standard 39 and 41. Details of these are provided above.</p>	
Standards 116-121 relating to Record keeping and supplementary matters.	<p>For Standard 116, see 'current Welsh Language Skill levels at PTHB' above.</p> <p>For Standard 117, see under Standard 106.</p>	N/A

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More than Just Words Framework

The Welsh Government’s More than Just Words Framework is separate to the Welsh Language Standards; however, in the interests of simplicity and reduced duplication of reporting, the following update reflects PTHB’s progress under the More than Just Words Action Plan.

Short Term Actions (by 2023) and Medium Term Actions (by 2025)

NHS Organisation	Powys Teaching Health Board
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Completed by:	Service Lead for Equality & Welsh Language	Date:
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Ref	Description of Short Term and Medium Term Action	Lead Accountability	Progress Report for 2023/24 (reporting period 1/4/23 – 31/3/24)	Priorities 2024/25	Examples of best practice/ work done in partnership.
Culture and Leadership					
1	We'll set personal performance objectives to ensure the delivery of More than just words so that the Active Offer is embedded in annual objectives of sector leaders, cascaded throughout organisations and considered in relevant individual appraisals at all levels. This will include Chairs of NHS boards and the Directors of Social Services report (Annual Council Reporting Framework). <i>(Short term)</i>	All health and social care bodies Welsh Government to lead on objectives for Chairs.	<p>PTHB does not set Chair objectives. The PTHB Welsh in Healthcare for Managers’ Training Course suggests that managers consider setting the active offer as a personal or team objective as appropriate.</p> <div style="border: 1px solid black; padding: 5px;"> <p style="background-color: #004a99; color: white; padding: 2px;">Model good behavior</p> <ul style="list-style-type: none"> Use whatever Welsh skills you have Begin / end meetings with Welsh greetings Be proactive in allowing staff to use their Welsh Promote internal processes in Welsh Do you know who the Welsh speakers are on your team? Consider setting personal and team objectives around Welsh and the Active Offer. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Do you have any good internal processes you'd like to share? </div>  </div>	Members of the Board will be invited to participate in the HEIW-led <i>Agor y Drws</i> program for Leaders in Healthcare.	The Welsh in Healthcare for Managers training course, a part of the mandatory PTHB Managers’ Training Program undertaken by all individuals in PTHB with line management experience, ensures an additional level of provision for more

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					senior staff over and above mandatory Awareness training.
2.	Over time, we expect all health and social care staff to gain an appreciation of the positive difference that learning and using Welsh can make to the care experience. In the meantime, we'll bolster language awareness courses with a behavioural-science communications approach so that everything we say about Cymraeg as leaders, and as organisations and partnerships contributes to this strategy. This approach will build on the training and on the positive narrative outlined in the plan. <i>(Short to medium term)</i>	Welsh Government/ HEIW/ SCW	See below regarding Welsh Language Awareness session. All staff also receive information on using Welsh as part of their induction; see also Welsh in Healthcare for Managers training course.	See below regarding Welsh Language Awareness session. All staff also receive information on using Welsh as part of their induction; see also Welsh in Healthcare for Managers training course.	The Welsh in Healthcare for Managers training course, a part of the mandatory PTHB Managers' Training Program undertaken by all individuals in PTHB with line management experience, ensures an additional level of provision for more senior staff over and above mandatory Awareness training.
3	We'll expect those in leadership roles to take part in our Leading in a Bilingual Country programme. This programme works towards embedding the spirit of Cymraeg 2050 in organisational culture and policymaking. All too often, Welsh is viewed as just an issue of translation or as a 'tick box' in policy development. This values-based programme goes beyond understanding the possible impact of language on all aspects of our work to using	Chairs and Chief Executives of health and social care bodies	This has not been possible due to the course not being run this year and being replaced with <i>Agor y Drws</i> .	Members of the Board will be invited to participate in the HEIW-led <i>Agor y Drws</i> program for Leaders in Healthcare.	

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	what levers we have to increase its use. (<i>Medium term</i>)				
Theme 1: Welsh language planning and policies including data					
8	An agreed national framework for the collection and collation of data on the language skills of all staff working in health and social care in Wales will be developed and implemented. This should be mandatory wherever possible and would need to align with systems and approaches currently in place for the collection, collation of data across the health and social care sectors including services that are provided in Welsh (<i>Medium term</i>)	HEIW/SCW/ DHCW/ health and social care bodies including independent primary care contractors	PTHB provide annual data regarding the Welsh Language skills in their workforce as part of the Annual Reporting under the Welsh Language standards.	PTHB's response to this objective is necessarily reactive.	
9	An annual report will be prepared by an appropriate body to bring together the data relating to the health and social care workforce. This report could be prepared and published by Statistics for Wales. The published report should be publicly available with a further level of granular detail available as appropriate to those bodies responsible for the workforce in different contexts e.g. HEIW, SCW, Health Boards (<i>Short to medium term</i>)	HEIW/SCW, health and social care bodies	PTHB provide annual data regarding the Welsh Language skills in their workforce as part of the Annual Reporting under the Welsh Language standards. PTHB is happy to provide any data requested by "an appropriate body."	PTHB's response to this objective is necessarily reactive.	
10	That action 30 of the 'Health and Social Care Workforce Strategy' – to develop workforce planning guidance for Welsh language skills identification and development in the health and social care	HEIW/Social Care Wales	Our Strategy for Welsh in Healthcare 2024-2029 includes new steps to enforce the mandatory assessment of all vacancies with respect to teams' existing ability to provide	Introducing and embedding the Strategy for Welsh in Healthcare and the Vacancy Assessment tool, and	The vacancy assessment tool developed by PTHB has had a lot of interest from other

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	workforce – is progressed at the earliest opportunity. This guidance should consider the required number of staff with Welsh language skills and the nature of those skills in different health and social care contexts and within the priority areas of need identified. The guidance is used as part of annual workforce planning by Health Boards, Local Authorities, HEIW, Social Care Wales and other employers as appropriate. Furthermore, that the guidance informs the work of the relevant regulators and inspectorate as appropriate (<i>Short term</i>)		their services in Welsh. This will ensure that all vacancies are appropriately assessed for their Welsh language requirements and should result in an increase in the number of roles advertised as Welsh essential.	ensuring it is being used correctly and effectively.	health boards; similar tools based on this may be introduced in other Welsh health boards in the near future.
Theme 2: Supporting and developing the Welsh language skills of the current and future workforce					
13	Health and social care organisations to identify workforce skills gaps in key areas and develop plans to address them. This will be embedded in workforce and skills plans developed and delivered within individual organisations and involve close working with HEIW and SCW. (<i>Medium term</i>)	Health and social care bodies, HEIW and SCW	Our Strategy for Welsh in Healthcare 2024-2029 includes new steps to enforce the mandatory assessment of all vacancies with respect to teams' existing ability to provide their services in Welsh. This will ensure that all vacancies are appropriately assessed for their Welsh language requirements and should result in an increase in the number of roles advertised as Welsh essential.	Introducing and embedding the Strategy for Welsh in Healthcare and the Vacancy Assessment tool, and ensuring it is being used correctly and effectively.	The vacancy assessment tool developed by PTHB has had a lot of interest from other health boards; similar tools based on this may be introduced in other Welsh health boards in the near future.
14	We'll expect all NHS and social care colleagues to follow a language 'awareness' course which will explain how important Cymraeg is in service	Health and social care bodies	The Welsh Language Awareness ESR module has been a mandatory online training session for all staff; it has	Continue to ensure that the proportion of the health board who have	

	<p>delivery and as a patient need. Following the introduction of Welsh language awareness training for all health and social care professional, we'll expect that this training is provided across all disciplines for trainees and introduced as part of the induction process for new employees in the health and social care workforce who have not already undertaken the training. <i>(Medium term)</i></p>		<p>been completed by 2283 of our 2254 current staff, 90% of the total.</p> <p>This level of completion is comparable to other mandatory training modules. Because the completion expires after a certain amount of time, and because of staff turnover; we therefore do not anticipate that it will be practical to achieve a significantly higher % than this in future.</p>	<p>completed this training remains high.</p>	
15	<p>The National Centre for Learning Welsh develop further their plans to offer Welsh language training to the health and social care sectors and provide an enabling environment on the use of Welsh in workplaces. This should complement informal language learning through on-line tools and apps to be made available across the sector. It could be modelled on recently announced developments for the education workforce. This should include tailored provision to support practice in health and social care and identify opportunities (along with relevant employers) to support staff confidence to make more use of their Welsh language skills (at whatever level) in the workplace. We further recommend that Welsh</p>	<p>Welsh Government/ National Centre for Learning Welsh</p>	<p>In partnership with the National Centre for Learning Welsh, PTHB have promoted the Codi Hyder confidence raising course. 49 individuals expressed an interest in this course and 9 are currently undergoing group and 1:1 sessions through the provider aimed at increasing the confidence of individuals able to speak Welsh but out of practice or otherwise feeling unable to do so actively. We believe these individuals represent a crucial "low hanging fruit" for the organisation.</p>	<p>Continue to promote the course and identify what the reasons were for the significant numbers initially expressing an interest not then taking up the course.</p>	

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	Government explore what resources are required to deliver adequate support for such a scheme including supporting employers to release key staff to undertake substantive Welsh language learning. (<i>Medium term</i>)				
16	Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities (<i>Medium term – guidance to be developed and shared in the short term</i>)	Health and social care bodies	This is already standard practice in the Health Board.	This is already standard practice in the Health Board.	
17	Gradual introduction of a minimum “courtesy” level of Welsh language skills making staff more aware of positive impact that learning and using Welsh can have accessing and receiving health and social care services. By the end of the life of this plan, all staff working in health and social care should have courtesy level Welsh. (<i>Short term- introduction</i>)	Health and social care bodies	We are awaiting the provision of a clear definition of “courtesy level” Welsh from the Welsh Government and the central provision of an appropriately identified training course.	We are awaiting the provision of a clear definition of “courtesy level” Welsh from the Welsh Government and the central provision of an appropriately identified training course.	
18	Organisations to develop and implement a targeted Welsh language training and workforce strategy – with initial focus on addressing gaps in More than just words key priority areas and those who lack confidence (need to consider the potential for working with team leaders / managers /employers to also create the conditions for individuals to use their Welsh) (<i>Medium term</i>)	Health and social care bodies	This requirement is incorporated into our Strategy for Welsh in Healthcare, approved and published this year.		The Strategy for Welsh in Healthcare combines this with the Five-Year Plan under Standard 110.

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Theme 3: Sharing best practice and an enabling approach					
29	We'll collate and share examples of innovative good practice which is accessible across the sector utilising existing portals and hubs including the Research and Innovation Hubs. <i>(Short term)</i>	Welsh Government/ Welsh language officers		Contribute to the research and innovation app.	
31	We'll provide the required structured and resourced support for More than just words regional forums and professional networks to have space that enables learning and the sharing of best practice on consistency of care across communities with particular attention to Integration of health and social care <i>(Medium term)</i>	Welsh Government and Chairs of Regional Forums, clinical networks, Royal Colleges, British Association of Social Workers	The Powys More than Just Words Forum continues to meet to share updates and best practice across health and social care.	The Powys More than Just Words Forum continues to meet to share updates and best practice across health and social care.	
32	We'll ensure that Welsh language Executive Leads and Welsh Language Officers and champions meet nationally to share best practice to ensure a consistent approach on key issues and develop initiatives to celebrate success including promoting More than just words within existing awards and accolade schemes. <i>(Short term)</i>	Welsh Government, Health and social care bodies	Welsh language officers at PTHB continue to participate in the relevant All-Wales NHS groups.	Welsh language officers at PTHB continue to participate in the relevant All-Wales NHS groups.	
35	Visual markers not only enable service users to identify Welsh speaking staff but also to convey a message that Welsh is a 'normal' everyday part of service delivery and builds on ethos of belonging. We'll extend the Iaith Gwaith project across Wales to allow workers	Welsh Government/ DHCW/ health and social care bodies	These are promoted across the health board as a standard practice in inductions, Welsh language awareness training, Welsh in Healthcare for managers training.	Continue to promote across the health board as a standard practice in inductions, Welsh language awareness training, Welsh in	

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	<p>who can offer or partially offer services in Welsh to readily identify themselves by wearing laith Gwaith badges or lanyards. We'll also in our ICT systems capture, display and share information that let us know as individuals and staff who can speak Welsh and what services they will be offering in Welsh — so we can use our Welsh with them. (Consideration would need to be given to additional funding / resources to enable this to be delivered.) (<i>Short term</i>)</p>		<p>PTHB does not directly commission the ICT systems that would enable this (ESR, Office) which are procured on an All-Wales basis.</p>	<p>Healthcare for managers training.</p>	
37	<p>We'll further develop dictionary resources, high standard terminological corpus, language memory systems and practical tools to support staff to use their Welsh skills, for example Gair i Glaf. This to include in the short-term Welsh language officers and translators working together on collation of terms and translation capacity and capability. (<i>Short term- joint working on developing standard terms</i>)</p>	<p>Welsh Government / health and social care bodies</p>	<p>Powys Teaching Health Board's translation unit collaborates with other NHS Wales bodies sharing translation memories; we will participate in an NWSSP-led exercise to procure an All-Wales solution to translation memory software.</p>		
<p>Additional/general comments (expand box as necessary)</p> <p>PTHB has incorporated the requirements of the More than Just Words Framework alongside Welsh Language Standard 110 into its Strategy for Welsh in Healthcare, approved during 2023-24 and published online shortly after the end of the financial year. This strategy is intended to inform and direct our approach to the Welsh language across the health board.</p>					

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Moving Forward: Priorities for 2024-25

Our new Strategy for Welsh in Healthcare sets out our priorities and targets over the coming five-year period in terms of improving the Welsh language skills of our workforce, which in turn will improve our ability to comply with the standards.

Specific priorities over the coming period include:

- Appropriate establishment of the new telephony system, and the design and implementation of the call flow processes.
- The completion of all other identified actions in response to the two investigations from the Welsh Language Commissioner.
- The continued rollout of the Managers training.
- The introduction of the Vacancy Assessment tool and the monitoring of the outcomes.
- Revisiting the process for assessing policies for their impact on the Welsh language as part of a wider review of both PTHB's Written Document procedures and its Equality Impact Assessment processes.

The 'Proposed Actions during 2024-25' column in the above section suggests further avenues of work during the next financial year.

For further information on the details of this report and for further information on PTHB's implementation of the Welsh Language Standards, please contact the Equality and Welsh Language team by emailing powys.equalityandwelsh@wales.nhs.uk.



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Agenda item: 2.6

Workforce and Culture		Date of Meeting: 4 June 2024
Subject:		
Approved and presented by:	Debra Wood-Lawson Executive Director of People and Culture	
Prepared by:	Adam Pearce Service Lead for Welsh Language and Equalities	
Other Committees and meetings considered at:	Executive Committee – 29 May 2024 who endorsed the report to the Workforce and Culture Committee.	

PURPOSE:

To review and approve the Equality Annual Report for 2023-24 and, in line with the requirements, publish it on the PTHB Website.

RECOMMENDATION(S):

The Committee is asked to:

- **CONSIDER** the report and take **ASSURANCE** on the progress made against plan;
- **APPROVE** the annual report for publication.

The report will also be shared with the Board, for assurance, on the 24 July 2024.

Approval	Discussion	Information
✓	✓	✓

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

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	

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

EXECUTIVE SUMMARY:

As part of the Statutory Duty under the Equality Act 2010, the health board is required to publish an Annual Report for each financial year outlining the steps it has taken to meet the Public Sector Equality Duty. The statutory deadline for publishing this report is **the end of the 2024-25 financial year**. The health board's annual reports are cross-referenced to the objectives outlined in the Strategic Equality Plan; the plan and annual reports, including the previous report for 2022-23, are published on the [health board website](#).

DETAILED BACKGROUND AND ASSESSMENT:

Each year, the Executive Lead for equality agrees an annual work plan to identify our priority actions for the year. Highlights from our work in 2023-24 include:

- Embedding the Equality for Managers' course into the management training, meaning that all PTHB managers now receive dedicated training on identifying discrimination and how to model good behaviour.
- Delivering Gender Awareness training to over 10% of the PTHB workforce, improving outcomes for patients of all genders including cisgender men and women.
- As part of our ongoing work under *Better Together* (formerly the Accelerated Sustainable Model), we have created new roles within Therapies which enable us to offer services which would formerly have been commissioned from neighbouring health boards/trusts.
- Achieving the Bronze Employer Recognition and Pride in Veterans standard from the MOD.

- Consulting on, drafting and publishing our new Strategic Equality Plan for 2024-2028.

This Annual Report is an overview of some of the Health Board’s key work to promote equality, diversity and inclusion throughout 2022-2023. It also outlines our intentions for the future to build upon the work already undertaken to continue to improve the health and wellbeing for individuals and reduce inequalities. This report will be the last to relate to the previous Strategic Equality Plan; the new Strategic Equality Plan passed earlier this year covers the period 2024-28 and will be reported against in future Annual Reports.

The approved report will be uploaded in English and Welsh as well as in EasyRead format.

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

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	Adverse	Differential	Positive	Statement
Age				X	As part of the health board’s broader work around Equality, publishing the Equality Annual Report is a key part of our accountability process and will promote better outcomes for all groups.
Disability				X	
Gender reassignment				X	
Pregnancy and maternity				X	
Race				X	
Religion/ Belief				X	
Sex				X	
Sexual Orientation				X	
Marriage and civil partnership				X	
Welsh Language				X	
Risk Assessment:					
	Level of risk identified				

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	None	Low	Moderate	High	
Clinical	X				There is no risk associated with the publishing of this report. Failing to publish could represent a compliance risk.
Financial	X				
Corporate	X				
Operational	X				
Reputational	X				

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Powys Teaching
Health Board

Powys Teaching Health Board Equality, Diversity & Inclusion Annual Report 2023-2024

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Foreword

In healthcare, equality isn't just a noble aspiration—it's a fundamental requirement. It's about ensuring that everyone, regardless of race, gender, age, disability, sexual orientation, or socioeconomic status, has equitable access to healthcare services. It's about creating an environment where all voices are heard and respected, where diversity is celebrated, and where everyone feels valued and supported.

We are proud of the progress we have made in an increasingly challenging environment; this report provides an overview, but only that, of the many hundreds of hours our dedicated staff have devoted to striving towards this goal.

I extend my sincere appreciation to everyone who has contributed to the work described in this report and to our ongoing dedication to equality. Together, we are creating a healthier, more inclusive future for all.

Hayley Thomas, CEO

As we present our Equality Annual Report, I'm proud to share the strides we've made toward building a healthcare system that values and respects every individual within our community. At Powys Teaching Health Board, we are committed to fostering an environment of equality, diversity, and inclusion in all aspects of our work.

This report reflects our dedication to ensuring that everyone, regardless of background or circumstance, receives the highest standard of care. It showcases our achievements and outlines our vision for the future. I'm particularly excited to announce the launch of our new Strategic Equality Plan (SEP) for 2024-2028, which will guide our efforts over the coming years to further embed equality and inclusion into our practices.

Our SEP and this report are a testament to our ongoing commitment to diversity and fairness. It represents a

collaborative effort, reflecting the input of our staff, patients, and community partners. With this plan, we aim to continue building a healthcare system where everyone feels valued, heard, and respected.

