

Workforce and Culture Committee

Tue 10 December 2024, 10:00 - 12:30

Agenda

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

0 min

📎 Agenda_W&C_10DEC2024.pdf (2 pages)

1.1. Welcome and Apologies

Verbal Chair

1.2. Declarations of Interest

Verbal All

10:00 - 10:00 **2. CONSENT AGENDA BUSINESS**

0 min

The Chair will ask if there are any items from the Consent Agenda (item 7) that Committee Members wish to bring forward to the main agenda

10:00 - 10:00 **3. ITEMS FOR APPROVAL/DECISION/RATIFICATION**

0 min

3.1. Minutes of previous meeting held on 03 October 2024

Attached Chair

📎 W&C_3.1_W&C_Unconfirmed Minutes 03OCT24 v1.pdf (10 pages)

3.2. Committee Action Log

Attached Chair

📎 W&C_3.2_Action Log December 2024.pdf (1 pages)

3.3. Staff Story (Ynys Y Plant)

Attached Executive Director of People and Culture

📎 W&C_3.3_Staff Story presentation.pdf (12 pages)

10:00 - 10:00 **4. ESCALATED ITEMS**

0 min

There are no items for inclusion within this section

10:00 - 10:00 **5. ITEMS FOR ASSURANCE**

0 min

5.1. Workforce and Performance Report

Attached Executive Director of People and Culture

📎 W&C_5.1_People & Culture Performance Report 10 2024.pdf (11 pages)

Paedrus@1111z
2024-12-10 14:57:55

5.2. Director of People and Culture Report

Attached *Executive Director of People and Culture*

📎 W&C_5.2_Director of People and Culture Report.pdf (10 pages)

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

Attached *Executive Director of People and Culture*

📎 W&C_5.3_Employee Health and Wellbeing Dec 2024.pdf (11 pages)

5.4. Workforce Futures: Theme 3 - Sustainability and Transformation

Presentation *Executive Director of People and Culture*

📎 W&C_5.4_WF Transformation and Sustainability IP2024.pdf (14 pages)

5.5. Health and Safety Assurance Update (Staff Focus)

Attached *Executive Director of People and Culture*

📎 W&C_5.5_H&S Performance Report Q2 2024.pdf (19 pages)

5.6. Committee Risk Register

Attached *Director of Corporate Governance*

📎 W&C_5.6_Committee Risk Report_November 2024.pdf (6 pages)

📎 W&C_5.6a_CRR006 (Workforce).pdf (6 pages)

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

0 min

There are no items for inclusion within this section

10:00 - 10:00 7. CONSENT AGENDA

0 min

7.1. Internal Audit Report: Staff Retention (For Assurance)

Attached *Director of Corporate Governance*

📎 W&C_7.1_Staff Retention Final Internal Audit Report.pdf (14 pages)

7.2. Work Programme (For Information)

Attached *Director of Corporate Governance*

📎 W&C_7.2_W&C_Committee work plan Dec24.pdf (1 pages)

10:00 - 10:00 8. OTHER MATTERS

0 min

8.1. Any Other Urgent Business

Verbal *Chair*

8.2. Items to be brought to the attention of the Board and/or other Committees

Verbal *Chair*

Patterson, Liz
03/12/2024 14:57:32

8.3. Committee Reflections

Verbal *Chair*

8.4. Date of the next meeting: 13 March 2025 via Microsoft Teams

Patterson Liz
03/12/2024 14:57:52

**WORKFORCE & CULTURE COMMITTEE
TUESDAY 10 DECEMBER 2024**

10:00 – 12:30

VIA MICROSOFT TEAMS

CHAIR: JENNIFER OWEN-ADAMS



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Health Board

AGENDA

Time	Item	Title	Attached / Verbal	Owner
	1	PRELIMINARY MATTERS		
10:00	1.1	Welcome and Apologies	Verbal	Chair
	1.2	Declarations of interest	Verbal	All
	2	CONSENT AGENDA BUSINESS		
The Chair will ask if there are any items from the Consent Agenda (Item 7) that Committee Members wish to bring forward to the main agenda.				
	3	ITEMS FOR APPROVAL / DECISION / RATIFICATION		
	3.1	Minutes of previous meeting held on 03 October 2024	Attached	Chair
	3.2	Committee Action Log	Attached	Chair
10:10	3.3	Staff Story (Ynys y Plant)	Presentation	Executive Director of People and Culture
	4	ESCALATED ITEMS		
There are no items for inclusion within this section				
	5	ITEMS FOR ASSURANCE		
10:20 20min	5.1	Workforce and Performance Report	Attached	Executive Director of People and Culture
10:40 20min	5.2	Director of People and Culture Report	Attached	Executive Director of People and Culture
11:00 45min	5.3	Workforce Futures: <ul style="list-style-type: none"> Theme 1 - Staff Health and Wellbeing 	Attached	Executive Director of People and Culture
11:45 45min	5.4	Workforce Futures: <ul style="list-style-type: none"> Theme 3 Workforce Sustainability and Transformation 	Presentation	Executive Director of People and Culture
12:30 15min	5.5	Health and Safety Assurance Update (staff focus)	Attached	Executive Director of People and Culture
12:35 5min	5.6	Committee Risk Register	Attached	Director of Corporate Governance
	6	ITEMS FOR DISCUSSION		
There are no items for inclusion within this section				
	7	CONSENT AGENDA		
	7.1	Internal Audit Report: Staff Retention (For assurance)	Attached	Director of Corporate Governance
	7.2	Work programme (For Information)	Attached	Director of Corporate Governance
	8	OTHER MATTERS		

Patterson, V
03/12/2024 14:57:52

	8.1	Any other urgent business	Verbal	Chair
	8.2	Items to be brought to the attention of the Board and/or other Committees	Verbal	Chair
	8.3	Committee Reflections	Verbal	All
	8.4	Date of the next meeting: 13 March 2025 via Microsoft Teams		

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.