Debra Wood-Lawson
Executive Director of People and Culture and Board-level lead for Equality, Diversity and Inclusion

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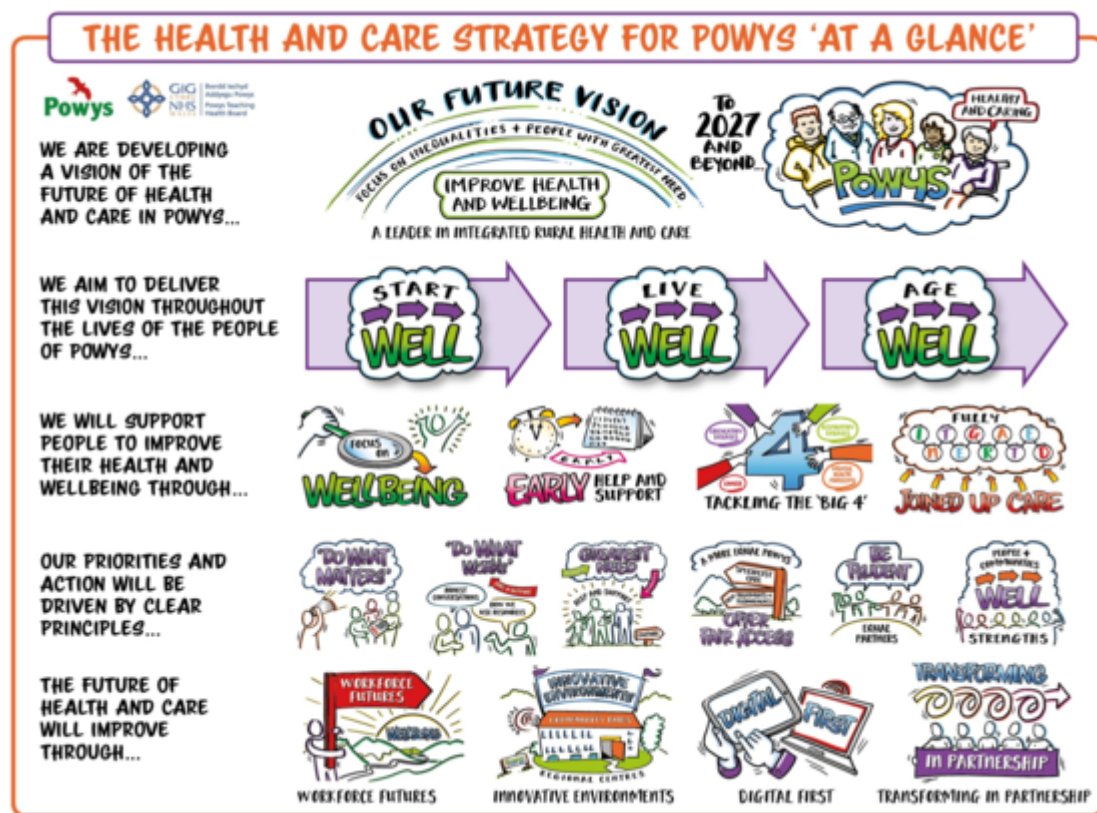
An Overview of 2023-24

Powys Teaching Health Board (PTHB) is committed to putting people at the centre of everything we do. Our vision is to create an organisational culture and environment that is accessible and inclusive for everyone. This includes our staff, those who receive care including their families and carers, as well as partners who work with us whether this is statutory organisations, Third sector partners and our communities.

Fairness & Equality represents one of the six core organisational values developed by our staff. Our values are the things that we believe are important in the way we live and work and represent the “guiding principles” behind our actions.

As a UK public sector organisation, we are also subject to the requirements set out in Public Sector Equality Duty and outlined in the Equality Act (2010) which, among other things, sets out our General Duty to reduce inequality of opportunity and foster good relations between groups of people.

Our [Strategic Equality Plan](#) (SEP) for 2020-2024 and objectives has been designed to sit alongside our 10-year Health and Care Strategy and our Integrated Medium Term Plan (IMTP).



Each year, the Executive Lead for equality agrees an annual work plan to identify our priority actions for the year. Highlights from our work in 2023-24 include:

- Embedding the Equality for Managers' course into the management training, meaning that all PTHB managers now receive dedicated training on identifying discrimination and how to model good behaviour.
- Delivering Gender Awareness training to over 10% of the PTHB workforce, improving outcomes for patients of all genders including cisgender men and women.
- As part of our ongoing work under *Better Together* (formerly the Accelerated Sustainable Model), we have created new roles within Therapies which enable us to offer services which would formerly have been commissioned from neighbouring health boards/trusts.
- Achieving the Bronze Employer Recognition and Pride in Veterans standard from the MOD.
- Consulting on, drafting and publishing our new Strategic Equality Plan for 2024-2028.

This Annual Report is an overview of some of the health board's work to promote equality, diversity and inclusion throughout 2023-2024. It also outlines our intentions for the future to build upon the work already undertaken to continue to improve the health and wellbeing for individuals and reduce inequalities.

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About the Powys Teaching Health Board Area

Powys Teaching Health Board occupies the same borders as the Powys County Council (PCC) area. At the time of the 2021 census there were 133,200 people living in Powys - a large, rural county of approximately 2000 square miles. This population density of 26 individuals per square kilometre is the lowest by far of Wales's local authority areas.

The rural nature of Powys means that whilst many services are provided locally through our community hospitals and services, there are no District General Hospitals within the health board area. This means that a significant proportion of secondary healthcare functions for Powys residents are commissioned from adjacent health boards, including over the border in England. A very significant proportion of PTHB's funding allocation is spent on commissioned services taking place outside of the health board, and the services that are offered directly are disproportionately concentrated in fields such as community care (compared to other Welsh health board areas).

A consequence of this is that the health board as an organisation is smaller than would be expected allowing for population alone, employing 2,522 staff (as of 31 March 2024), alongside volunteers. This total staff count represents fewer than a typical District General Hospital in other Welsh health boards. It reflects a very different mix of staff in terms of roles and specialisms, with a much greater proportion of allied healthcare professionals and correspondingly fewer medical and nursing staff. This needs to be borne in mind when comparing PTHB practice and performance with other health boards in Wales. Our operating model is different as it focuses on a mix of primary care, community / tertiary care and commissioned care. Due to the lack of centralised sites, the staff body is also quite disparate, and many staff live outside the county.

Partly as a response to our unique context, we have forged strong partnerships with colleagues in other sectors, such as Powys County Council, Dyfed-Powys Police and Powys Association of Voluntary Organisations (PAVO).

Information on how we intend to improve services for the people of Powys can be found on our website under the [Key Documents](#) section which includes copies of our annual reports, annual quality statements, strategies and plans.

Diversity within Powys

PTHB appreciates the diversity of our population and the need to treat one another with dignity and respect. Alongside our values we have specific legal obligations as a service provider and employer. In line with the Public

Sector Equality Duty, this report focuses on the health board's activity in relation to promoting equality and tackling discrimination for our patients and wider population on the basis on the relevant protected characteristics of Age, Disability, Pregnancy and Maternity, Race and Ethnicity, Religion and Belief, Sex, Sexual Orientation and Gender Reassignment.

In keeping with the area's rural character, the demographic profile of Powys' population is quite different to the Wales average for some figures:

- Age – 27.8% of the population of Powys are aged 65 and over. This is the highest of any local authority area in Wales, where the average proportion in this group is 21.3%.
- Disability – 18.1% identified as having a disability, lower than the Wales average of 21.1%. 7.6% described their disability as limiting their day-to-day activities 'a lot'; this figure was the joint lowest in Wales.
- Race – 94.9% of the population described their Ethnicity as White (Welsh, English, Scottish or British), rising to 97.7% when including all other White groups (including Irish, European and all Traveller groups); these figures are among the highest in Wales and correspondingly the proportion of the population identifying as Black, Asian or other non-white groups is one of the lowest in Wales at just 2.2%, compared to 6.2% for the whole of Wales.

A sparse population spread across a large rural land mass, means that PTHB faces many challenges when seeking to address inequality of access, inequality of opportunity and ultimately, tackling health inequalities for people who live within Powys. We have a particular challenge around understanding and addressing socio-economic inequalities and ensuring that that people in lower income brackets who are particularly feeling the impact of the current cost of living crisis, are able to access the services they need. This has been acknowledged by reports from [Public Health Wales](#) and [the Nuffield Trust](#). Our [SEP](#) includes more details about these challenges and outlines our aims and objectives to reduce inequality, which are aligned to our IMTP.

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SEP Objectives 2020-2024

In the development of its SEP, PTHB agreed a set of Strategic Equality Objectives for 2020-2024 which include 3 broad long-term aims each with an overarching equality objective. These are:

Long-term Aim 1: Engagement

To ensure strong and progressive equality and human rights protections for everyone in Powys.

Equality Objective:

We will promote a positive attitude towards equality and diversity across our organisation. Our processes of continuous engagement to develop and deliver services will be informed by local needs, with the aim of improving access to healthcare services and reducing inequalities.

Long-term Aim 2: Service Delivery

The needs and rights of people who share protected characteristics are at the forefront of the design and delivery of our healthcare services.

Equality Objective:

We will work with our population, staff and partners to shape the design and delivery of our services.

Long-term Aim 3: Workforce

PTHB is a leading, exemplar, inclusive and diverse organisation and employer.

Equality Objective:

We will have an engaged workforce who have positive working relationships with their managers and colleagues in an environment where they feel safe and are supported to manage their own wellbeing.

The activity taking place during in 2022-23 and described in this plan has been mapped against each of these Equality objectives. As the period covered by these objectives is now coming to an end, we have developed a new SEP for the 2024-2028 period which we will report against in future Equality Annual Reports.

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Activity during 2023-2024

The following activity has taken place during 2023-2024, and in each case the activity has been cross-referenced to one or more of the Long Term Aims/Equality Objectives outlined in our SEP (see above):

Communication of Key Messages, Information and Staff Development Sessions (Objectives 1 and 3)

PTHB has continued to promote positive messages internally and on social media relevant to the broader Equality agenda, as part of a regular Equality calendar to ensure that particular dates are recognised and promoted.

We have promoted a series of Equality-relevant events, development opportunities and messages for our staff such including, but not limited to:

- Celebrating Equality Week as NHS Wales with a range of lunchtime sessions (May 2023)
- Refugee Week Q&A session with Hamed Amiri, author of *The Boy with Two Hearts* (June 2023).
- Promoting the "I am not Hard to Reach" `#Privilege Cafe session on Engagement with "hard to reach" groups (June 2023)
- Powys Council Webinar on working with adults exiting prostitution (September 2023).
- Digital Skills Framework sessions aimed at developing the digital competence of older adults, including staff.
- Black History Month (October) & the #MyNameIs campaign
- International Pronouns Day (18th October)
- Sensory Loss Awareness Month (November)
- Transgender Awareness Week (November)
- LGBTQ+ History month: Virtual screening of "I Shall be Whiter than Snow", an award-winning film about the experience of LGBTQ+ patients made in collaboration with NHS Wales staff.
- BSL Week (18th-24th March)



Memorandum

To: All PTHB Staff
From: PTHB Safeguarding Team
Date: 14th August 2023
Subject: Exiting Prostitution Webinar
Target Audience: Any member of staff working with directly or indirectly with Adults.
Powys Local Authority are inviting PTHB Staff to join the next multi-agency event which has been co-designed by survivors and exited women of the sex industry. It aims to raise awareness of prostitution and commercial sexual exploitation of adult women. The session will share information about the Exiting Prostitution Toolkit and how this is currently being utilised in Powys to promote the safety of women.
The session is on 21st September 2023



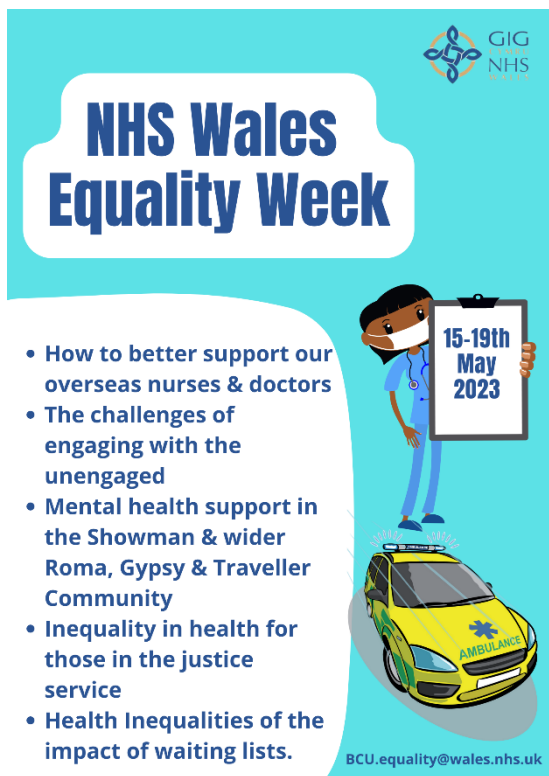
Rhagenwau ar Teams / Pronouns on Teams

PTHB - Workforce & OD
Equality and Welsh Language Officer

Isod mae cyfarwyddiadau ar sut i restru eich rhagenwau ar Teams. Mae hwn yn gyfle gwych ac rydym yn eic cynwysoldeb yr holl staff.

Yn gyntaf, cliciwch ar eich eicon ar ochr dde uchaf y sgrin ar Teams. Yna o'r rhestr cliciwch ar y tab sy'n cynnwys eich enw / e-bost. Yma fe welwch y botwm i newid eich rhagenwau. Ychwanegwch y rhagenwau sy'n gywir i chi'ch hun a chliciwch arbed.

Diolch i chi am gymryd yr amser i ychwanegu'r nodwedd hon.



NHS Wales Equality Week

15-19th May 2023

- How to better support our overseas nurses & doctors
- The challenges of engaging with the unengaged
- Mental health support in the Showman & wider Roma, Gypsy & Traveller Community
- Inequality in health for those in the justice service
- Health Inequalities of the impact of waiting lists.

BCU.equality@wales.nhs.uk



BSL WEEK
MARCH 18TH - 24TH 2024

WHAT'S ON?

- Monday 18th**
12pm - 1pm
An interpreter's experience working within Healthcare.
- Tuesday 19th**
12pm - 1pm
BSL Deaf Health Inequality in Wales.
- Wednesday 20th**
12pm - 1pm
"Deaf-Disabled or Linguistic Minority?" - Redefining equality frameworks for Deaf people.
- Thursday 21st**
12pm - 1pm
"Why is a diverse workforce important?" - What you can do.
- Friday 22nd**
12pm - 1pm
An Introduction to BSL - Useful signs for working in Healthcare.

All talks will take place on MS Teams, please scan the individual QR code or search "BSL Week 2024" on the intranet to attend your desired talk. If you have any questions please email VUNHST.Equality&Diversity@wales.nhs.uk

These events have typically been held in collaboration with other organisations across NHS Wales, providing opportunity for staff to share experiences and network with their colleagues in other health boards. This is particularly important for a smaller organisation like PTHB.

Public Events and Engagement (Objective 1)

In addition to these online events Staff Members of the Health Board attended events across Powys throughout the year in person; these included the Ghurkha Parade in Brecon in July 2023 (a focal point for the local Nepalese community which is centred around the Ghurkha barracks there), as well as Pride events in Hay and Brecon.

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The Health Board believes that supporting these events is an important part of its place in the Powys community; our stands during the Pride events enabled us to promote the Health Board as an employer as well as promoting services which may not have been familiar to the public. However, participation at these events also formed part of the consultation process for our new Strategic Equality Plan 2024-25, with flyers distributed inviting members of the public to participate (see below).

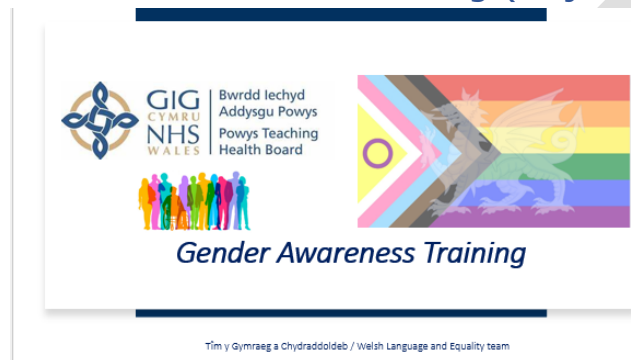


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Strategic Equality Plan 2024-28: Public Engagement and Consultation (Objective 1)

As part of the process of developing our new Strategic Equality Plan for 2024-28, PTHB participated in a region engagement and consultation exercise in collaboration with other Mid and West Wales public sector organisations, including Hywel Dda University Health Board, Dyfed-Powys Police, Mid & West Wales Fire & Rescue and Bannau Brycheiniog National Park, and others. This consultation exercise invited the public to share their views on inequality to help organisations identify their priorities for the next five-year Strategic Equality Plan cycle. More details of this consultation exercise are available as part of the SEP itself, published on the PTHB website.

Gender Awareness Training (Objectives 2 and 3)



The development and provision of a training course in this area was identified as a priority during 2021-22 following not only due to an increase in the number of patients whose gender identity differed from the sex they were assigned at birth, but also in response to issues

highlighted around the treatment of male and female patients accessing our services. Accordingly, a training session was developed in collaboration with the health board's LGBTQ+ staff network and incorporating the lived experience of members of LGBTQ+ communities. The resulting Gender Awareness Training has been extremely popular and was delivered to a total of 318 members of staff (12.6% of Health Board staff).

Equality for Managers Training (Objectives 2 and 3)

All Managers in PTHB now undergo mandatory Equality training as part of the Management Training Program. This two-hour session led by the PTHB Equality team provides staff who are new to PTHB or new to management with a range of skills in identifying workplace harassment and discrimination. A total of 34 staff undertook this training in 2022-23; however, as the training is now a routine part of this course the figure will rise significantly in coming years.

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Pride in Veterans Standard (Objective 2 and 3)

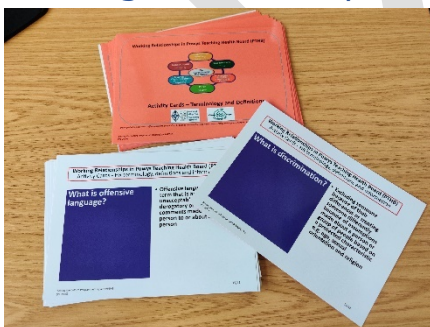


PTHB is proud to have achieved the Pride in Veterans standard from the MOD, a certification which recognises the positive impact of our policies and procedures as an employer on ex-armed forces personnel from LGBTQ+ communities. It also shows our commitment to ensure our services have awareness and understanding of the findings of the Independent Review into the service and experience of LGBT veterans who served prior to 2000, and the impact that both serving during this time and the publication of the review may have had on them.

PTHB have also been awarded the Bronze Employer Recognition Scheme, again from the MOD. This certificate recognises positive impact of our policies and procedures as an employer on ex-armed forces personnel, current serving personal and their families. This is to help both the transition from the forces into civilian life with guaranteed interviews as well as supporting those who wish to service in a reservist role or require support whilst partners are service away from home.

These awards provide evidence of our duty of due regard with respect to the Armed Forces Covenant that we are looking after those who have and do service to protect our country to the best of our ability. PTHB is hoping to improve on both awards over the next few years.

Working Relationships in Powys Teaching Health Board (Objective 3)



As part of our ongoing commitment to promoting good management practice, manager managers across the health board have been distributed a pack of activity cards to stimulate professional discussion of issues such as workplace discrimination and inclusive language alongside other areas of professional practice.

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Health Disability Activity Pathway (Objective 2)

PTHB has continued to promote positive messages internally and on social media relevant to the broader Equality agenda, as part of a regular Equality calendar to ensure that particular dates are recognised and promoted.

Repatriation of Therapies Specialisms (Objective 2)

As part of our ongoing work under *Better Together* (formerly the Accelerated Sustainable Model), we have created new roles within Therapies such as a Consultant Clinical Psychologist for Neurological Conditions. These new roles enable us to offer services which would formerly have been commissioned from neighbouring health boards/trusts. This brings services closer to Powys residents, making them easier to access for all our patient with reduced travel and waiting towns. The benefit is particularly likely to be felt by older individuals, those from poor socio-economic backgrounds and those with disabilities and their carers, as these are the patient groups most impacted by poor travel accessibility.

Primary & Community Care Academy (Objectives 2 and 3)

As part of the ongoing development of Primary Care services in the PTHB area, the PTHB Primary Care team has run a development program providing primary care staff with a range of professional development opportunities. These have included training on Equality-related fields, such as Deaf Awareness, Autism Awareness, Dementia Awareness and Chaperoning as well as a range of other subjects, with over 30 individuals undertaking at least one Equality-related session on the program so far.



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Primary & Community
Care Academy **Powys**

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Digital Capability Framework (Objective 3)

In collaboration with Health Education Improvement Wales, PTHB has promoted the Digital Capability Framework to promote Digital Inclusion support staff with developing digital skills; this is of particular use to our older staff members who may not have had the opportunity to develop digital skills as part of their initial education.



Powys Council Libraries Collaboration (Objectives 2 and 3)

This is an exciting collaboration with Powys County Council whereby a range of public libraries across the county have been set up to facilitate the public to attend healthcare appointments carried out via AttendAnywhere or other online systems. This is a vitally important service supporting older people who may not use the Internet at home, or individuals who may not be reliably able to do so due to their domestic or financial situation.

Website Accessibility Improvements (Objectives 1 and 2)

A random audit by the Government Digital Service highlighted several issues relating to accessibility on the PTHB website. As part of the response to this audit an action plan was developed and carried out, completing several accessibility improvements such as updating the Standard Operating Procedure on document accessibility, improvements to the accessibility of Board papers, and rejecting documents prior to upload online which fail to meet a certain level of accessibility.

More than Just Words Framework (Objectives 1, 2 and 3)

Highlights of our Welsh Language development work include developing a Welsh language for managers' training course and the development of a new Welsh in Healthcare Strategy; full details of our work on *More than Just Words* and the Welsh Language Standards is detailed in the PTHB Welsh Language Standards Annual Report 2023-24.

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Anti Racist Wales Action Plan: 2023-24 Update

The Welsh Government's [Anti-Racist Wales Action Plan](#) was launched in June 2022. It includes several actions which public bodies, including PTHB needs to undertake in support of the government's ambition for an Anti-Racist Wales.

During 2023-24 the Health Board carried out the following actions:

Priority Action 1: Leadership

- All board members now have personal objectives related to anti-racism, ensuring that they incorporate anti-racism into their roles.
- The board have formally appointed an Executive Equality Champion in the form of the Executive Director of People and Culture.
- The PTHB Board undertook a half-day development session on Equality, Diversity, Inclusion and the Welsh Language incorporating Anti-Racism and
- Via Staff and Patient Stories, the experiences of people of colour are being brought to the attention of the board; one staff story featured included a staff member describing their experiences of racism in the Welsh NHS.

Priority Action 2: Workforce

- We have incorporated learning around Anti-Racism into the PTHB Equality for Managers Training program, including sections on microaggressions and an explanation of how Anti-Racism differs from other approaches to inequality. This is empowering our managers to adopt an anti-racist approach to their own professional practice.

Priority Action 3: Data

- Through a targeted information campaign, we have worked hard to encourage staff completion of Equality data, including ethnicity, on ESR. This effort has borne fruit, with Ethnicity data now available for 90.2% of our staff as of March 31st 2024, an increase from 86% from the previous year. The number of staff from non-White ethnic groups in our statistics has risen disproportionately, suggesting that these groups were less likely to have completed their Ethnicity data than their white peers, although PTHB also underwent overseas recruitment exercises in 2023-24.
- We have carried out an analysis of Ethnicity in relation to staff pay (see Appendix B).

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- We have contributed to the development of the Workforce Race Equality Standard; we will be reporting against this standard during 2024-25 via the appropriate channels and in the next Annual Report.

Priority Action 4: Access to Services

Maternity and Neonatal Support Program

As part of our Equality, Diversity and Inclusion progress within Powys maternity services, we have signed up and committed to the Diverse Cymru Cultural Competency scheme to assist us on this journey. We have formed an EDI improvement team in maternity which is led by our Interim Head of Midwifery and our Maternity & Neonatal SSP Champion. We have regular team meetings and one to one support with our link in Diverse Cymru to develop our cultural competencies action plan. Later in the year, Diverse Cymru are providing us with 2 face to face training days for staff. Diverse Cymru have also presented at our Shire Meeting in February and informed us about the service they provide and the support they can offer us as part of this scheme.

We are currently focused on the following points as part of our action plan:

- Ensure we improve our maternity ethnicity data to have an accurate picture of our maternity population.
- A review of our Powys general ONS data to have an increased understanding of ethnicity, language and religion within our community.
- Review of our social media, information and leaflets to ensure inclusivity.
- Language line app has been installed on staff's phones and laptops to ensure we provide visual interpretation services.
- 5 members of our maternity workforce attended the RCM Wales St Davids Day conference on the 1st March – focused on inclusivity in maternity.
- Education - Diverse Cymru are providing us with 2 face to face sessions on EDI this year to increase staff awareness.
- Regularly linking with the local equality team within PTHB to progress our work and access any training/support that could be provided.
- Communication - Quarterly EDI Maternity Newsletter released with 'hot topic' areas to share good practice and EDI updates.

Ensure we align with PTHB strategic equality plan 2024-2028.

Other

PTHB are awaiting further developments from the Welsh Government around other aspects of the Anti-Racist plan such as the Aspiring Board Members program and the Anti-Racist Education program.

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Moving Forward: Priorities for 2024-25

Our new SEP outlines nine new strategic priorities for the next planning / reporting cycle:

1. As part of Better Together (formerly the Accelerated Sustainable Model), we will design and develop our services according to the principle of providing services as close as possible to people's homes, decentralising services, using online technologies and other approaches to avoid needing to send patients out of county where possible.
2. Work to address known health inequalities within our population and take steps to identify and address others.
3. Improve access to our services and sites for individuals whose needs are different from others.
4. In accordance with the Better Together Model / Workforce Futures, ensure that Powys Teaching Healthboard is an employer of choice for individuals with diverse needs.
5. Improve the health board's ability to accommodate the religious needs of its staff and patients.
6. We will develop an organisational culture that is inclusive and supportive of all our staff and has a zero-tolerance approach to the harassment of staff by patients or others, including sexual harassment.
7. Ensure that our feedback mechanisms collect the views of staff and patients of all groups.
8. Carry out the actions identified in the local PTHB Anti-Racist Action Plan.

Our initial intention as a Health Board is to focus on objectives 3 and 4 during 2023-24, however this is subject to change should new opportunities or challenges arise which cause us to prioritise other areas.

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Further information

More information on Equality, Diversity and Inclusion at Powys Teaching health board can be obtained by contacting the team (powys.equalityandwelsh@wales.nhs.uk). Please also contact the team if you have any queries about individual activities touched on in this report.

Further information on the health board's broader initiatives and achievements throughout 2023-2024 can be found in the [Annual Reports](#) section on the health board's website.

For further information on the health board's OD Framework, please [contact the health board](#) and ask to speak to a member of the WOD team who will be able to assist you further.

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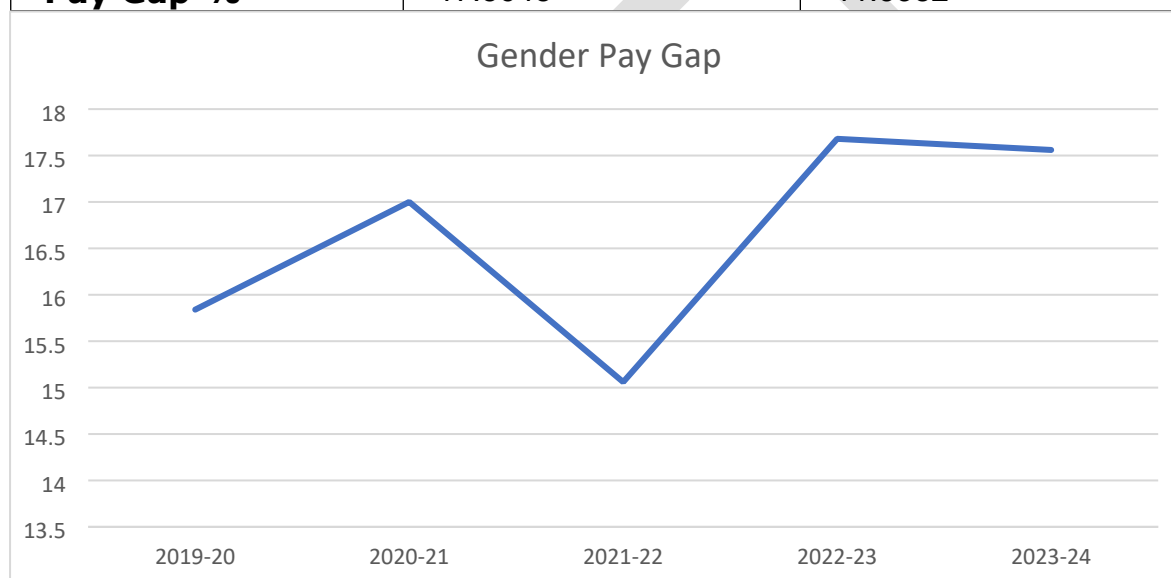
Appendix A: Gender Pay Gap Reporting & Analysis

Note: All the information in this section reflects the situation as of 31st March 2024.

As per UK legislation, as an organisation with over 250 employees PTHB is obliged to report on its Gender Pay Gap including the average and median hourly rates earned by men and women.

As of 31st March 2024, the Gender Pay Gap in Powys Teaching Health Board was as follows:

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	22.5713	19.3878
Female	18.6067	17.1896
Difference	3.9646	2.1982
Pay Gap %	17.5648	11.3382

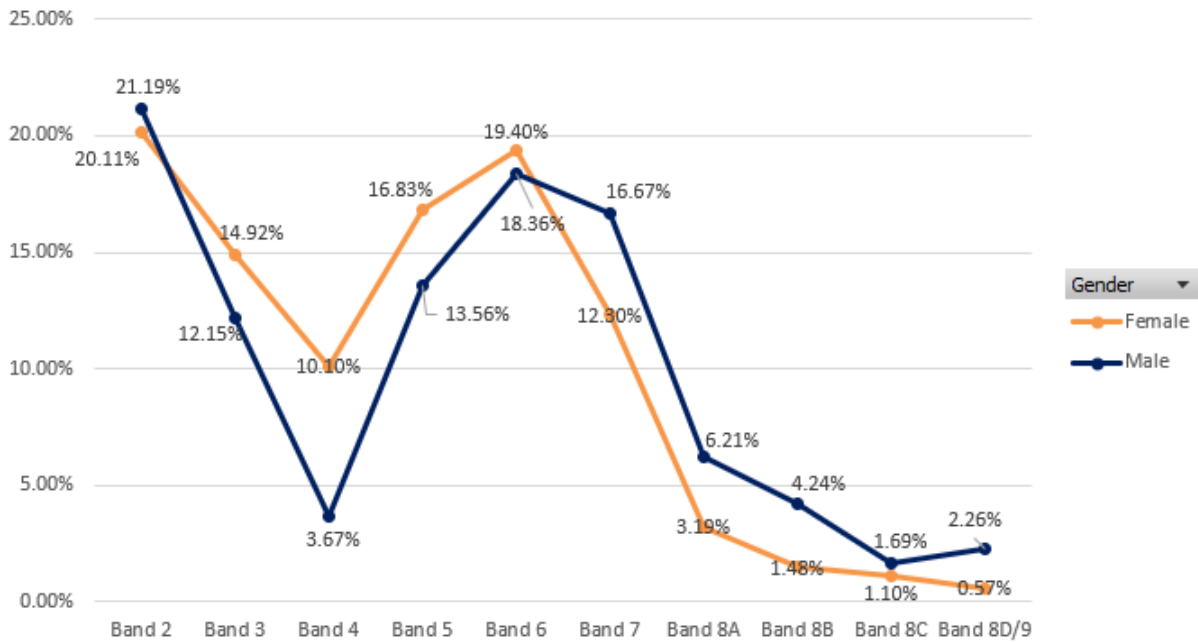


PTHB first reported on the Gender Pay Gap in 2019-20. Since then, the figures each year have been relatively similar. This year's figure of 17.5% is almost the same as last year (17.7%). Of our 2,522 staff, 2,137 are women (85%) and 385 are men (15%). This is very similar to other NHS Wales organisations; however, our gender pay gap of 17.5% is a little above the UK average (14.3% in 2022) but compares favourably to other NHS Wales organisations.

(note: due to small numbers, in the following graph Bands 8D and 9 have been merged)

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Gender by Paygrade (Proportion)

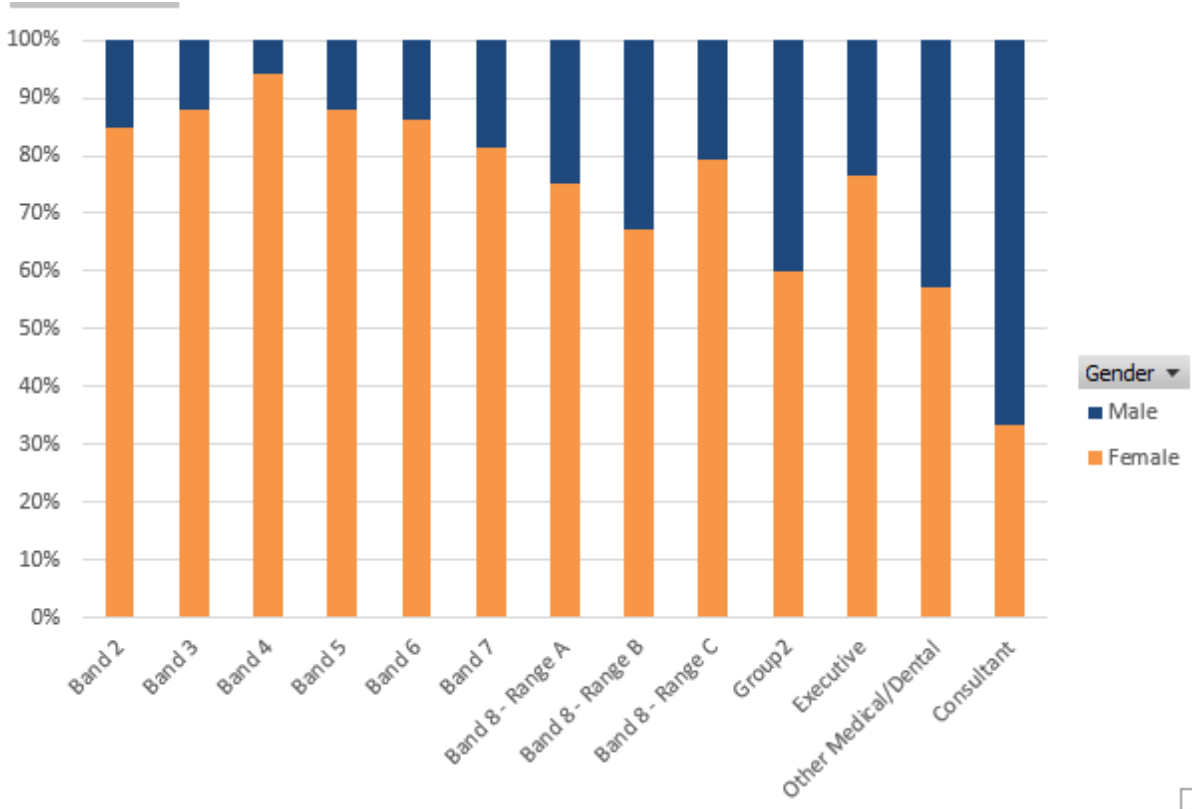


Graph A: the proportion of men and women at each AFC Pay Band, as a % of all men and women at PTHB. For example, 21.19% of men employed by the health board are in Band 2 and 12.3% of women are in Band 7.

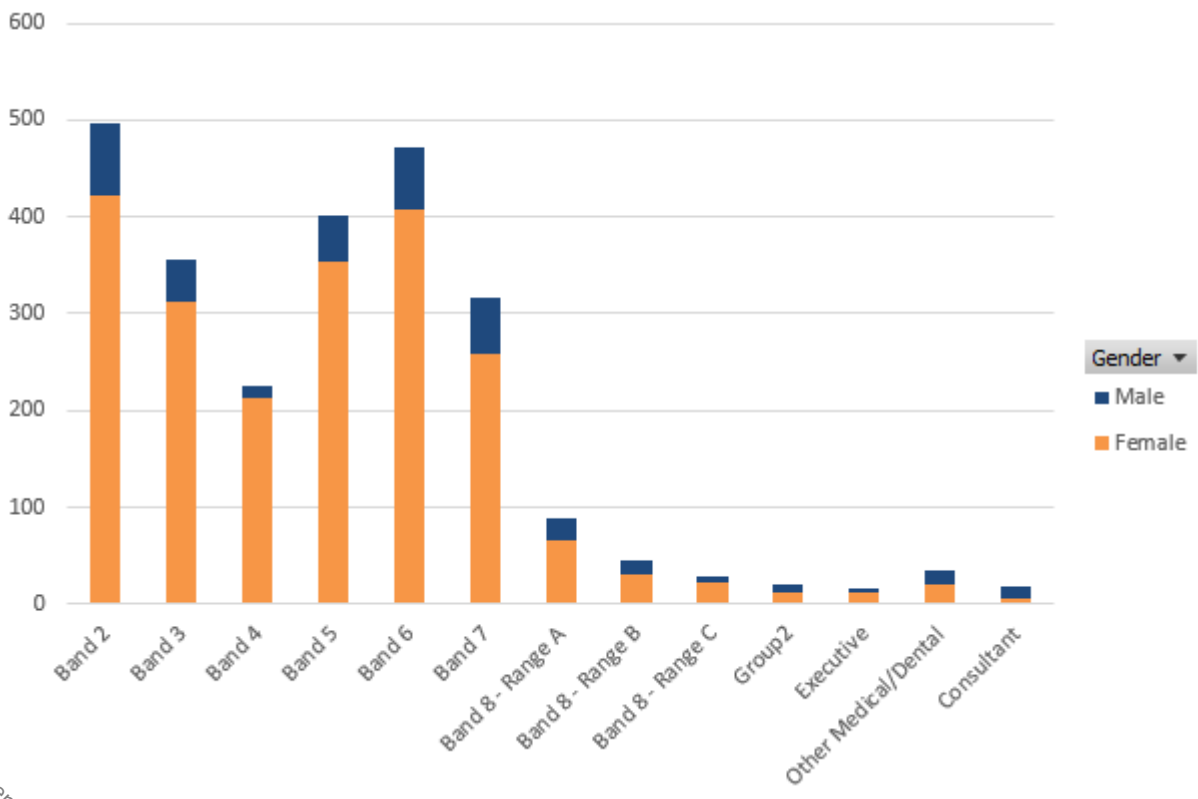
Because the salaries and terms and conditions of almost all staff are dictated by Agenda for Change and other frameworks with strictly delineated roles and pay bands, there is no reason to suggest that Equal Pay (women being paid less than men to do the same work) is an issue in PTHB.