Whilst Committee meetings are not public meetings, questions are invited and welcome from members of the public – please submit these at least 48 hours in advance of the meeting so a response can either be incorporated into the Board meeting or be provided directly to the requester. Please submit any questions to PowysDirectorate.CorporateGovernance@wales.nhs.uk.

Patterson, Liz
03/12/2024 14:57:52



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Health Board

WORKFORCE AND CULTURE COMMITTEE

(UN)CONFIRMED MINUTES OF THE MEETING HELD ON 3 OCTOBER 2024

LOCATION OR HELD VIA MICROSOFT TEAMS

MEMBERS		
Jennifer Owen Adams	JOA	Independent Member Third Sector (Chair)
Kirsty Williams	KWi	Independent Member (Vice Chair) representing Cathie Poynton
Steve Elliott	SE	Independent Member (Finance) representing Chris Walsh
IN ATTENDANCE		
Debra Wood Lawson	DWL	Executive Director of People and Culture
Mark McIntyre	MM	Deputy Director of People and Culture
Sarah Powell	SP	Assistant Director of People and Culture
Rhys Brown	RB	Head of Organisational Development
Adam Pearce	AP	Service Lead for Welsh Language & Equalities
Katelyn Falvey	KF	Head of Strategic Workforce Transformation, Planning & Resources
Pete Hopgood	PH	Executive Director Finance, Capital & Estates
Wayne Tannahill	WT	Associate Director Capital, Estates & Property (for Item 6.2)
Stuart Bodman	SB	Internal Audit (Observing)
Simeon Foreman	SF	Deputy Board Secretary
Sue Wilcox	SW	Senior Administrator (Meeting Support)
Carl Cooper (Observing)	CC	PTHB Chair
APOLOGIES FOR ABSENCE:		
Hayley Thomas	HT	Chief Executive
Cathie Poynton	CP	Independent Member (Trade Union)
Chris Walsh	CW	Independent Member (Local Authority)
Claire Roche	CR	Executive Director of Nursing, Quality, Women & Family Health
Helen Bushell	HB	Director of Corporate Governance/Board Secretary
Kirsten Jones	KJ	Llais
Bethan Hopkins	BH	Audit Wales

Stephen Powell	SP	Executive Director Planning, Performance & Commissioning
Kate Wright	KW	Executive Medical Director

1. PRELIMINARY MATTERS
1.1 WELCOME AND APOLOGIES FOR ABSENCE (REF W&C/24/20)
The Chair welcomed everyone to the meeting. The Chair extended her thanks to Ian Phillips, previous Chair of this Committee for his work and leadership during his time as a Board member. Apologies for absence were received as recorded above.
1.2 DECLARATIONS OF INTEREST (REF W&C/24/21)
No declarations of interests were received in addition to those already on the register.
1.3 MINUTES OF PREVIOUS MEETING (REF W&C/24/22)
The minutes of the meeting held on 4 June 2024 were CONFIRMED as an accurate record subject to the following amendments.
1.4 ACTION LOG (REF W&C/24/23)
There were two outstanding items on the Action Log, both items were AGREED for closure.
2. ITEMS FOR ASSURANCE
2.1 WORKFORCE PERFORMANCE REPORT (REF W&C/24/24)
MM presented the report which had continued to develop in presentation. Attention was drawn to following areas: Staff Transformation and Sustainability of the Workforce <ul style="list-style-type: none"> • vacancy levels remained a key challenge, particularly in clinical roles • slight increase in nursing vacancies over past couple of months • latest cohort of internationally educated nurses had arrived • a further 12 internationally educated nurses had been recruited and were due to arrive between November and February/March 2025. • new cohort of 19 Aspiring Nursing had been recruited • proactive recruitment of bank registered nurses • positive outcome to the recent recruitment events held across the County <p><i>Great Place to Work</i> – the focus of the report was turnover and retention of staff. It was noted that the turnover rate of staff had continued to reduce although remained above the All-Wales position.</p> <p>The sustained performance for PADRs was much improved at 82% but remained below the national target. Statutory and mandatory training at 87% was above the national target. There had been a targeted piece of work around training for specific roles, to ensure staff had the opportunity to update their competencies.</p> <p>The Health Board had managed to achieve a 20% reduction in rolling absence, over the past couple of years. Work had continued with Managers to ensure staff were supported to remain and return to work.</p>

In terms of average bank numbers, there are about 18 FTE which are not nursing roles, what disciplines are they?

Those roles are healthcare support worker, the majority were deployed to the wards and where the bulk of agency use occurs.

There are 137 FTE vacancies within registered nursing, of which nearly 100 are not on the wards. Where are they?

These vacancies were part of the district nursing, Mental Health and the specialist nursing teams or within the Women and Childrens Service. The community wards were a small part of the overall nursing workforce, the remaining vacancies were in different Directorates and services, predominately Community Services.