Instead, the gender pay gap is the consequence of the difference in the kind of roles occupied by men and women in the health board, as shown by graphs B & C below. Whilst women are well represented at all levels of the organisation, the fact that men are comparatively better represented at higher levels of the organisation causes the gender pay gap observed. Some of the less well-paid roles within the organisation are stereotypically associated with women e.g. healthcare support worker, catering assistant, domestic assistant. However, in the lowest pay band (Band 2), men are in fact proportionately more represented than women (Graph A).

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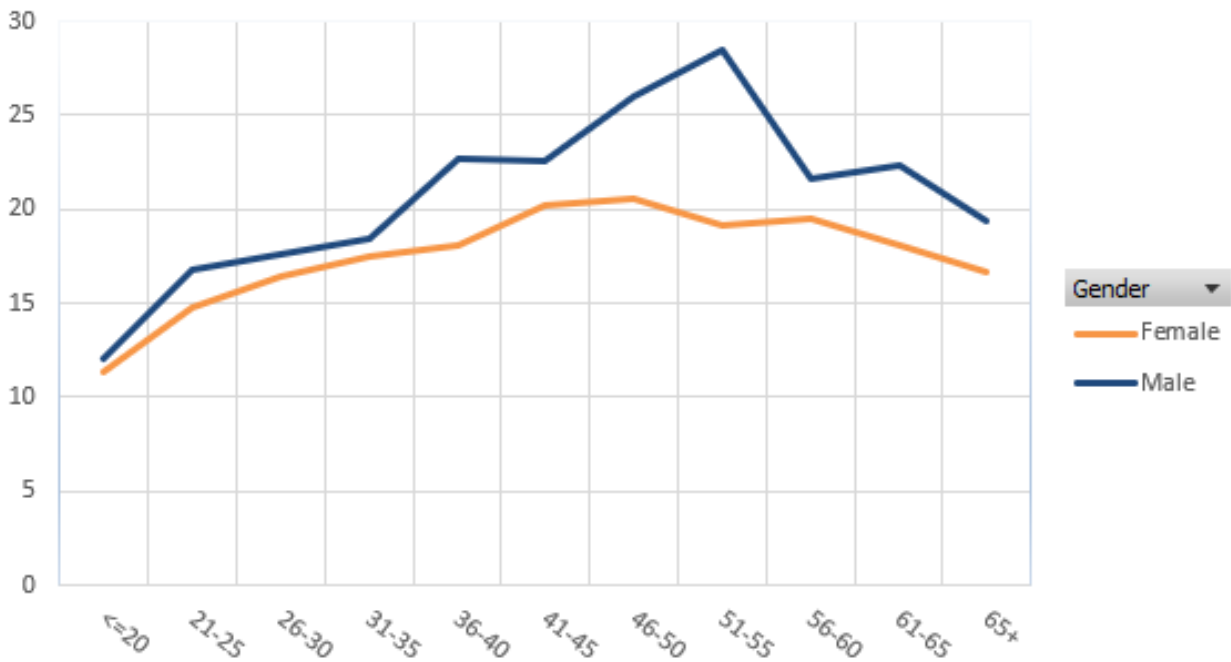


Graph B: Gender by pay grade (proportions of total)



Graph C: Gender by pay grade (absolute numbers)

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Graph D: Average hourly rate of pay for men and women, plotted by age.

PTHB collects data via the recruitment system *Trac* which shows the number of men and women applying for roles at PTHB, their relative success at being invited to interview and subsequently being appointed:

	% of Applications Invited to Interview	% of Interviewees successfully appointed.
Men	9.8%	21.6%
Women	16.0%	39.4%

This shows that a given female applicant for a role at PTHB is more likely to be invited to interview, and more likely to be successfully appointed at interview, than their male counterpart. This is counter-intuitive, given the gender pay gap, but mirrors findings in similar organisations; it may be evidence for a “confidence gap” (documented in [various sources](#)) which suggests men are more likely than women to apply for roles when they are less confident they will be successful.

Concluding Remarks about the PTHB Gender Pay Gap

- The fact that women are well represented at all levels of the organisation (Graph B e.g. over 70% of the executive, including the CEO) may suggest that a lack of senior female role models is unlikely to be a factor.
- The same fact, taken with the *Trac* data, may suggest that *systemic* sex discrimination at an *organisational* level is unlikely to be a cause

of the gender pay gap: the majority of interviewees and successfully appointed applicants are women as are the majority of interview panel members. Of course, this does not preclude sex discrimination from being a factor in individual cases.

- It is notable (Graph D) that the gender pay gap is negligible for the youngest staff groups (20-35), but jumps significantly afterwards, peaking at 51-55 before falling somewhat, though largely due to male income falling (presumably due to retirements).
- This may suggest that the gender pay gap would be expected to fall in the future. However, it is also possible that the above can be explained by differing approaches to career and other considerations (e.g. family commitments). The average age of a first time mother in the UK is now 30.9 (ONS) and a [CPP paper](#) found that women are significantly more likely than men to see their careers impacted by caring responsibilities.
- The gender pay gap of 17.7% is lower than other (generally larger) Welsh health boards. This contrast is likely to reflect the lower proportion of the PTHB workforce from medical professions.

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Appendix B: Ethnicity Pay Reporting & Analysis

Note: All the information in this section reflects the situation as of 31st March 2024.

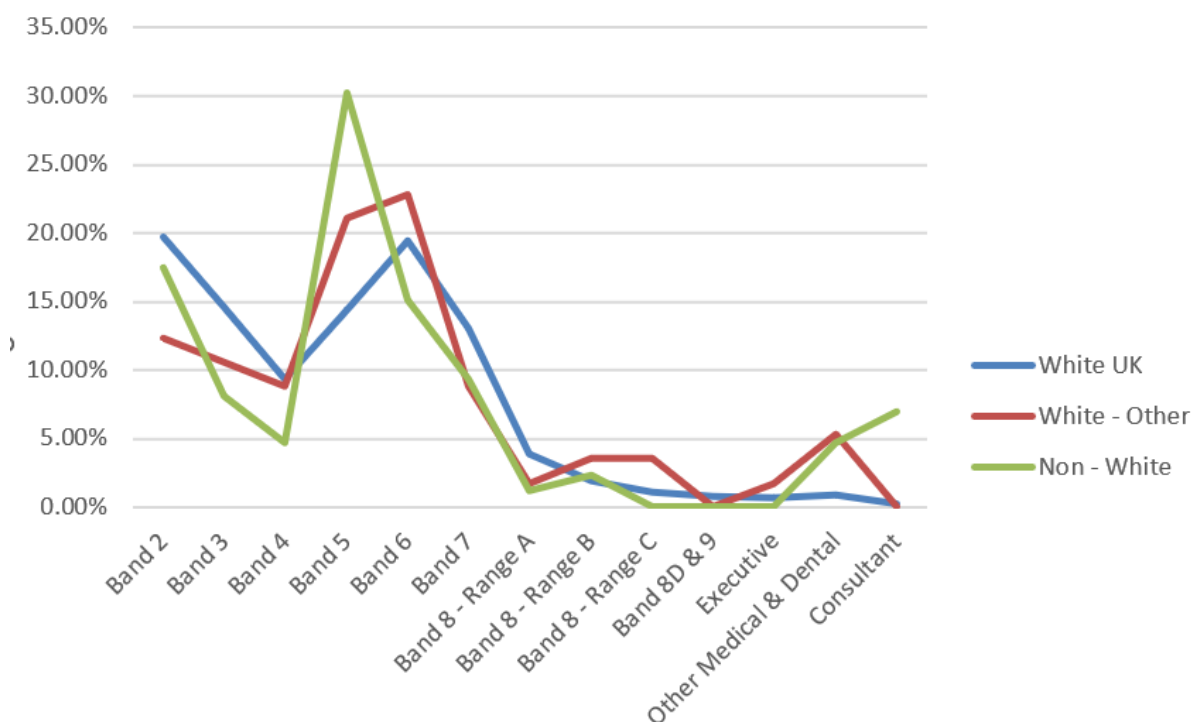
There is no statutory requirement to report on ethnicity and pay. However, PTHB has committed to reporting this voluntarily as per our local Anti-Racist Action Plan (see above).

Ethnicity	Avg. Hourly Rate
White - UK	18.84737307
Non - White	21.22246208
White - Other	21.37277064

Out of a total of 2,522 staff, 2,190 described their Ethnic Group as White and 86 as a non-White group; a further 246 are unknown (either because they have not filled in the form, or because they chose not to provide this information).

With the unknowns removed, this shows that **3.78%** of the staff body are from minority ethnic groups, with the remainder being white.

These groups break down by pay grade as follows:



Graph shows the proportion of White versus Minority Ethnic staff at each AFC Pay Band, as a % of the total of White or Minority Ethnic staff.

As shown in the above graph, minority ethnic staff are more likely than their white peers to be in Band 2 and Band 5, and significantly more likely to be in medical roles and consultants. This all likely reflects overseas

recruitment of nursing and medical staff and migration of others on care worker visas: removing these staff groups from the data produces a very similar pay profiles between different ethnicities, though it should be borne in mind that doing this reduces the non-white group to a very small number, with individuals having significant effects on statistics.

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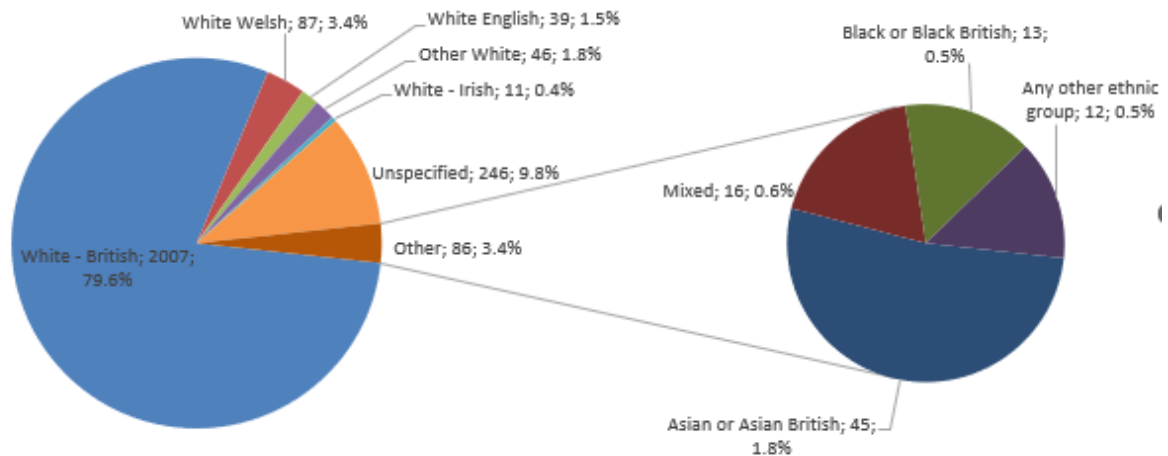
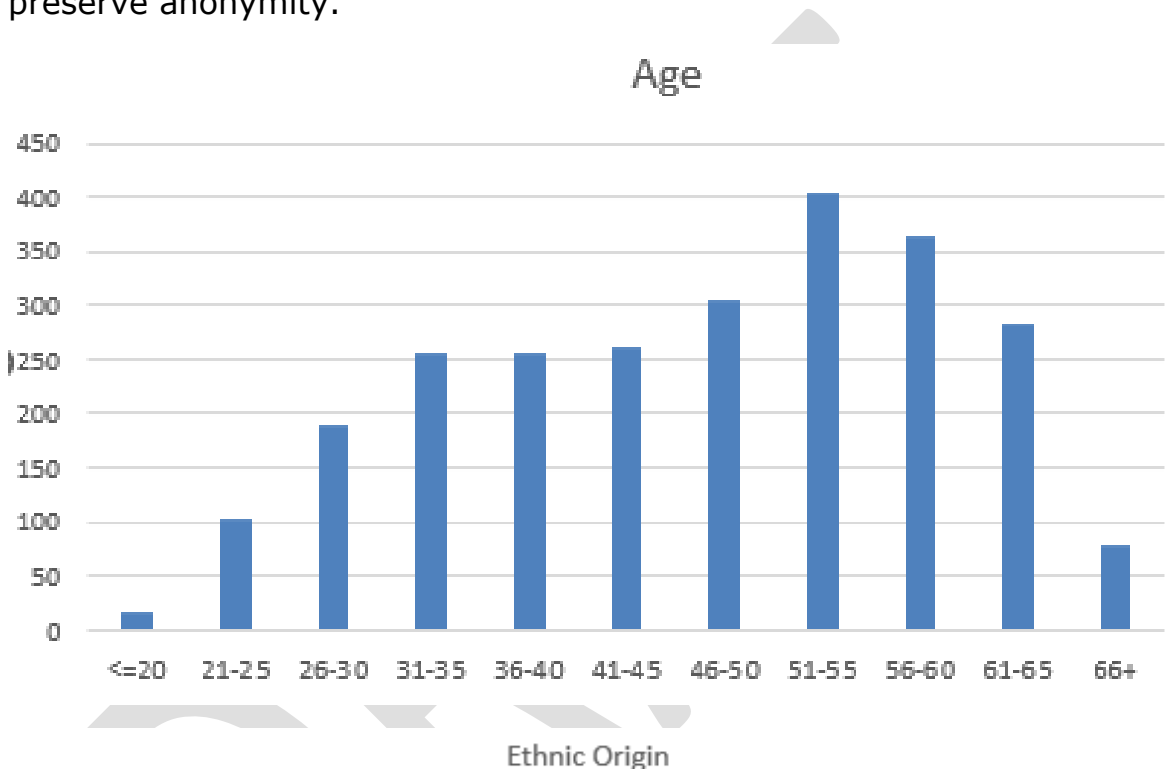
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Appendix C: Workforce Data

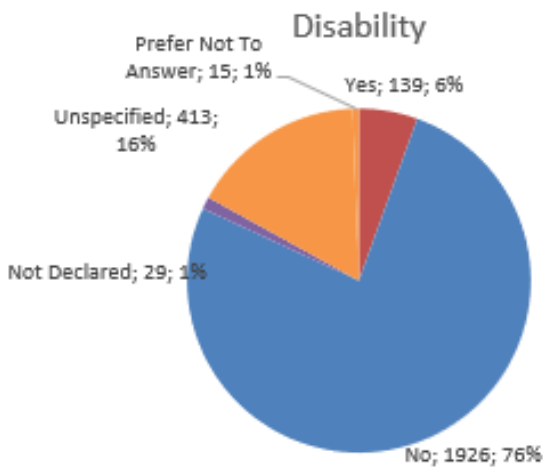
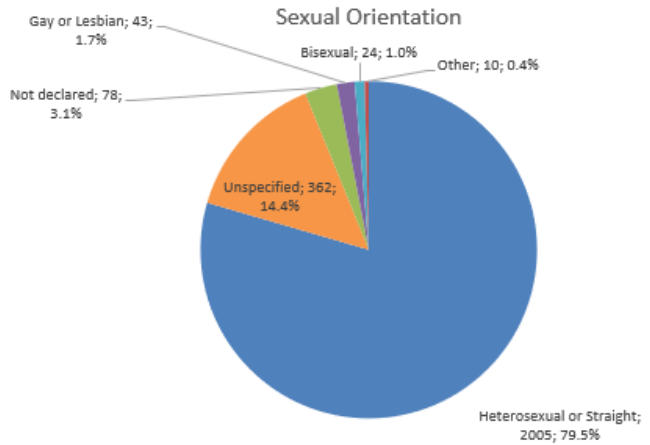
Note: All the information in this section reflects the situation as of 31st March 2024.

Powys Teaching Health Board employs 2,522 substantive individual members of staff—a decrease of 16 since March 2023, ending an upwards trend over the last few years. In this section, these staff are broken down by Relevant Protected Characteristics (see above for Sex/Gender).

Some small groups may be merged or hidden in the following graphs to preserve anonymity.

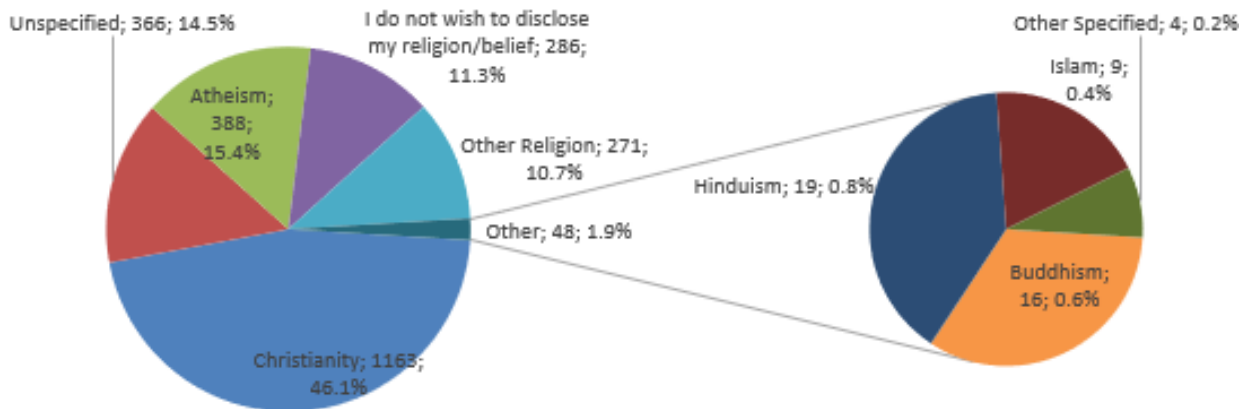


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In the above graphs, *Unspecified* means no information is held on that individual (they did not fill this element of the form); *Not declared* means that the individual was asked but declined to provide a response.

Religious Belief



In the above graph, *Unspecified* means that no information is held on that individual (they did not fill in that part of the form). *Other Religion* means that they chose to describe their religion as 'Other'. *Other (Specified)* means the individual chose a specific named religion from among the

options, but too few individuals chose these religion, and to preserve anonymity these groups have been merged.

Compared to last year, there has been a noticeable decrease in the number and percentage of “unspecified” returns in all categories:

Category	2022-23		2023-24	
Ethnic Origin	334	13.2%	246	9.8%
Disability	632	25%	413	16%
Sexual Orientation	516	20.3%	362	14.5%
Religious Belief	518	20.4%	366	14.5%

This is likely due to efforts during the year to increase data completion rates as part of the Anti-Racist action plan (although these efforts were targeted those whose ethnicity was unspecified it is likely these individuals would have had other data missing also and would then have filled all missing data fields).