Is the balance between bank usage and on and off contracts agencies usage normal? What more can be done to increase the opportunities for use of bank first? Is the Health Board utilising bank resources to best effect?

The first offer goes to substantive staff if they wished to work additional hours or overtime, then defaults to Bank. Those people registered on Bank are given the option of accepting or declining a shift; some people had signed up for Bank but do not take up the opportunity to work, so the organisation has to constantly look to replenish bank staff. The hierarchy is Bank first, then on-contract agencies, and as a last resort off-contract agencies dependant on need.

Of the 200 agencies on the all-Wales contract, less than quarter operated in Powys, due to the rurality and the amount of activity.

DWL advised one of the areas of the non-pay elements discussions associated with last year's Pay award was to recycle the money that all Welsh NHS organisations are paying to on or off contract agencies into a better incentive scheme for bank. In the future there may be the opportunity to pay better rates to those taking up bank shifts. This would be a consistent all Wales approach, encouraging more interest from staff.

DWL gave assurance she was happy to receive any user feedback in relation to Bank service, and confirmed the People and Culture Directorate would provide support to any teams experiencing difficulties with the Bank process.

The Committee **RECEIVED** the Workforce Performance Report and **NOTED** the progress.

2.2 DIRECTOR OF PEOPLE AND CULTURE REPORT (REF W&C/24/25)

DWL gave a brief outline of the background of this report which described the activities in the three priority areas in the annual plan, since the previous meeting of this committee. The three priority areas were Transformation and Sustainability, Employee Health and Wellbeing, and Great Place to Work. The report also covered any national updates and any matters of interest to this Committee, including business efficiency and value. The following points were highlighted:

- medic recruitment – following a trip to Kerala two medics had been through the on-boarding process

- the number of staff enrolled with Wage stream had increased, which had allowed staff to access wages for shifts already worked, rather than waiting for the monthly pay run
- work had continued with ACEES and the schools, this programme had gained some national recognition
- ongoing work with Neath and Port Talbot and Hywel Dda to build on a joint training arrangement to Health and Social Care staff
- employee health and wellbeing – staff roadshow had covered all the Health Board’s sites. A forward programme to do the same in the forthcoming period had been developed
- NHS Wales Staff Survey had been launched
- You said, We did process had been completed
- Occupational health IT system had been introduced with the functionality to produce reports in a timely manner and allowed different referral routes for Managers.
- The volunteer’s toolkit had been updated
- Oversight arrangements for business efficiency and value within the newly formed Directorate. Lucie Cornish had been appointed as Interim Director of Improvement and Transformation
- Pay award - an agreement had been reached across all categories of staff. Backpay and the increased pay will be made in the November pay run
- Most of the Trade Unions have communicated with their members either through a ballot, consultation or a survey regarding the settlement

I have been approached about the Health Board’s willingness to place a Clinical Associate in Applied Psychology (CAAP) in the Psychology Department. These courses were commissioned by HCIW on behalf of Welsh Government (WG), who had queried if these roles had landed in health organisations, how had the organisation fed into that process?

Our education commissioning numbers were very much owned by the services. Part of the Health Board’s issue was supervision and access to different environments, which was limited due to the size of the organisation. There had been conversations with HCIW that allowed for a bespoke arrangement for Aspiring Nurses, the organisation needed to consider a version of this programme for medics or other type of roles.

Is there any intelligence around the retention rates for internationally educated nurses? Have they settled in well, and what more can the Health Board to make it a welcoming place?

DWL confirmed all recruited internationally educated nurses have been retained. Accommodation had been an issue for many health boards. PTHB Estates team had managed to find a number of properties for all previous cohorts, but anticipated there will be a need to consider all options for the future cohorts.

A lot of pastoral care was offered to internationally educated nurses by both local teams and previous cohorts, who had set up their own support network. This had included a WhatsApp group, advise on how to register with a GP and organise banks accounts etc.,

PTHB response rate to the NHS Staff Survey was one of the highest in NHS Wales, is there anything that can be done to further encourage better engagement?

DWL advised during the last survey, staff had visited sites with questionnaires as not everybody has access to a laptop. There had been a degree of scepticism about the level of confidentiality of these surveys.

RB noted communications had gone out across all available channels including emails to the Assistant Director Group to cascade through the teams. The Wellbeing roadshows had also highlighted the survey. There needed to be a will to complete the surveys plus time and capability.

The staff in Machynlleth would like to access the Skills Lab in Bronglais, but there were issues around links with Hywel Dda. Could that be followed up?

SP noted there was a working group, and there was no reason why the skills lab could not be opened up.

ACTION: SP to follow up on the availability of the Skills Lab at Bronglais hospital.

I attended the Corporate Induction course last week; it was brilliant and really helpful. Would it be possible to promote this more?

SP expressed surprise at the volume of attendees at the induction training in the September cohort. This was a result of deep dive into statistics and reinforcement of messages to managers to ensure new recruits are booked on during their first few weeks of employment; in the future, regular reports will be run to monitor attendance.

How is the Health Board measuring the impact of business efficiencies?

DWL noted the project was in it's infancy and it was too early to measure impact; the high impact areas have been explored, for instance were all administrators in the right place, right team, what processes can be automated. It is now at the point of considering the centralisation of certain teams and automation processes.

The Committee **RECEIVED** the update on priorities within the Workforce section of the Integrated Plan for 2023/24 and took **ASSURANCE** against delivery of those priorities.

2.3 WORKFORCE FUTURES – THEME 2 - GREAT PLACE TO WORK (REF W&C/24/26)

KF introduced the presentation that focused on nurse retention. HCIW had asked all health boards to report against the national Nurse Retention Plan which had been included the PTHB integrated planning actions and deliverables; the actions contained within the Nurse Retention Plan had been aligned across the whole workforce, where possible. Following the PTHB's self-assessment in March 2024 which identified low progress scores, the following actions were undertaken:

- engagement with staff
- developed Microsoft forms and surveys circulated via various media platforms
- identified 100 nurses new to the organisation, and asked them about their on-boarding experience and what is felt like to work in the organisation
- ten themes had been drawn out of the information gathering exercise

- a number of the themes aligned with the themes within the Nurse Retention Plan
- the Workforce Retention steering group and subgroups were multidisciplinary; there were representatives from all categories of the workforce to help improve retention across the workforce

Are there timescales associated with moving this work forward? Is momentum behind those actions that have started? Where are we at?

There was an implementation plan that sits underneath this work, which mapped all activities, times scales, dates and progress.

ACTION: Share the implementation plan at the next meeting of this Committee
- Head of Strategic Workforce, Transformation Planning and Resourcing

How can the Health Board improve the experience of new staff? I want to understand a little more about those people who choose to leave within the first two years.

On a monthly basis, the Retention Leads reviewed the data received and areas of concern were escalated to the appropriate Assistant Director. Six-monthly a report was generated to look in a thematic way at the lessons. This was shared with the Workforce Steering Group and other Committees.

ACTION: Six-monthly report to be shared at the next meeting of this Committee
- Head of Strategic Workforce, Transformation Planning and Resourcing

DWL noted that the PADR rates had improved, which suggested the right importance was being placed on conversations with staff. There is a need to ensure that these conversations consist of the relevant content.

Do we have any insight into those people that are leaving within two years? Are they new to the NHS or are they new to Powys?

A piece of work had been done with staff leaving within the first two years, although the information was not available at this meeting. There was a need to understand why the number of PTHB leavers was high; the biggest proportion of staff leavers was through retirement.

ACTIONS:

- Information on why staff choose to leave the organisation within two years of joining the organisation to be provided for the next meeting- **Executive Director of People and Culture**

RB provided a presentation covering three areas - Speaking up Safety, Clinical Leadership and Manager's Charter.

Speaking up Safety - A Speaking Up Safety framework was published through a Welsh Health Circular which contained 13 points for each Health Board to implement, including providing an action plan to WG on how the organisation was going to do that. Progress made included:

- Action Plan developed within the deadline
- Working group established
- Launch of Our Voice portal
- engagement with other Health Boards, some had introduced external providers specifically for whistleblowing
- an external helpline where staff can speak anonymously
- Viv Up offered a whistle blowing triage service - an external helpline where staff can speak anonymously or named
- raising awareness through the autumn roadshows
- trialled toolbox talks for individuals to roll out 'Speaking up Safely' within their teams
- CC had been nominated as the Champion and DWL as the Executive Lead for Speaking Up Safely
- Some of the Health Circular actions will move into business as usual

In terms of the independent whistleblowing triage service through Viv UP would there be concerns from staff that eventually it comes back into the organisation or that they don't have a totally independent mechanism there, are there any issues in that respect?

Initially there was a 12-month trial period to see how it was utilized and receive feedback from staff. As there is no mechanism in place, it was difficult to understand how staff were accessing or wanted to use the service.

Clinical Leadership – There had been an ask to create a Clinical Leadership course focusing on individual Clinicians having a leadership voice regardless of their level within the organisation. An initial programme had been developed, aimed at Band 6 and 7, which was to be expanded; it consisted of three-days of activities with skilled facilitation around the learning from those activities - how they responded and influenced others, and reacted when they disagreed. In six months' time, the attendees returned to give a presentation on how they implemented the learning.

Manager's Charter – following consultation with the Trade Unions it was decided to change this to PTHB Manager, a guide for Managers within the organisation on things needing to be done. Pages had been created on the intranet for resources and signposting to training available. This was waiting sign off at Executive level, before going live.

The Committee **REVIEWED** the information provided in the update and took **ASSURANCE** of delivery against the plan.

2.4 WORKFORCE FUTURES – THEME 4 – WELSH LANGUAGE, EQUALITY AND INCLUSION (REF W&C/24/27)

AP gave a presentation summarising the work undertaken in the previous few months. Attention was drawn to

Workforce Race and Equality Standards – a meeting had taken place, where the Health Board had been asked to complete a number of tasks focused on the main priorities.

- Health Board had reviewed recruitment of the ethnic minorities as the staff ratio to ethnic minorities is low compared to other health boards.

- Anti-Racist Action Plan had been updated and was waiting for approval at Executive Committee
- Sign Live had advised that there was no restriction on telephone numbers that could be added. Primary Care providers in Powys have been offered to have their names added to the PTHB contract; this allowed all BSL users to contact Primary Care directly.
- review of the wording in around Welsh language requirements on vacancies advertising

On slide four, what is the equitable percentage harassment from colleagues telling us?

It was the difference in ratio between white staff and staff of colour who were more likely to have experienced harassment from patients or the public.

DWL advised that due to Powys' demographics and population, PTHB workforce looked different to the All-Wales position.