Compared to 22-23, the PTHB workforce is slightly younger. The numbers reporting the largest categories for each characteristic grew, but by less than smaller categories. Therefore, it could be said that the PTHB workforce is less likely to be white, heterosexual or Christian compared to one year ago.

Note on Data:

Powys Teaching Health Board uses the ESR system to collect and store this data, which does not hold data on Gender Reassignment or Pregnancy and Maternity. The data is also very likely influenced by the structure and limitations of the ESR system. For example, the ability to specify one’s Ethnicity as ‘White Welsh/English/Scottish’ is a comparatively recent addition; staff who have been in the organisation for a long time may not have been prompted with these options. This likely explains the significantly higher proportion identifying as ‘White British’ compared to the figures in other sources e.g., Census information.

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Staff Survey 2023 Detail Report

Prepared by: Rhys Brown Head of OD

Patterson, Liz
31/05/2024 12:13:49

Subject:	Update against the National Staff Survey 2023 as part of Strategic Priority 12: Health and Wellbeing
Approved and Presented by:	Debra Wood-Lawson, Executive Director People and Culture
Author:	Rhys Brown, Head of OD Sarah Powell, Assistant Director of OD
Purpose:	This presentation is to provide an update of the detailed results of the National Staff Survey 2023
Recommendations:	The Committee is asked to: <ul style="list-style-type: none"> • REVIEW the information provided in the update; • Take ASSURANCE of actions to be taken.
Executive Summary:	Updates are provided to Workforce and Culture Committee to gain an understanding of the results of the National Staff Survey, key messages and actions to support continued development of the staff and their working environment.

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Overview

- ❖ PTHB had **673** responses, or **28%** of staff, the highest response rate of the Health Boards. The 2020 survey had 701 responses (29%).
- ❖ **Engagement Index Score** is **76%** 2 % lower than the 2020 survey. All-Wales EI Score is 73%
- ❖ **Caveats** - Detailed data has been received on a Power BI Dashboard. There is significant amounts of data that is not easy to analyse to give a true organisational picture of areas to celebrate and areas of development. There is also limited flexibility on what we can do with the data.
- ❖ **Data can be analysed by:**
 - ❖ Occupational Group
 - ❖ Directorate
 - ❖ Services under each directorate
 - ❖ By main Powys town areas (sites)
- ❖ Data is presented in each of the 9 themes and can be filtered by each of the above groups. Graphically each question can be displayed as:
 - ❖ **% of responses against each option by question**
 - ❖ **Q Score (average response for each question)**
- ❖ Qualitative data is yet to be received with no timescale provided

Directorate	Responses
Community Dental Service	15
Community Nursing	57
Community Services Group	18
Corporate	27
Corporate Nursing	19
Estates and Works	26
Finance	25
HCRW	19
Hospital Nursing	24
IT and Digital Transformation	27
Medical Directorate	23
Mental Health	55
Patient Services and Admin	34
Planning and Commissioning	21
Primary Care	22
Public Health	26
Specialist Nursing	17
Support Services	21
Theatres	Suppression <11
Therapies	46
Women and Childrens	51
Workforce and OD	51
Other	42

Staff Survey Dashboard

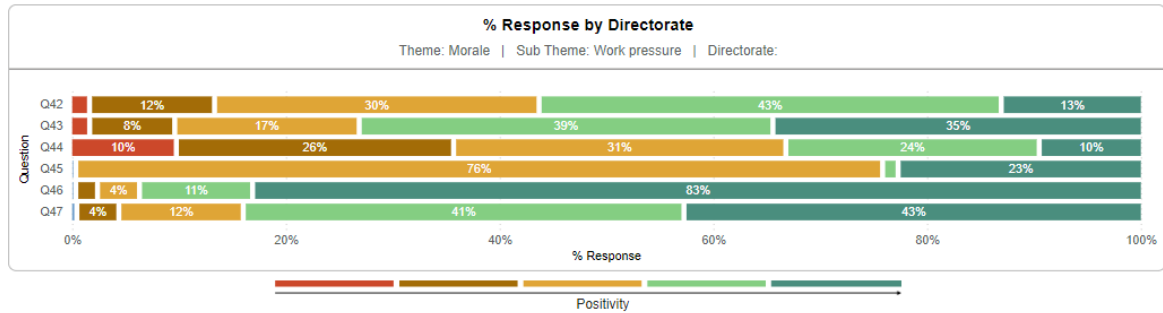


Select Theme and Sub Theme

Morale (Theme) + Work pressure (Sub Theme)

Select Directorate

All



Question	Number of Responses	Responses <11	% Responses	Health Board Average (%)	NHS Wales Average (%)
Q42 I am able to meet all the conflicting demands on my time at work.					
Always	*	Y	319.2	12.6	10.3
Never	*	Y	33.2	1.6	3.0
Often	*	Y	1038.0	44.0	42.0
Rarely	*	Y	280.7	12.8	12.1
Sometimes	*	Y	728.9	29.0	32.6

Theme: Morale | Sub Theme: Work pressure | Directorate:

Note: An asterisks (*) represent a suppressed value (<

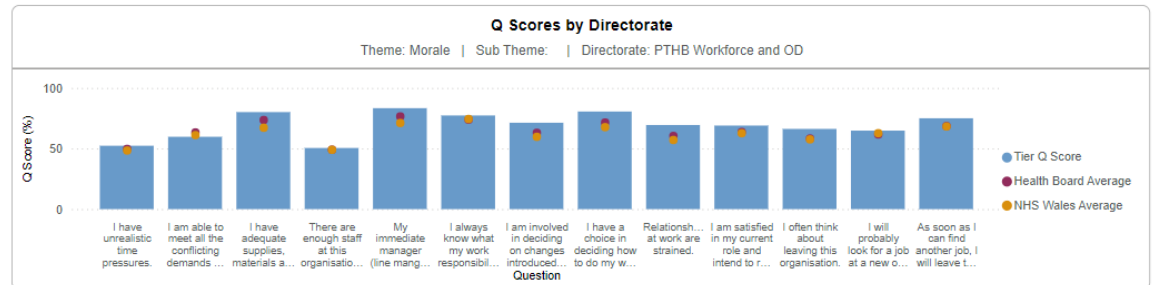


Select Theme and Sub Theme

Morale

Select Directorate

PTHB Workforce and OD



Question	Tier Q Score (%)	Health Board Average (%)	NHS Wales Average (%)
I have unrealistic time pressures.	52.3	49.7	48.4
I am able to meet all the conflicting demands on my time at work.	59.7	63.3	61.1
I have adequate supplies, materials and equipment to do my work.	80.1	73.6	67.2
There are enough staff at this organisation for me to do my job properly.	50.5	49.1	49.0
My immediate manager (line manager) encourages me at work.	83.3	76.5	71.1
I always know what my work responsibilities are.	77.3	73.9	74.4

Theme: Morale | Sub Theme: | Directorate: PTHB Workforce and OD

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Staff Occupational Groups

The following Occupational Groups were decided nationally (they do not reflect the standard occupational groups in ESR):

<input type="checkbox"/>	Allied Health Professionals / Healthcare Scientists / Scientific and Technical	<input type="checkbox"/>	Medical and Dental
<input type="checkbox"/>	Ambulance (operational)	<input type="checkbox"/>	Digital
<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Commissioning
<input type="checkbox"/>	Registered Nurses and Midwives	<input type="checkbox"/>	Nursing or Healthcare Assistants
<input type="checkbox"/>	Wider Healthcare Team	<input type="checkbox"/>	General Management

- **Wider Healthcare Team** includes Admin and Clerical, central support functions (HR, Finance, ICT etc), and Estates and Ancillary staff
- **Allied Health Professionals** includes therapies assistants
- **Digital** is all staff in the ICT profession which seems to have been duplicated in Wider Healthcare Team
- **Commissioning** included as an occupational group and part of a Directorate, but has returned small numbers so has been omitted from some reports
- **Public Health** has been included as a staff group and a directorate

Detail Report

- ❖ The Purpose of his report is to provide further detail to the highlight report previously presented. Including:
 - ❖ Further analysis of areas of concern from the highlight report to provide greater understanding mainly by Occupational Group with some limited Directorate analysis
 - ❖ Providing any analysis that can support key organisational activity within the Workforce section of the integrated plan
 - ❖ Recommend the next steps to support improvements

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Engagement Index

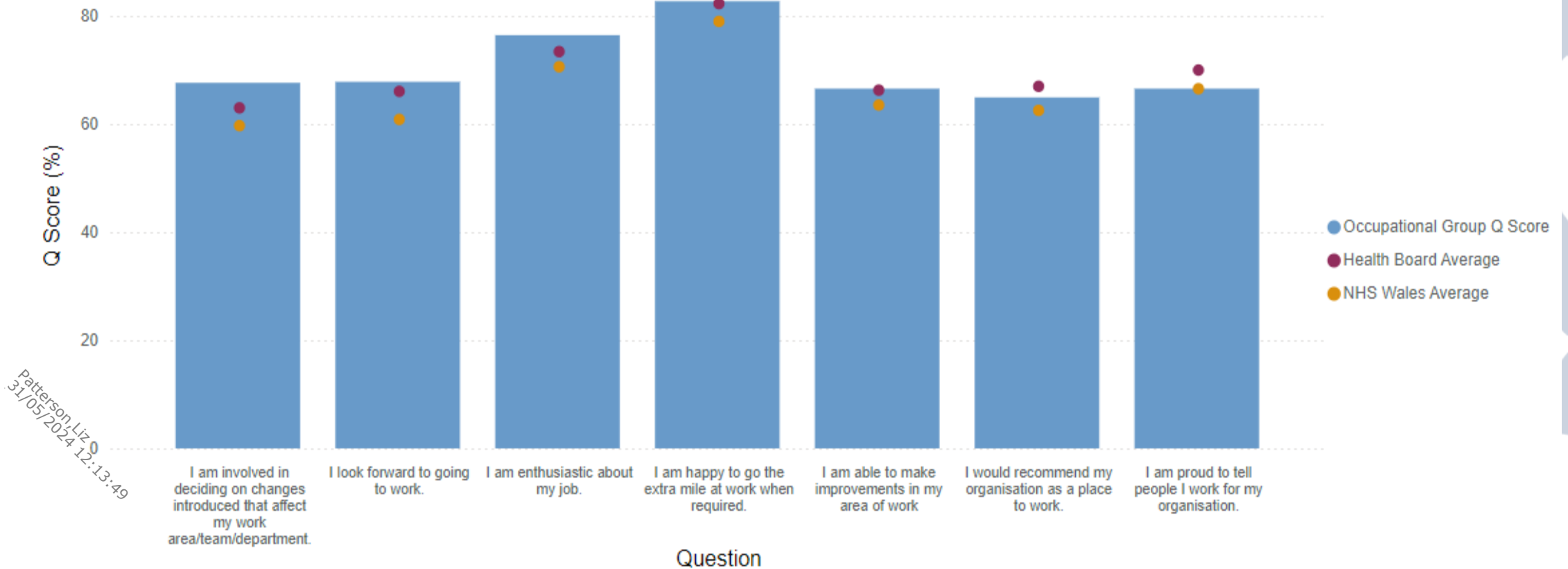
Engagement Index (EI) is tracked across all staff surveys utilising an average response of the questions below

The EI Score for PTHB is 76% overall and remains the highest of the Health Boards in Wales. The charts in the next three slides show that in general our Registrant/Clinical staff are scoring higher than or equal to the organisational average.

Question	Health Board Average (%)	NHS Wales Average (%)
I am involved in deciding on changes introduced that affect my work area/team/department.	63.0	59.7
I look forward to going to work.	66.1	60.9
I am enthusiastic about my job.	73.4	70.6
I am happy to go the extra mile at work when required.	82.3	79.0
I am able to make improvements in my area of work	66.3	63.5
I would recommend my organisation as a place to work.	67.0	62.5
I am proud to tell people I work for my organisation.	70.0	66.5

Engagement Index

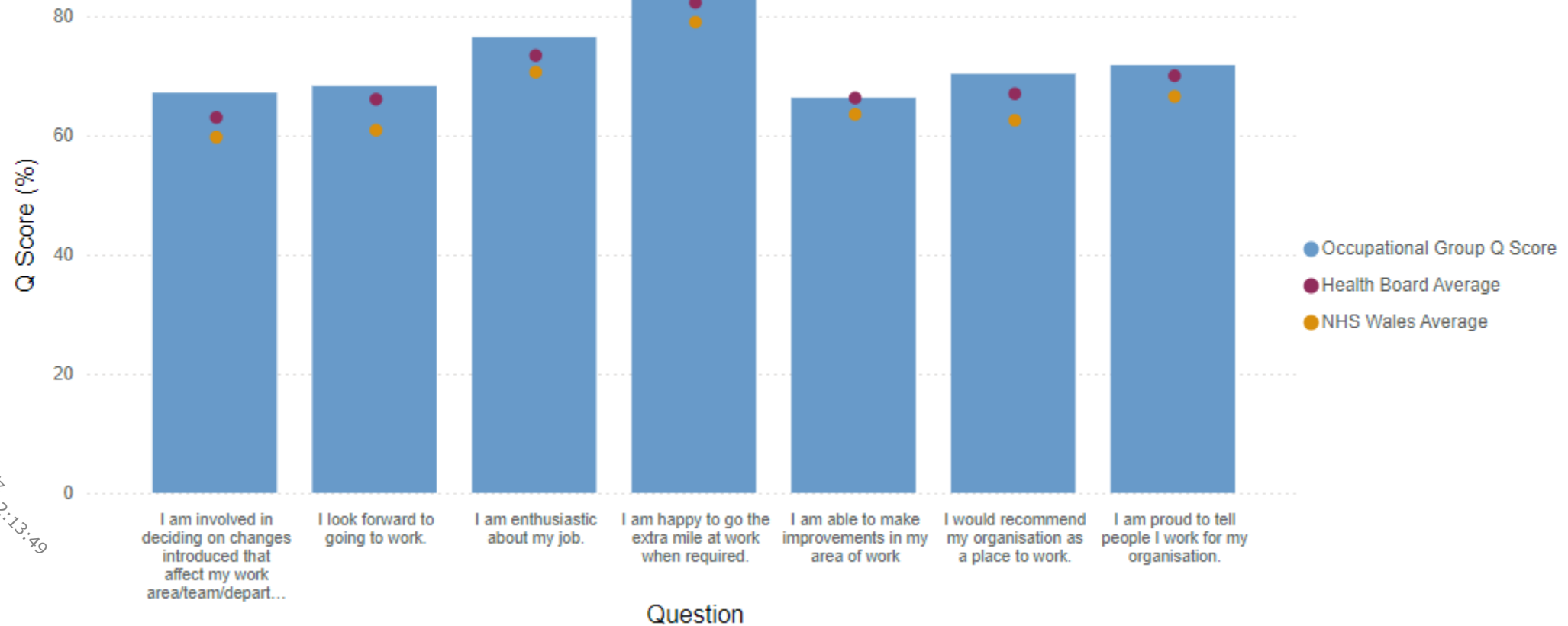
Registered Nurses and Midwives – above averages, except last two questions



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Engagement Index

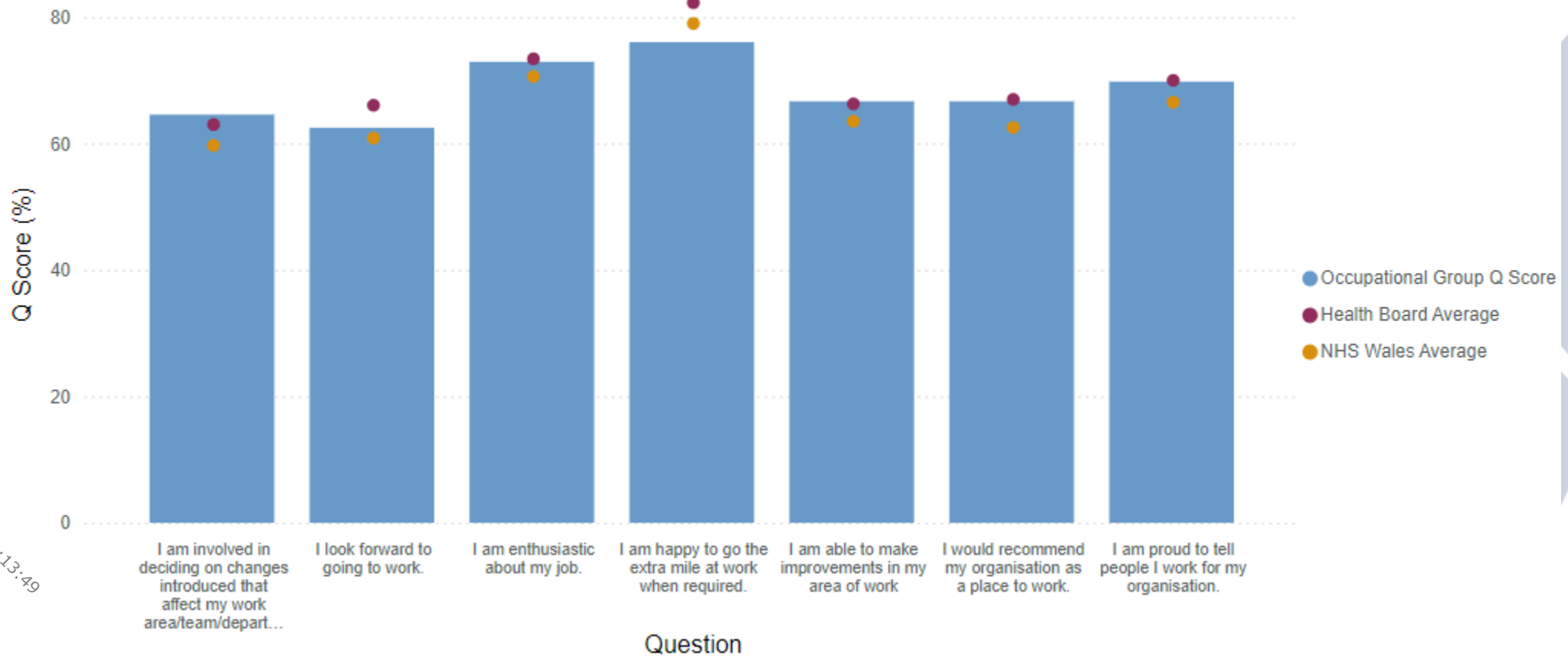
Allied Health Professionals / Healthcare Scientists / Scientific and Technical