The Committee **RECEIVED** and **NOTED** the update.

2.5 WELLBEING OF FUTURE GENERATIONS ACT REPORT (REF W&C/24/28)

The Chair confirmed the item deferred to December meeting.

3. ITEMS FOR APPROVAL

There were no items for approval

4 ITEMS FOR DISCUSSION

4.1 TEMPORARY SERVICE CHANGE (REF W&C/24/29)

DWL provided a recap of the project which commenced in May 2024, to develop ideas for temporary service changes. It looked at delivery of services, workforce availability and patient outcomes particularly with a clinical quality patient experience. That generated series of ideas which had been refined, described and engagement with the residents, staff, staff partners and organisational bodies.

A suite of papers in relation to colocation of units for individuals considered ready to go home and or required specialist rehabilitation; and a change of opening hours for some of the Minor Injuries Units (MIUs) had been finalised for presentation at the forthcoming Board meeting. These papers were to be published in the public domain and consisted of a cover paper, decision cases and feedback from the engagement process.

The Board would be asked to note the future shape of Older Adult Mental Health services will be considered as an element within the route map to sustainability.

Work had continued on the Route Map to Sustainability, it was anticipated that a description of the process undertaken would be presented at the next Board Development session.

The Committee **RECEIVED** and **NOTED** the update.

5 ESCALATED ITEMS

There were no escalated items.

6 ITEMS FOR INFORMATION

6.1 AUDIT WALES REPORT: Audit Wales Workforce Planning (REF W&C/24/30)

DWL noted this report was presented to this Committee for information purposes, it had been presented at the last Audit Committee. There had been a national study, which had focused on all health boards and trusts, from which a local report had been produced. PTHB had worked through this and ensured the progress made on against this report was reported to this Committee.

The Committee **RECEIVED** the Audit Wales Workforce Planning report for information.

6.2 AGILE WORKING (REF W&C/24/31)

WT gave a progress update on agile working, which was a key enabler in estates rationalisation, and highlighted the following points:

- staff had vacated the offices at Neuadd Brynchieniog, Brecon which released £30,000 per year revenue lease costs
- relinquished a number of leases by consolidating activities into the Spa Road premise in Llandrindod Wells
- staff needed support to adapt to working in these new environments
- several items of furniture have been acquired at no cost, from various organisations
- there is more evidence staff with medical conditions needed high adjustable desks, many of these had been purchased through Directorate routes rather than corporately. Further consideration should be given on how to manage the purchasing of these desks, and the ongoing costs connected to them
- The Occupy System had provided data on office occupancy, this had given an understanding of utilisation of the estate. Across Wales space utilisation averaged between 43 and 52 percent, potentially only 50 percent of the Health Board's office space had been used.
- work had continued with ICT to develop a Room Booking system

The organisation had a corporate responsibility to staff to create a healthy working environment and providing equipment to allow them to fulfil their role safely. How had the Health Board ensured the switch to agile working had created an environment that promoted physical fitness and mental well-being and had the Health Board considered that as part of the policy? Some people may prefer to work with colleagues in the team rather than at home, it was important to understand how the Health Board had made this work for the staff's well-being.

The height adjustable desk scenario is a piece of work the organisation needed to be aware of in terms of wellbeing and financial implications. A corporate decision is required on addressing this.

SP referred to the Flexi Working Policy which focused on working from home had been reviewed and a section about work styles and expectations from staff and managers. A number of toolkits have been developed and a set of FAQs which will continue to be built.

The Committee **NOTED** the update on Agile Working and **CONSIDERED** the recommendations for next steps in the adoption of agile working.

7 OTHER MATTERS
7.1 CORPORATE RISK REGISTER (REF W&C/24/32)
SF introduced the item and advised the risk in relation to staffing which was relevant to this Committee had previously been presented to Board July 2024, where there had been a request to review the risk scoring. MM advised the Health Board was aware of the challenges around recruitment and agency spend; this was a different risk to having the ability to find and supply a workforce to be able to deliver the services, albeit there was a much higher reliance on agency staff. At a subsequent Board meeting it was accepted there was no change to the risk rating. This had also been reported to Executive Committee. The Committee NOTED the risk register update.
7.2 COMMITTEE WORK PROGRAMME (REF W&C/24/33)
SF advised this was a standard item, which showed what business is planned for Committee agendas for the year. The Committee RECEIVED the Committee Work Programme for information.
7.3 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND /OR OTHER COMMITTEES
There were no matters to be brought to the attention of Board or other Committees.
7.4 ANY OTHER URGENT BUSINESS
There was no other urgent business.
7.5 COMMITTEE REFLECTIONS (REF W&C/24/34)
SF asked colleagues to consider both the strategic and operational elements of this meeting. <ul style="list-style-type: none"> acknowledged the feedback from the presenter and the Committee members, and felt there was a good balance of questions and pertinent points raised from the presentations. the meeting was well chaired and noted DWL drew her team to give a good mix of presentation. The performance report was well structured. acknowledged the late circulation of the Audit Report thanks were made to the team who had cleared the papers in her absence welcomed the diversity of voices as it gave people the opportunity to attend the Committee, as part of their career development
7.6 DATE ON NEXT MEETING
10 December 2024 via Microsoft Teams

Meeting closed at 16:21

Patterson, Liz
03/12/2024 14:57:52

Beth Powell
RAG Status:



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

Workforce and Culture Committee									
Meeting Date	Item Reference	Lead	Meeting Item Title	Details of Action	Update on Progress	Original target date	Revised Target Date	RAG status	
OPEN ACTIONS FOR REVIEW - (10.12.2024)									
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE - (10.12.2024) - NONE									
ACTIONS RECOMMENDED FOR CLOSURE (10.12.2024)									
03-Oct-24	W&C/24/26a	Director of People and Culture	Workforce Futures - Theme 2 - Great Place to Work (Staff Retention)	Share 6-monthly report of new staff experiences and areas of concern	05.12.24 update - Report added to the March agenda, action proposed to be closed on that basis	Mar-25		Completed	
03-Oct-24	W&C/24/25	Director of People and Culture	Director of People & Culture Report	follow up on the availability of the Skills Lab at Bronglais	05.12.24 update - This has been included within the Director of People and Culture Report for the December 2024 meeting	Dec-24		Completed	
03-Oct-24	W&C/24/26b	Director of People and Culture	Workforce Futures - Theme 2 - Great Place to Work (Staff Retention)	Deep dive into why people leave the HB within 2 years of joining	05.12.24 update - Included within the report for the December meeting	Dec-24		Completed	
25/09/2024	PTHB/24/105	DCG	Financial Performance	Staff Bank Service to be considered at Workforce and Culture Committee	05.12.2024 update: Item transferred from PTHB Board. Added to 09 March 2025 Committee meeting agenda	Nov-24		Completed	
03-Oct-24	W&C/24/26	Director of People and Culture	Workforce Futures - Theme 2 - Great Place to Work (Staff Retention)	Share the implementation Plan	05.12.24 Update: The implementation plan has been circulated to Members of the Committee	Dec-24	Mar-25	Completed	

Patterson, Liz
03/12/2024 14:57:52

Staff Story

**Alwena Campbell & Giovanna Watts
Community Children's Nursing Team**



Plan.....

Driver Diagram

AIM

Within 3 months to introduce a kit bag to the CCN team.
Improving the access to essential stock and equipment for the CCN in the community, to ensure high quality patient safety and care.

Primary

To improve the equitable distribution of individual kit bags

To improve efficiency of the CCN team through accountability of individual kit bag and equipment

Secondary

Create a list of essential items for individual kit bags.

Establish an equitable comparison within other local community teams and health boards.

To purchase individual kit bags and equipment

Gain feedback and analysis of the trial to evaluate staff experience.

Interventions

Arrange a team meeting to gather data on what medical items should go in the bag

Research what other teams in our community and other health boards carry

Obtain a costing for a new bag, hand held SATs monitor and thermometer from finance department

Approach senior management to gain approval

Conduct a 5 week trial with a member of the team carrying an individual kit bag

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03/12/2024 14:57:16

(NHS Wales, 2023)




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NHS
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Health Board

Do.....

Team Feedback

Quality Improvement Within the
CCN Team PTHB




Bloods


- Needles
- Swabs
- Plasters
- Syringes
- Blood sample bags
- Felt needs
- Saline
- Hepine
- Wipes
- Chlorhexidine
- Finger Pricks


NG Management

- ph strips
- Deoderm
- Adhesive removal wipes
- Syringes



What equipment and supplies do you think should be carried in the back of CCN vehicles for patients in the community





PPE

- Masks
- Aprons
- Gloves.

Wound care.

- Dressings
- Dressing packs
- Wipes
- Saline
- Plasters.
- Bandages.

Hand held monitors

- Maximo hand held monitors


Gastrostomy

- ph strips
- quaze.
- Wipes

Fom's bags

- Blood bags
- Swab bags

Thermometers



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03/12/2024 14:57:52

Study

Community Kit Bag and Equipment Costing

Community Kit Bag List

Bloods	Wound Care
Butterfly needles	Sterile dressing pack
Syringes	Wipes
Fill needles	Saline
Microlance needles	Plasters
Gauze	Stitch blade remover
Pre injection wipes	Tweezers
Plaster	Dressings
Saline	Bandages
Heprine	
Chlorhexidine	PPE
Finger pricks	Masks
Blood bags	Apron
Wipes	Glovers
Nasogastric and Gastrostomy Management	Equipment
PH Strips	Hand-Held Saturation Monitor
Adhesive remover	Thermometer
Syringes	
Pellijelly	
Wipes	
Guaze	
Swabs / swab bags	

Community Kit Bag £100



Braun Thermometer £110



Nellcore Portable Sats Monitor £650



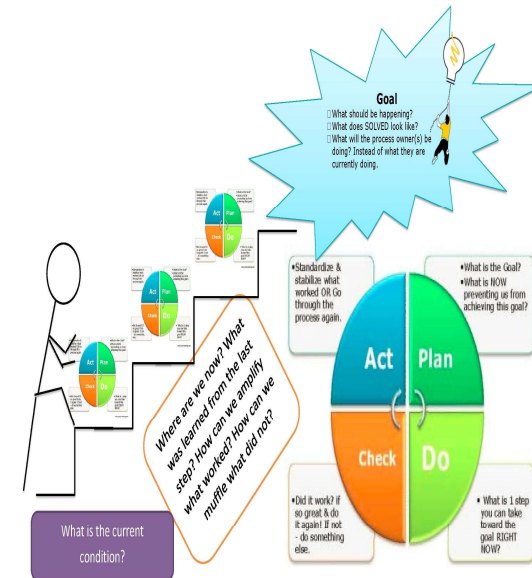
Required			
Community Bags	x 7		
Thermometer	x 2		
Portable Sats Monitor	x 5	Total	£4170