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Engagement Index

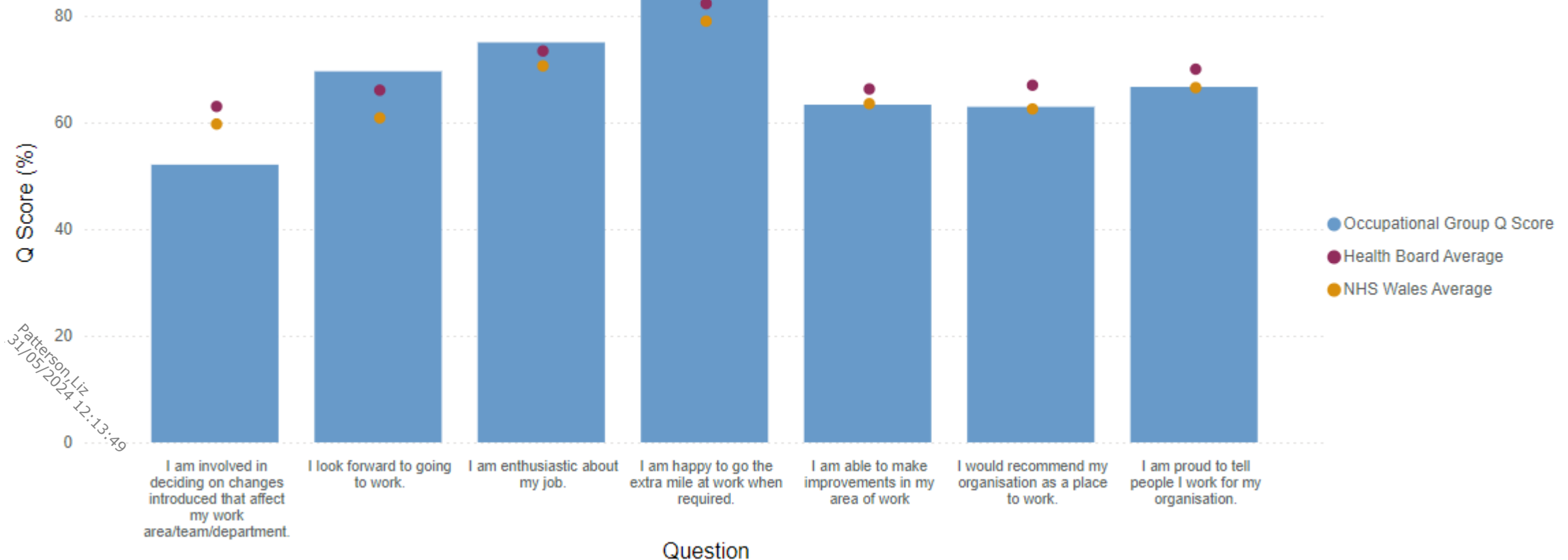
Medical and Dental



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Engagement Index

Nursing or Healthcare Assistants



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Thinking About Leaving

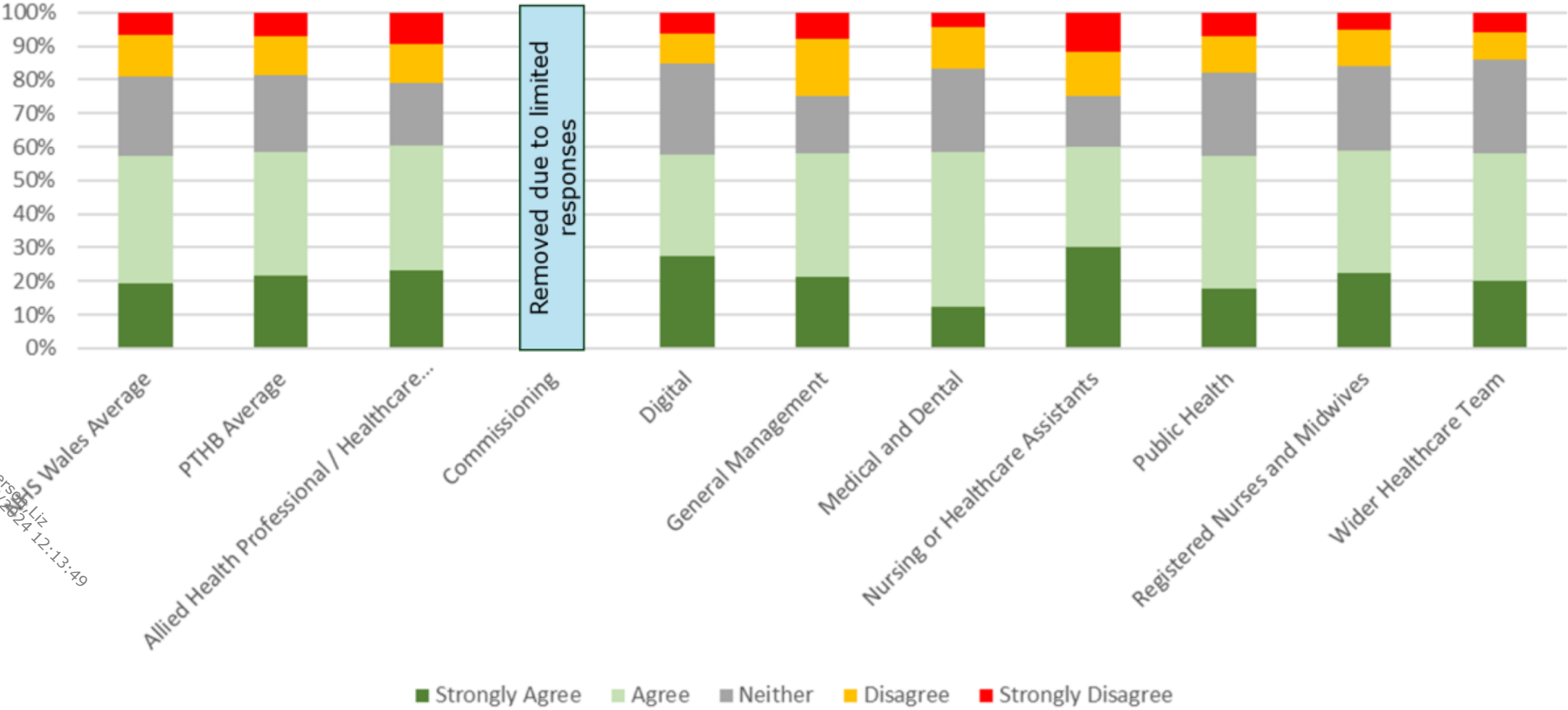
Critical to the retention agenda, questions regarding whether staff were thinking about leaving were analysed by staff group.

Question	Health Board Average (%)	NHS Wales Average (%)
I am satisfied in my current role and intend to remain in it for the foreseeable future.	63.6	62.7
I often think about leaving this organisation.	58.3	57.6
I will probably look for a job at a new organisation in the next 12 months.	61.7	62.7
As soon as I can find another job, I will leave this organisation.	68.5	68.2

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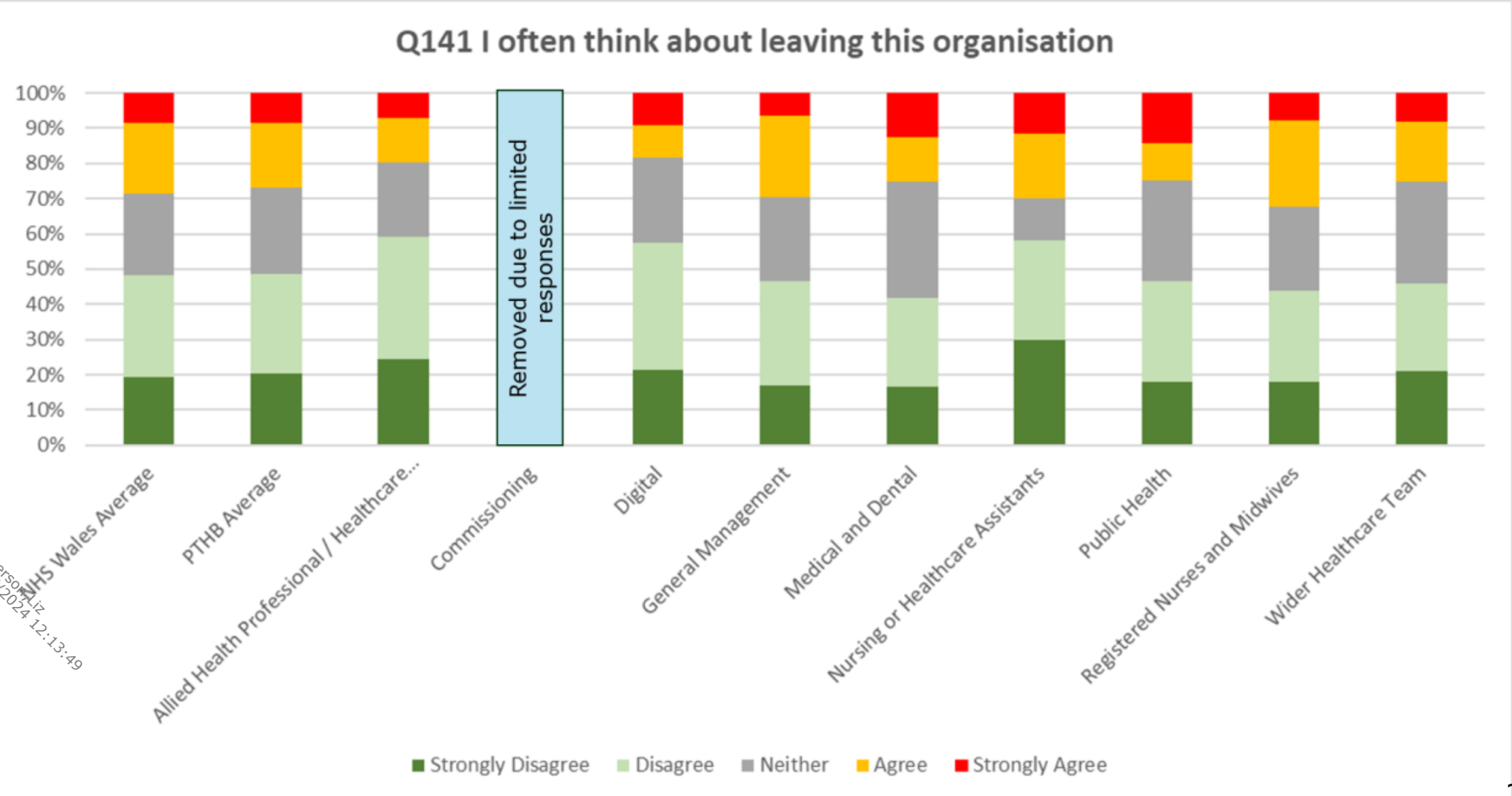
Thinking About Leaving

Q140. I am satisfied in my current role and intend to remain in it for the foreseeable future



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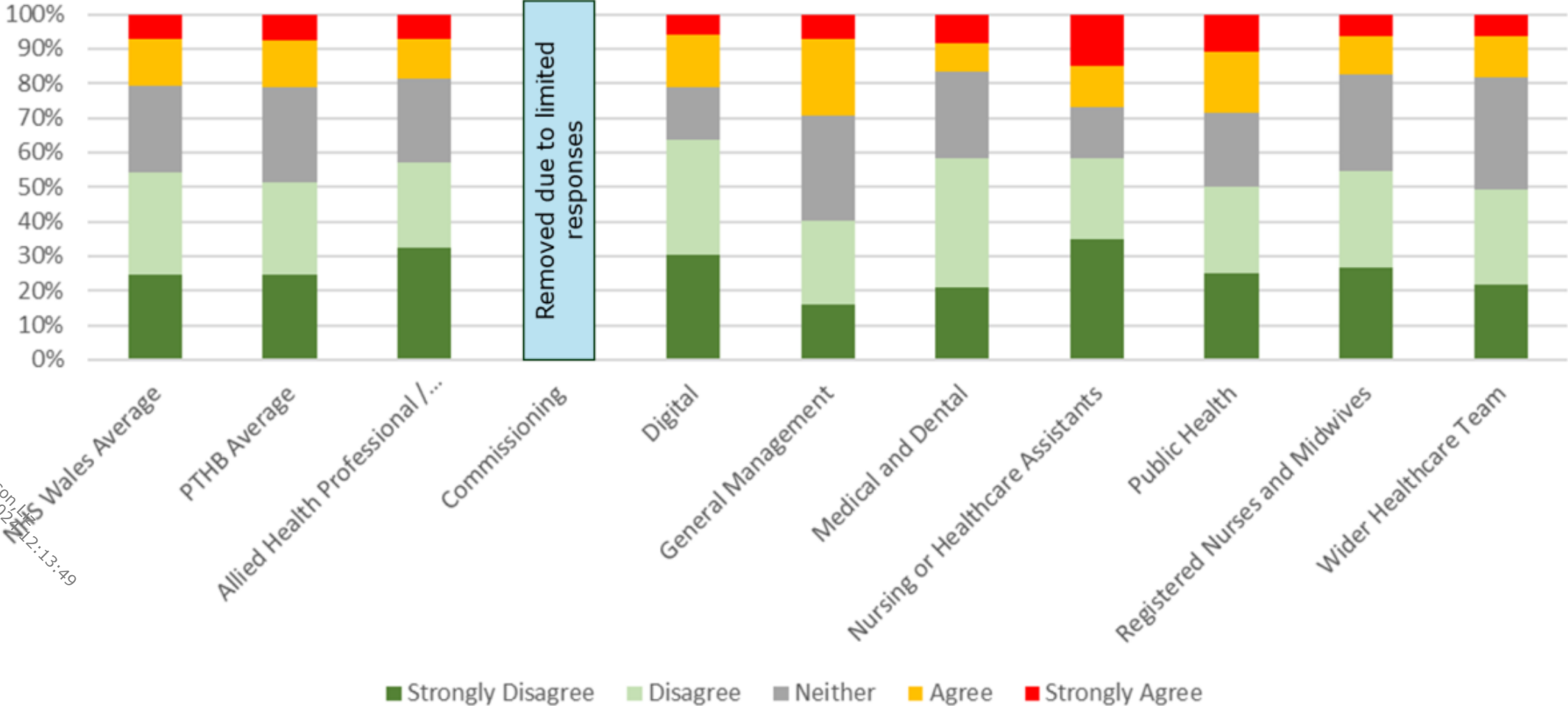
Thinking About Leaving



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Thinking About Leaving

Q142 I will probably look for a job in a new organisation in the next 12 months



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Thinking About Leaving



Patterson, Liz
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Unpaid Overtime

It was recognized in the whole organization results that 56% of respondents were undertaking regular unpaid overtime each week. The following charts show the breakdown of this question by occupational group and by directorate.

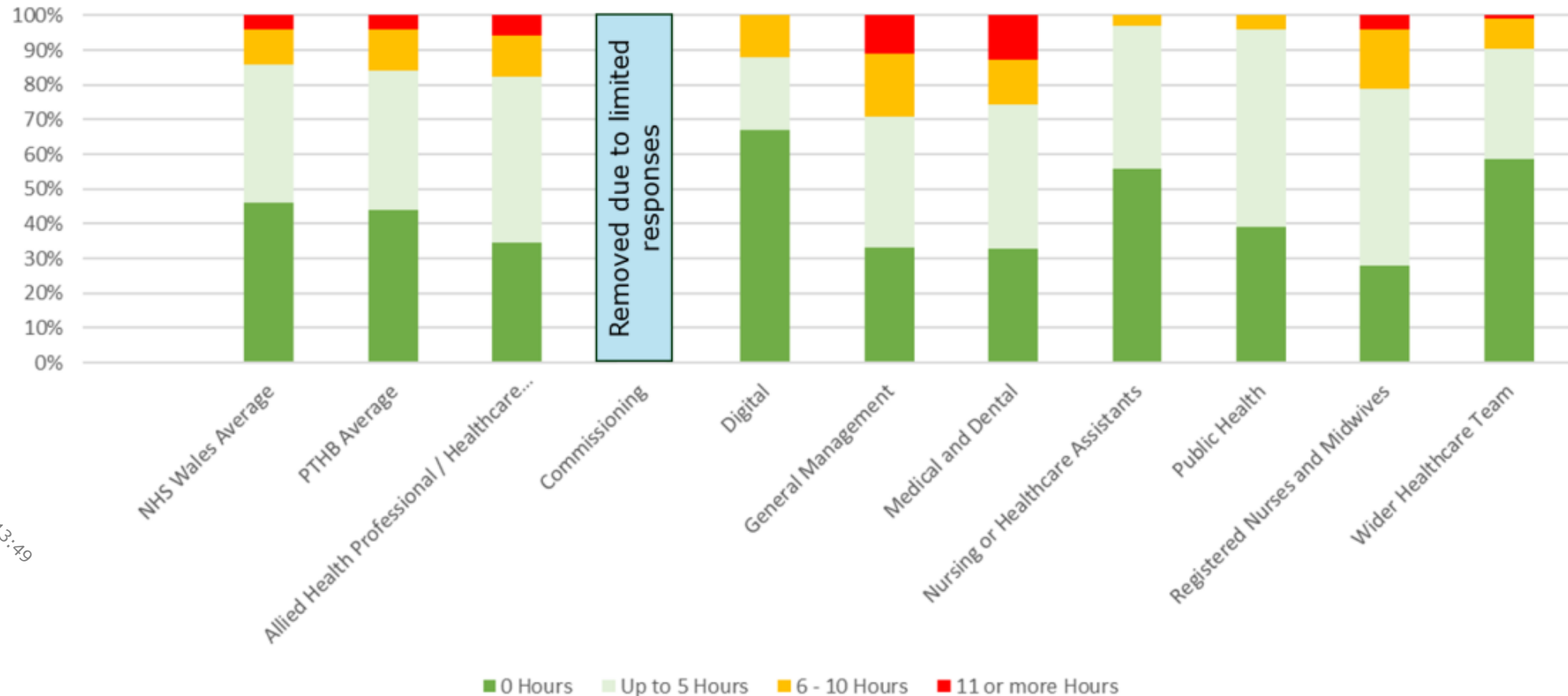
Points to note include:

- **General management** are the occupational group most likely to undertake significant amounts of unpaid overtime followed by Medical and Dental
- **Registered Nurses and Midwives** are most likely to do some unpaid overtime, and most likely to do up to 5 hours
- **Nursing and Healthcare Assistants** are the clinical staff least likely to do unpaid overtime
- The **Corporate Directorate** is the most likely to undertake significant amounts of unpaid overtime

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Unpaid Overtime

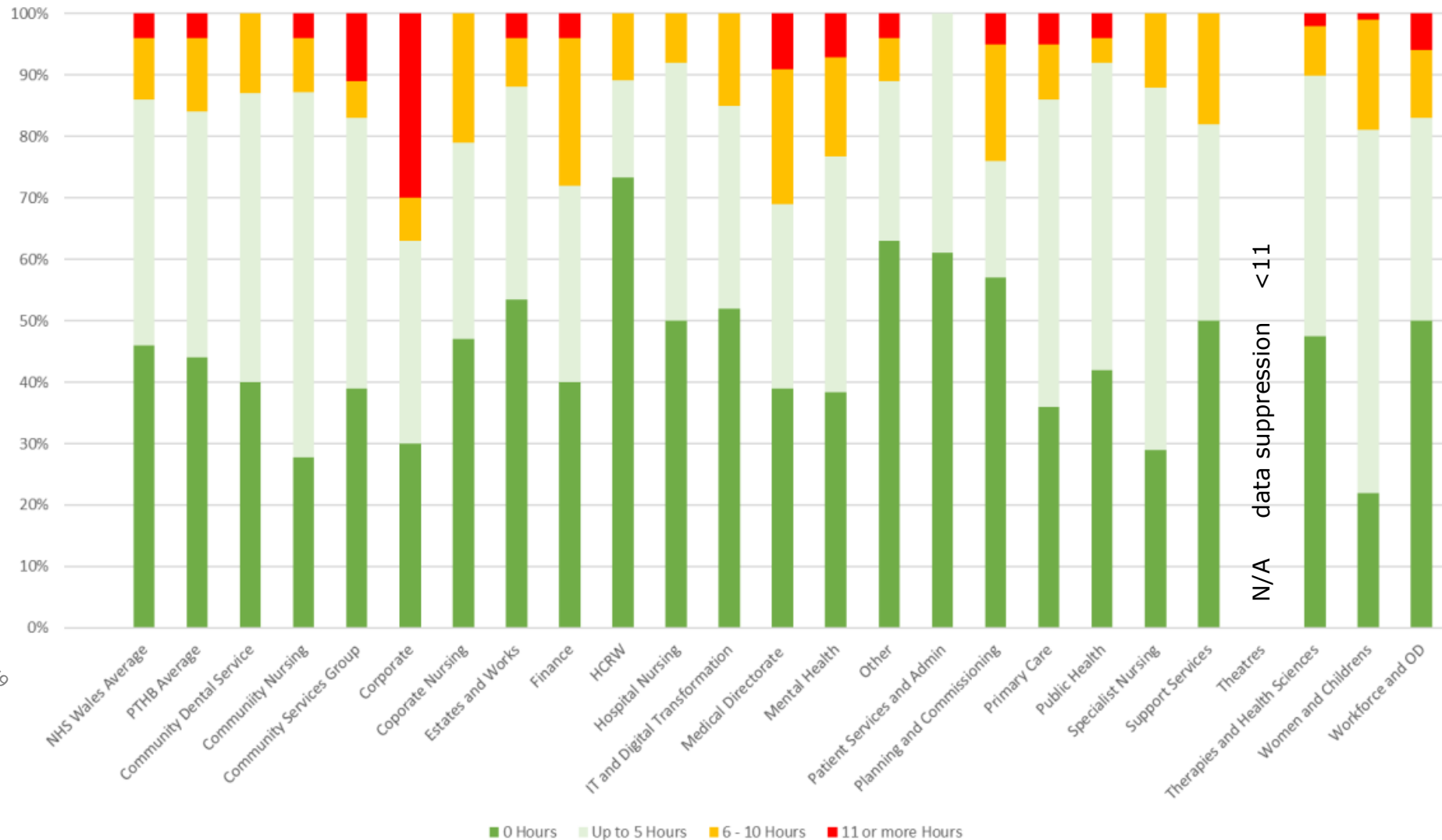
Q47 - On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours? Please include unpaid overtime and additional unpaid hours on-call.



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Unpaid Overtime

Q47 - On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours? Please include unpaid overtime and additional unpaid hours on-call.



Patterson, Liz
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Speaking Up Safely

Questions were held in two areas of the survey that related to speaking up, Patient Safety and We Are Able to Speak Up under the sub theme of Raising Concerns.

The following charts show Q scores by Occupational Group

Question	Occupational Group Q Score (%)	Health Board Average (%)	NHS Wales Average (%)
In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?	77.6	75.7	66.2
My organisation treats staff who are involved in an error, near miss or incident, fairly.	61.2	61.7	60.0
My organisation encourages us to report errors, near misses or incidents.	71.8	73.6	71.5
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	62.8	63.9	62.9
We are given feedback about changes made in response to reported errors, near misses and incidents.	57.2	58.6	57.3

Question	Occupational Group Q Score (%)	Health Board Average (%)	NHS Wales Average (%)
I would feel secure raising concerns about unsafe clinical practice.	73.7	75.0	71.5
I would feel secure raising concerns about unethical behaviour.	75.3	76.2	72.4
I am confident my organisation would address my concern.	62.6	64.1	60.6
I feel safe to speak up about anything that concerns me in this organisation.	65.3	66.9	61.5
If I spoke up about something that concerned me, I am confident my organisation would address my concern.	59.7	60.7	55.0

Speaking Up Safely



Allied Health Professionals / Healthcare Scientists / Scientific and Technical

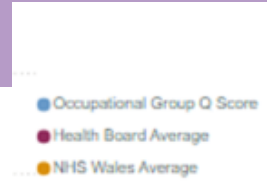


Wider Healthcare Team

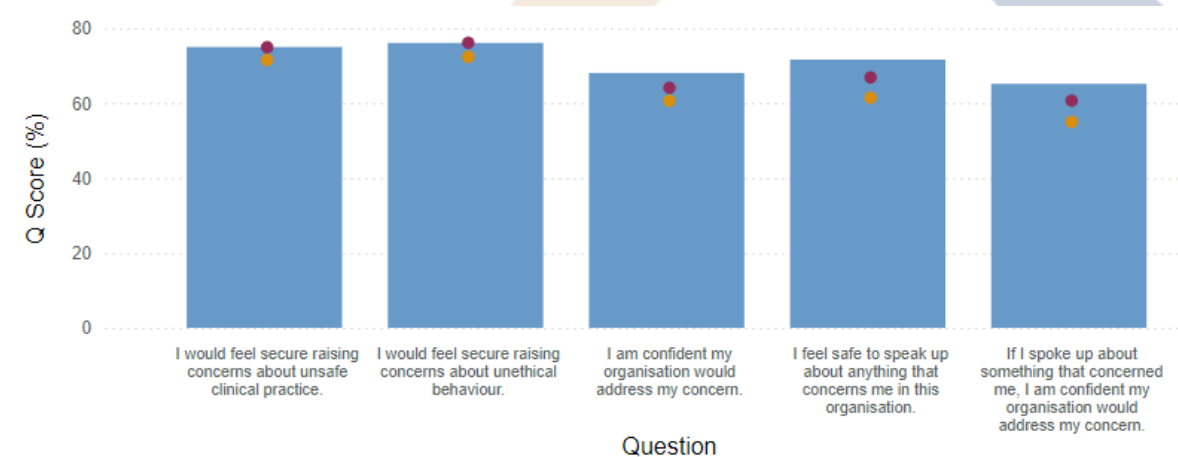


Speaking Up Safely

Digital



General Management



Speaking Up Safely

Medical and Dental



Nursing and Healthcare Assistants



Speaking Up Safely

Public Health



Occupational Group Q Score
Health Board Average
NHS Wales Average



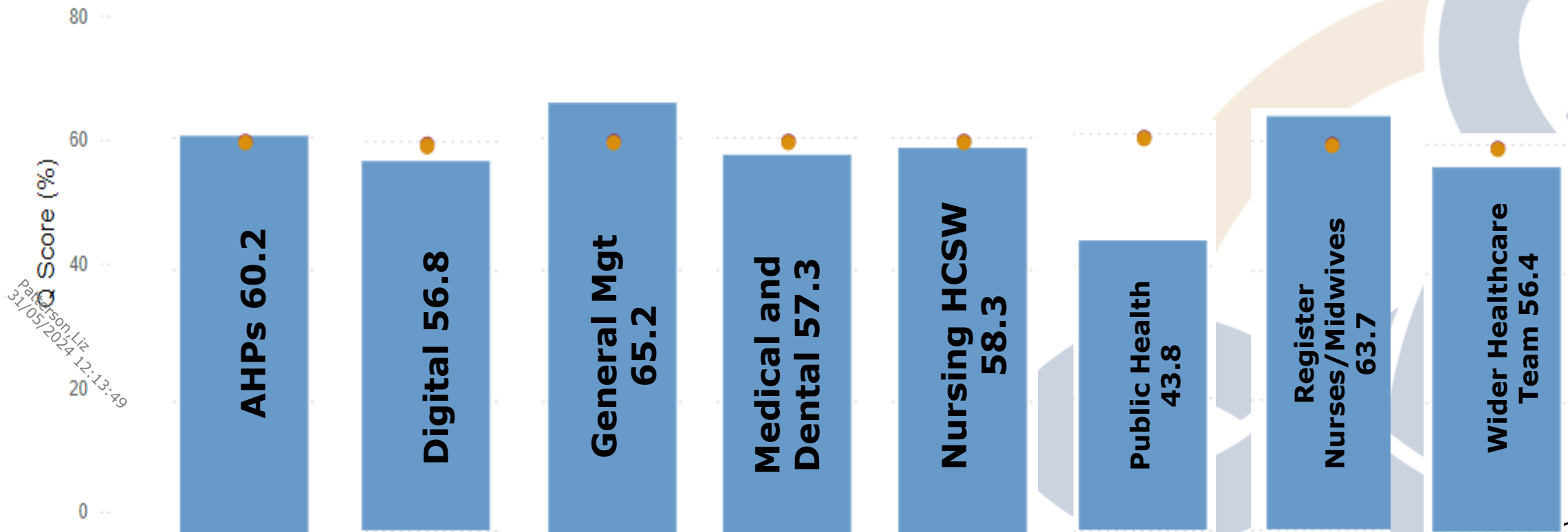
Registered Nurses and Midwives



Career Progression

The high-level results showed that there were only **52%** (all-Wales 53%) of respondents agreeing or strongly agreeing to '*there are opportunities to develop my career in this organization*'. This equates to an average Q score of **59.3** for PTHB against an all-Wales Q Score of **59.1**.

Graphs below show Q Scores by each occupational group



Wellbeing

Line management

- Overall, our staff felt encouraged, supported and valued by their immediate manager (line manager). **81%** of respondents agreed that their **line manager values their work**. Additionally, staff generally felt that their line manager takes effective action to help them with any problems they face and that they could work together to make decisions. **This is consistent across occupational groups**
- Only **56%** of respondents agreed that **Powys Teaching Health Board values their work**. Most occupational groups have equal to or higher Q scores than the organisational average for this question. **Registered Nurses and Midwives, Public Health and Nursing and Healthcare Assistants scored lower.**

Organisation

- Clinical staff, such as **Registered Nurses and Midwives, Medical and Dental and Nursing or Healthcare Assistants**, scored **lower** than the PTHB average when asked whether **PTHB takes positive action on health and wellbeing**.

Wellbeing

Bullying

- **9.3%** of respondents said that they had personally experienced harassment or bullying at work from manager/team leaders during the last 12 months. With another 2.5% answering it had been experienced 6 or more times.
- **13.9%** of respondents said that they had personally experienced harassment or bullying at work from other colleagues during the last 12 months. With another 1.6% answering it had been experienced 6 or more times.

Negative Experiences

Question	Health Board Average (%)	NHS Wales Average (%)
In the last 12 months, have you experienced musculoskeletal problems (MSK) as a result of work activities?	77.7	75.1
During the last 12 months have you felt unwell as a result of work-related stress?	64.6	59.0
In the last three months have you ever come to work despite not feeling well enough to perform your duties?	46.7	39.9
Have you felt pressure from your manager to come to work?	43.1	48.7

- In comparison to NHS Wales, PTHB staff have felt more pressure from a manager to come to work but have reported less instances of work-related stress, MSK or coming to work not feeling well enough to perform their duties. This is consistent across all occupational groups.

Patterson
31/05/2019 12:11:49

Wellbeing

Time Pressures

- The responses from our **Nursing staff and Allied Health Professionals** are showing that they feel they are under unrealistic time pressures and less able to meet the conflicting demands on their work.
- On the other hand, **Nursing and Healthcare Assistants** have responded that they **do** have enough time and are able to meet the conflicting demands.
- It was found that our **clinical staff** are less likely to take time out to **reflect and learn**, combine this with the time pressures explained previously and there is likely to be an effect on morale and wellbeing.

Patterson, Liz
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Next Steps

- ❖ One to one discussions with Directors/ADs and Professional Heads to explore individual service reports. Development of Action Plans
- ❖ Utilisation of detailed data as part of key delivery plans such as Staff Retention, Wellbeing at Work, Speaking Up Safely, service escalation and organisational change & transformation
- ❖ Brief each of the HRBPs and OD Team to understand the results of services and staff groups that they are working with
- ❖ Specific campaigns utilising the 'you said, we will' approach, especially around unpaid overtime, speaking up safely and wellbeing in line with existing workstreams
- ❖ **Key message** – There is lots of data and detail we can get into. Therefore, please ask if you want to understand what the survey says about any topic

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Agenda item 3.1

Workforce and Culture Committee		Date of Meeting: 4 June 2024
Subject:	WORKFORCE AND CULTURE COMMITTEE ANNUAL REPORT TO THE BOARD	
Approved and Presented by:	Director of Corporate Governance / Board Secretary	
Prepared by:	Director of Corporate Governance / Board Secretary Interim Corporate Governance Manager	
Other Committees and meetings considered at:	N/A	

PURPOSE:

The purpose of this report is to provide the Workforce and Culture Committee Annual Report for 2023/24.

RECOMMENDATION(S):

It is recommended that the Workforce and Culture Committee:

- CONSIDER the Workforce and Culture Committee Annual Report for 2023/24 summarising the key areas of business activity undertaken;
- Take ASSURANCE that the Workforce and Culture Committee is fit for purpose and operating effectively in fulfilling its terms of reference;
- RECOMMEND the report to the Board for the 24 July 2024 meeting.

Approval/Ratification/Decision

Discussion

Information

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1. Introduction

The Workforce and Culture Committee has been established by the Board in order to provide advice and assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales.

This report summarises the key areas of business activity undertaken by the Workforce and Culture Committee ('the Committee') over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

2. Roles and Responsibilities

The Terms of Reference for the Workforce and Culture Committee were reviewed and agreed by the Board in September 2021. The purpose of the Workforce and Culture Committee ("the Committee") is to:

Provide accurate, evidence based (where possible) and timely assurance to the Board and its committees on all matters relating to staff and workforce planning of the Health Board;

- Enhance the environment that supports and values staff in order to engage the talent and encourage the leadership capability of individuals and teams working together to drive to delivery of safe, improved healthcare;

In respect of the development of the following matters consistent with the Board's overall strategic direction:

- advise the Board on all compliance with legislation, guidance and best practice;
- to provide assurance to the Board the Organisational Development Framework, Work Futures Strategic Framework and Strategic Equality Plan are consistent with the Board's overall strategic direction and with the requirements laid out by NHS bodies in Wales;

- to provide assurance to the Board on the organisation’s ability to create and manage strong, high performance, culture and values;
- the Committee is responsible for providing advice to the Board and Committees on:

It is expected that the committee will also annually review its own terms of reference and report any changes to the Board for ratification.

2.1 Membership of the Committee

The membership of the Committee during 2023/24 was:

Name	Role	Attendance
Ian Phillips	Independent Members (ICT) and Committee Chair	3/4
Chris Walsh	Independent Members (Local Authority)	4/4
Jennifer Owen Adams	Independent Member and Committee Vice Chair (Third Sector)	4/4
Cathie Poynton	Independent Member (Trade Union)	4/4

2.2 Others in Attendance

During 2023/24, the following staff attended the Committee:

Name	Role	Attendance
Debra Wood-Lawson	Director of Workforce and OD (Executive Lead)	3/4
Pete Hopgood	Director of Finance, Information and IT	4/4
Claire Roche	Director of Nursing and Midwifery	2/4

Other Directors and officers attended during the year to present reports which related to their areas of responsibility as required.

The Chief Executive, Hayley Thomas, was also invited to attend every meeting, and attends at least annually. The Chief Executive attended two meetings during the year.

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The Chair of the Board, Carl Cooper, attended two meetings. The Chair has a standing invite to attend Board Committees.

The Director of Corporate Governance or their representatives attended every meeting.

2.3 Meeting frequency

During 2023/24 the Committee met four times and was quorate on all occasions.

Under the terms of reference, the Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **Quarterly**, and in line with the Health Board's annual plan of Board Business.

The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

3. Activity in 2023/24

3.1 Main Areas of Committee Activity 2023/24

Assurance	
Director of Workforce and OD Report	May 2023, December 2023, March 2024
Workforce Performance Report	May 2023, December 2023, March 2024
Workforce Futures: Partnership and Citizenship highlight Report <ul style="list-style-type: none"> • Joint Health and Care Joint induction Framework • School of Volunteers and Carers Progress 	May 2023
Workforce Futures: Workforce Planning overview report <ul style="list-style-type: none"> • Sustainable Workforce Model • Implementation of the All-Wales Workforce Planning Toolkit • Recruitment Programmes Progress • Accelerated Learning Routes 	May 2023
Medical Job Planning Annual Report	May 2023
Organisational Development Strategic Framework	May 2023
Equality Diversity and Inclusion Annual Report	July 2023
Welsh Language Annual Report	July 2023
Workforce Futures: Partnership and Citizenship Highlight Report	December 2023

Workforce Futures: Staff Health and Wellbeing	December 2023
Workforce Futures: Transformation and Sustainability	March 2024
Workforce Futures: Great Place to Work	March 2024
Communication and Engagement Programme relating to Workforce and Culture Committee matters	March 2024
Agile Working	March 2024
Items for approval	
Strategic Equality Plan 2023-27	March 2024
Welsh Language Strategy in Healthcare	March 2024
Items considered In-Committee	
Director of Workforce and OD Update	May 2023
Escalated Items	
Corporate Governance	
Committee Risk Register	May 2023, March 2024
Committee Work Programme	To each meeting
Annual Assessment of Committee Effectiveness	Provide a summary of the responses received to the Committee Effectiveness questionnaire; and is provided to stimulate discussion within the Committee to support the identification of what works well, learning and actions for improvement. Undertaken in March 2024.
Review of Committee Terms of Reference	For Committee to consider the Terms of Reference of the Committee in order to ensure that they remain fit for purpose. Undertaken in March 2024.

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3.2 Work programme and action log

The Committee Work Plan ensures that the Committee discharges its responsibilities in a planned manner. It assists with agenda planning and is updated during the year to ensure that the Committee considers any additional items which may arise during the year.

In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions. This provides an essential element of assurance to the Committee and from the Committee to the Board.

The Committee reported to the Board through a Committee Chair's report, providing an overview of items considered by the Committee and highlighting any cross-committee issues / themes or items needing to be brought to the Board's attention. The Committee Chair's report and confirmed minutes are published on the website.

4. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2023/24, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs report or that are already visible in the corporate risk register. The Chair of the Committee reports into the Board via a report from Committee Chairs, where any significant issues are brought to the attention of the Board.

5. Committee Effectiveness

During the year the Committee has continued to review and revise its ways of working to optimise the need for a robust governance approach and balance the need reduce pressure on staff during this time.

The Committee continued to review its effectiveness thorough the year, to ensure effective use of time and ensure it fulfilled its role to provide assurance to the Board.

The key adaptations made this year included:

- The construct of the Committee meeting agendas remained flexible, and the application of a risk-based approach to the selection of agenda items.
- The use of verbal updates and presentations where appropriate to ensure the timeliness of information to the Committee given the fast moving pace of some agenda areas.

- The circulation of relevant material outside meetings where appropriate.
- The inclusion of staff stories and themed deep dives cross the committees remit.

The Committee has undertaken its annual effectiveness review process. The outcome and recommendations following this review will be reported to the Board in Quarter 1 of 2024/25.

6. Planned Activity in 2024/25

The Committee has developed its annual work programme and is committed to continuing to develop its function and effectiveness as per its terms of reference. The Committee welcomes any feedback from the Board in relation to its annual work programme.