ACT

Meeting with Assistant Head of Children's Nursing

ACT ADOPT ABANDON

- No money left in the budget
- CCN to use professional judgement and current knowledge
- Only feasible avenue would be charitable funds
- More data required to gain possible approval
- Mileage in returning to the base.
- Expand scoping exercise, include branches of services, acute, continuing care, within other health board CCN teams
- Arrange meeting with updated information



How I felt after the meeting with our senior manager



- **Deflated**
We did not share the same vision
- **Disappointed**
What could I have done better
I had let down the CCN team
- **Concerned**
Patient safety
My colleagues
- **Determined**
Continue with PDSA,
Gather more information
Refer to Powys QI for support

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Our Experience from the meeting with Senior manager

Giovanna



- Deflated
- Disappointed
- Concerned
- Determined



Alwena

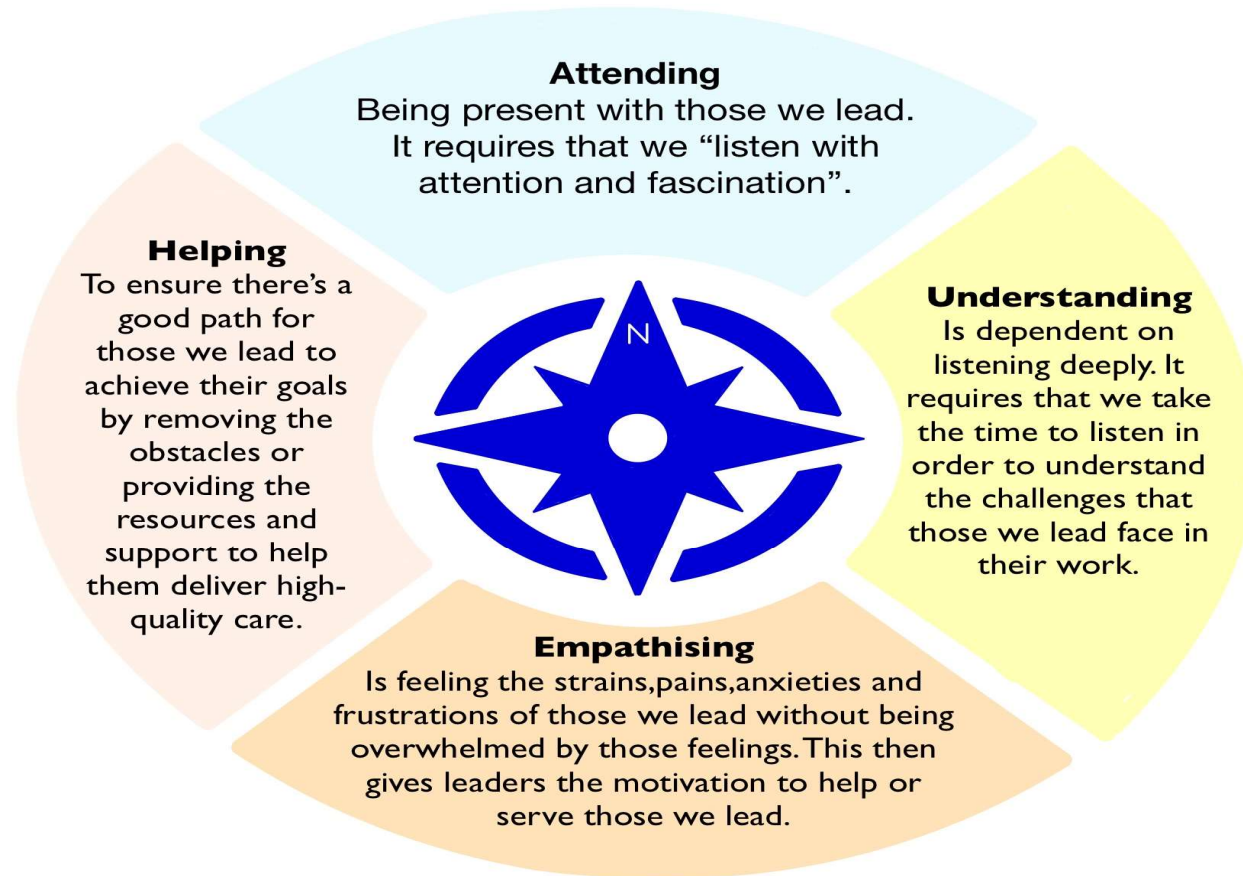
- Frustrating
- Demoralising
- Disappointing
- Where is all this going to end?



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Compassionate Behaviours Compass



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Risk Appetite

“The level of risk that an organisation is willing to accept in pursuit of its strategic objectives and represents a balance between the potential benefits of innovation and the threats that change inevitably brings”

GWELLA

Patterson, Liz
03/12/2024 14:57:52

Our *Risk Appetite* journey!



Together we can do
great things.