Workforce & Culture Committee 2024-25						
Theme	Item Title	Exec Lead	June 04/06/2024	September 10/09/2024	December 10/12/2024	March 13/03/2025
Governance	Minutes of previous meeting	DCG	✓	✓	✓	✓
Governance	Declaration of Interests	DCG	✓	✓	✓	✓
Governance	Action Log	DCG	✓	✓	✓	✓
Governance	Committee Risk Register	DCG	✓	✓	✓	✓
Governance	Annual Work Programme	DCG	✓			
Governance	Work Programme (updated through year)	DCG		✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness	DCG				✓
Governance	Committee Annual Report	DCG	✓			
Governance	Review of Terms of Reference	DCG				✓
Performance	Workforce Performance Report	ED P&C	✓	✓	✓	✓
Performance	Director of Workforce and OD Report	ED P&C	✓	✓	✓	✓
Workforce Futures	Theme 1 - Staff Health and Wellbeing	ED P&C	✓		✓	
Workforce Futures	Theme 2 Great Place to Work	ED P&C		✓		✓
Workforce Futures	Theme 3 Workforce Sustainability and Transformation	ED P&C			✓	
Workforce Futures	Theme 4 Welsh Language, Equality, Diversity and Inclusion	ED P&C		✓		✓
Equality, Diversity & Inclusion and Welsh Language	Equality, Diversity and Inclusion Annual Report	ED P&C		✓		
Equality, Diversity & Inclusion and Welsh Language	Welsh Language Annual Report	ED P&C		✓		
Statutory Compliance	Wellbeing of Future Generations Act Report	ED PP&C	✓			
Statutory Compliance	Medical Job Planning Annual Review	EMD	✓			
Statutory Compliance	Comms and Engagement Report for W&C	DCG				✓
Innovative Environments	Agile working	ADEF&SS		✓		
Staff Story	TBC at each meeting					
Health & Safety and Fire Safety	Health and Safety Assurance Update	ED AHPHS&D		✓	✓	
Health & Safety and Fire Safety	Health and Safety Annual Report including compliance with regulations and standards	ED AHPHS&D				✓
Extra Items						

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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.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000.

The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and Audit Wales are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

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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).

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

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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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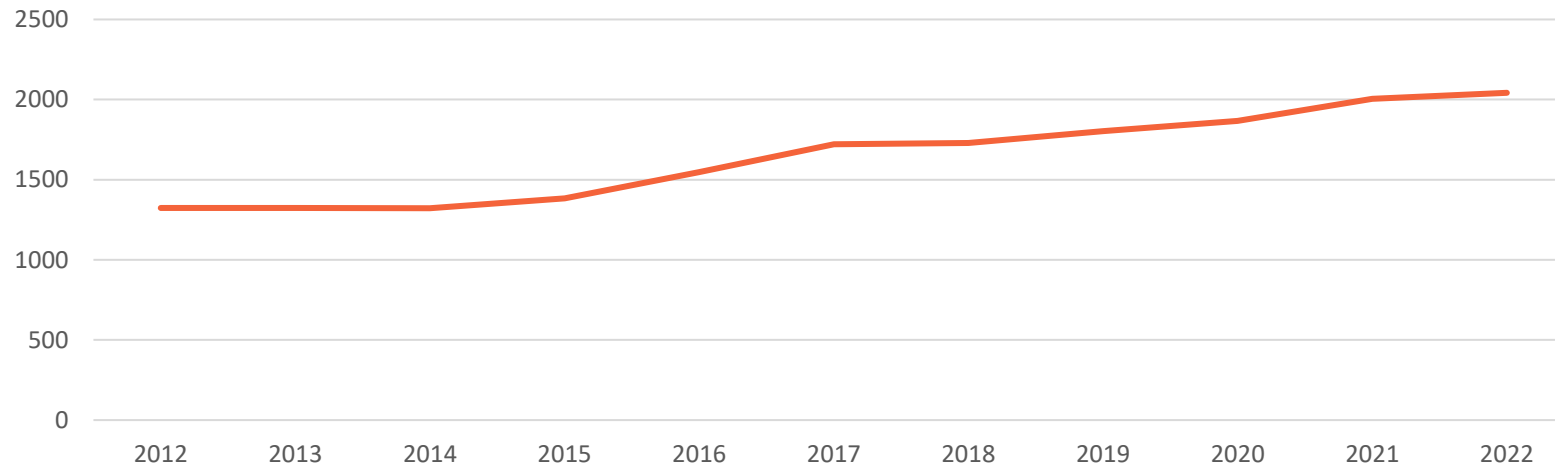
Element of audit approach	Description
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none"> • Executive Director for Workforce and Organisational Development • Deputy Director for Workforce and Organisational Development • Assistant Director of People Development • Assistant 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

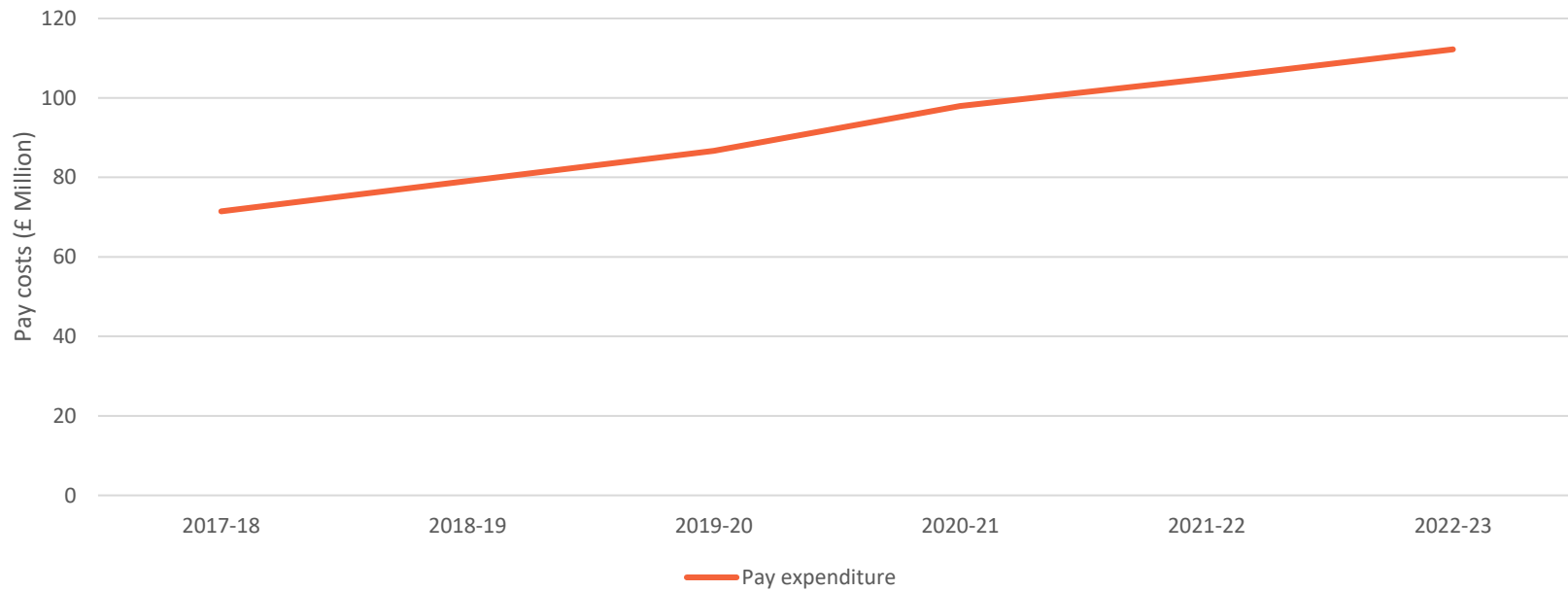
Exhibit 6: trend in workforce numbers (full time equivalent), Powys Teaching Health Board



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

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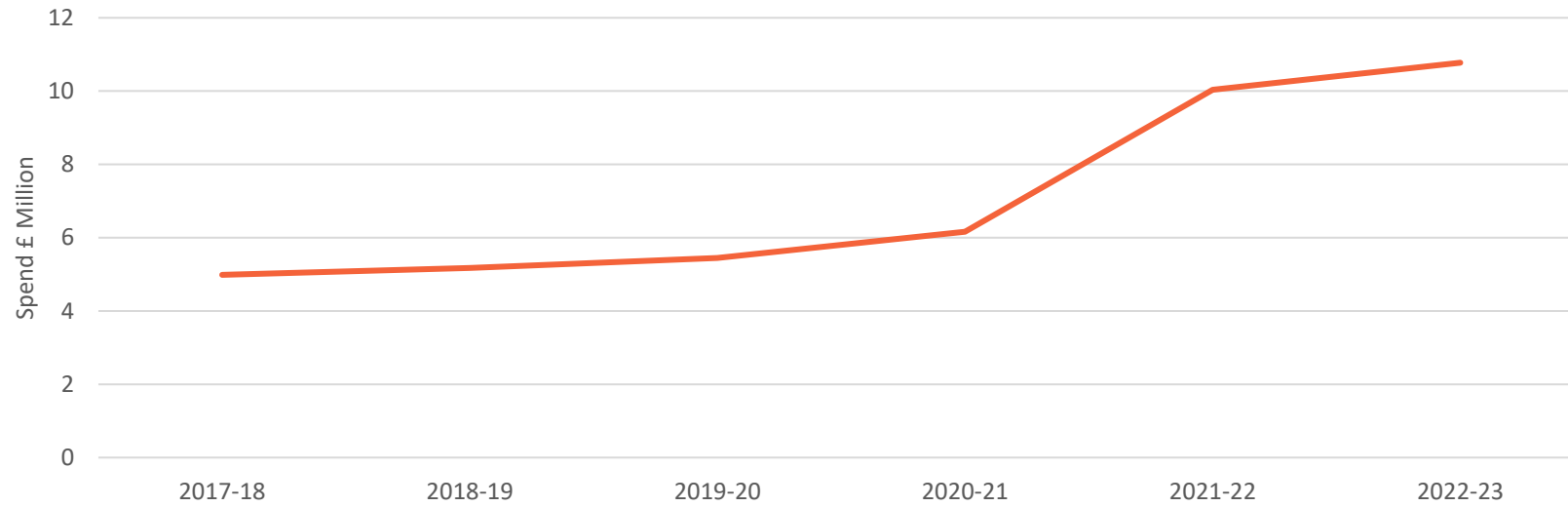
Exhibit 7: trend in actual workforce costs, Powys Teaching Health Board



Source: Monthly Monitoring Returns reported to Welsh Government

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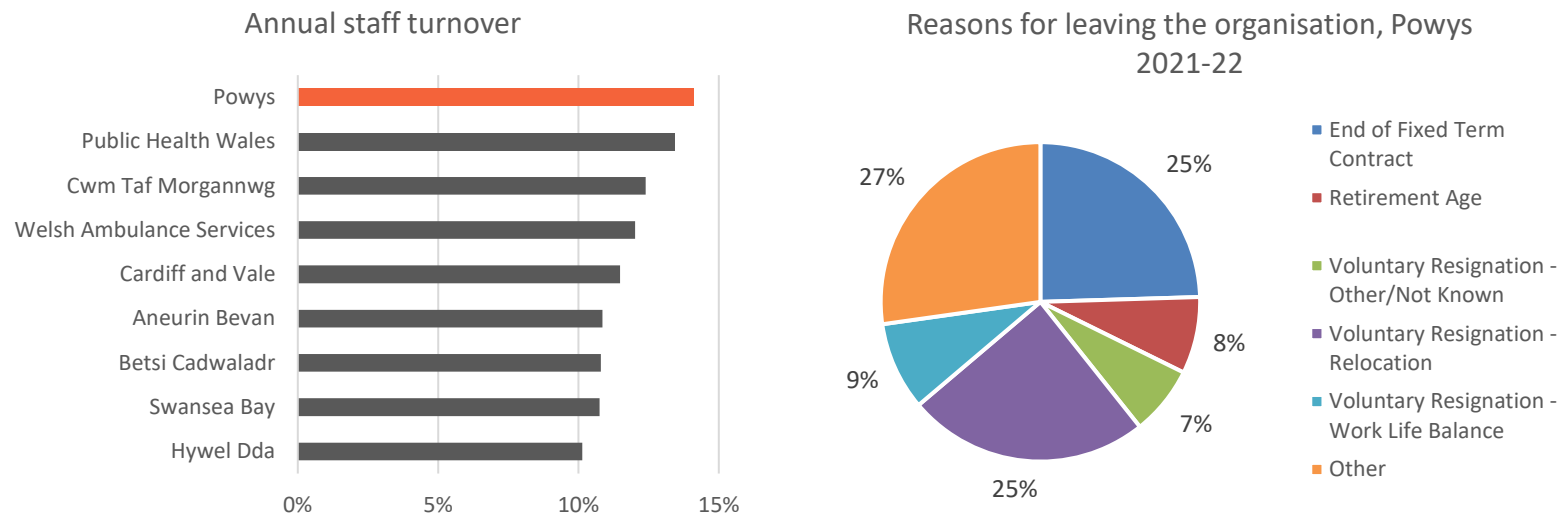
Exhibit 8: trend of expenditure on workforce agency £ million, Powys Teaching Health Board



Source: Monthly Monitoring Returns reported to Welsh Government

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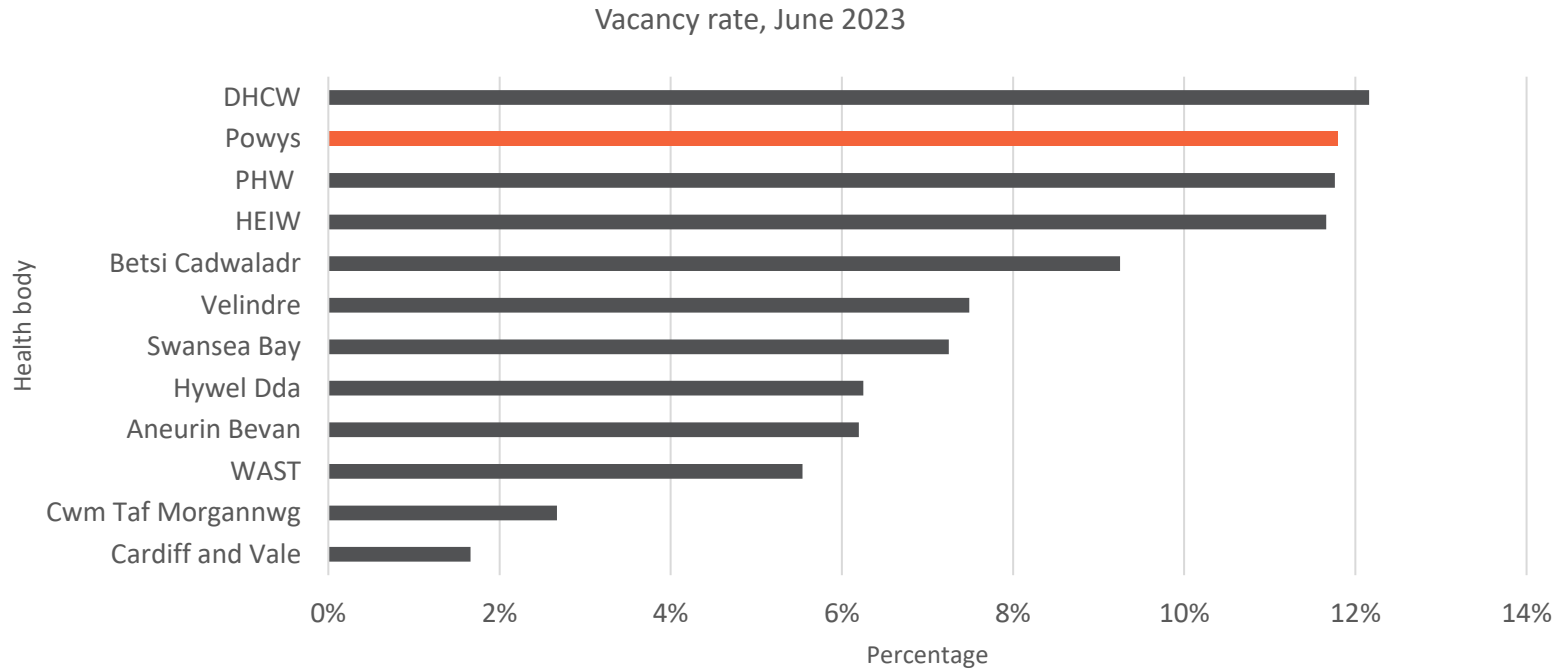
Exhibit 9: Annual staff turnover and reason for leaving, 2021-22, Powys Teaching Health Board



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

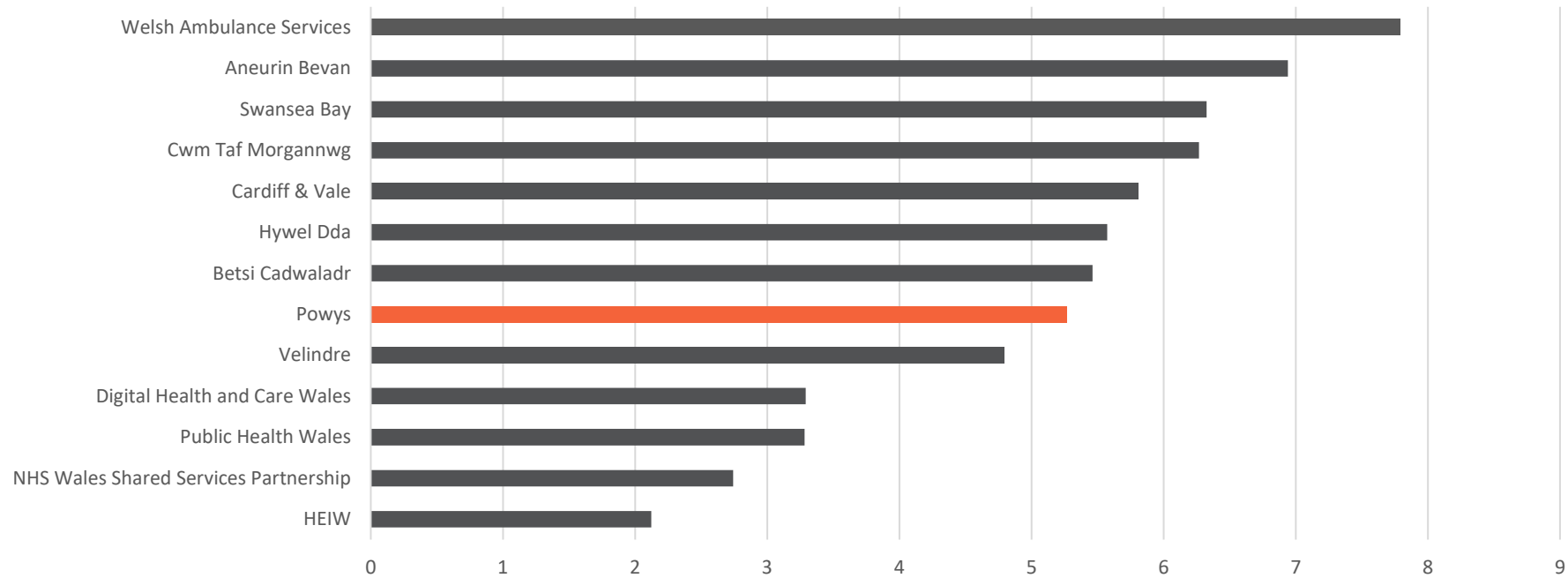


Source: Welsh Government, Stats Wales

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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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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.