Mother Teresa

quote fancy

Patterson, Liz
03/11/2024 14:57

Thank you kindly for listening

Any Questions



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03/12/2024 14:57:52

People and
Culture
Report
October
2024



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Staff Transformation & Sustainability of the Workforce

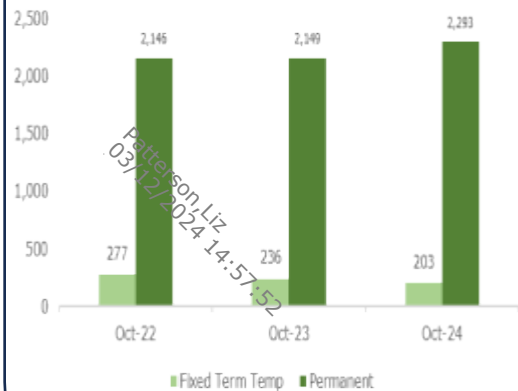
Staff in Post WTE



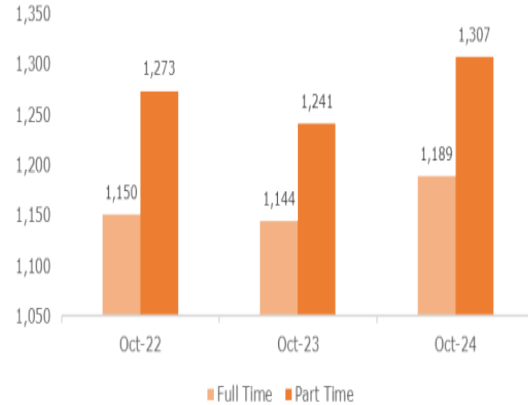
Directorate	WTE Staff in Post			Variance Oct-22 & Oct-24
	Oct-22	Oct-23	Oct-24	
Chief Executive Office	15.00	20.00	19.61	4.61
Community Care & Therapies	788.49	816.39	871.14	82.65
Community Dental Service	40.43	41.34	46.08	5.66
Corporate Governance	18.07	20.80	21.68	3.61
Estates & Works	48.04	54.36	54.41	6.37
Facilities & Support Services	145.96	147.34	149.34	3.38
FID Finance Directorate	34.41	35.09	32.86	-1.55
MED Medical Directorate	10.29	10.49	8.50	-1.79
Medicines Management	27.02	29.65	30.65	3.63
MHD Mental Health	346.63	377.74	402.91	56.28
NUD Nursing Directorate	26.56	32.75	29.35	2.79
People & Culture Directorate	65.55	67.60	73.15	7.61
PHD Public Health Directorate	86.26	61.99	62.25	-24.01
PLD Planning Directorate	17.99	13.99	13.39	-4.60
Primary Care	24.53	19.29	17.96	-6.57
THD Therapies & Health Sciences Dir	57.77	63.99	57.92	0.15
Women and Children Directorate	143.61	141.74	156.14	12.53
Grand Total	1,900.19	1,954.55	2,047.35	147.16

Staff Group	WTE Staff in Post			Variance Oct-22 & Oct-24
	Oct-22	Oct-23	Oct-24	
Add Prof Scientific and Technic	80.53	80.49	82.10	1.57
Additional Clinical Services	393.75	415.53	428.32	34.56
Administrative and Clerical	525.89	550.59	576.11	50.22
Allied Health Professionals	135.78	144.32	160.03	24.24
Estates and Ancillary	170.44	164.62	167.42	-3.02
Healthcare Scientists	6.61	7.21	11.21	4.60
Medical and Dental	31.86	33.96	35.82	3.95
Nursing and Midwifery Registered	555.33	556.82	585.35	30.02
Students		1.00		1.00
Grand Total	1,900.19	1,954.55	2,047.35	147.16

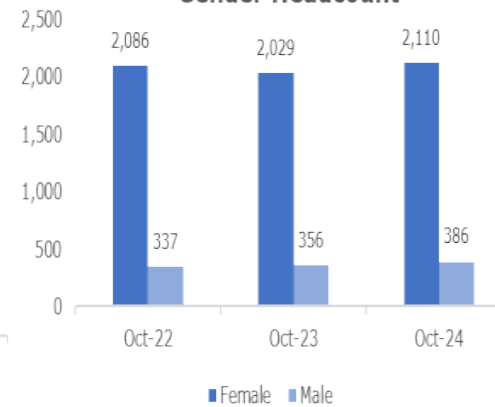
Assignment Status Headcount



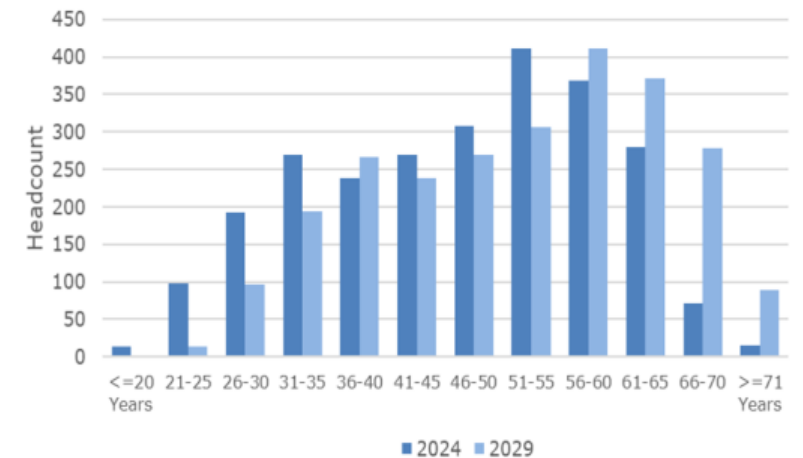
Employee Category Headcount



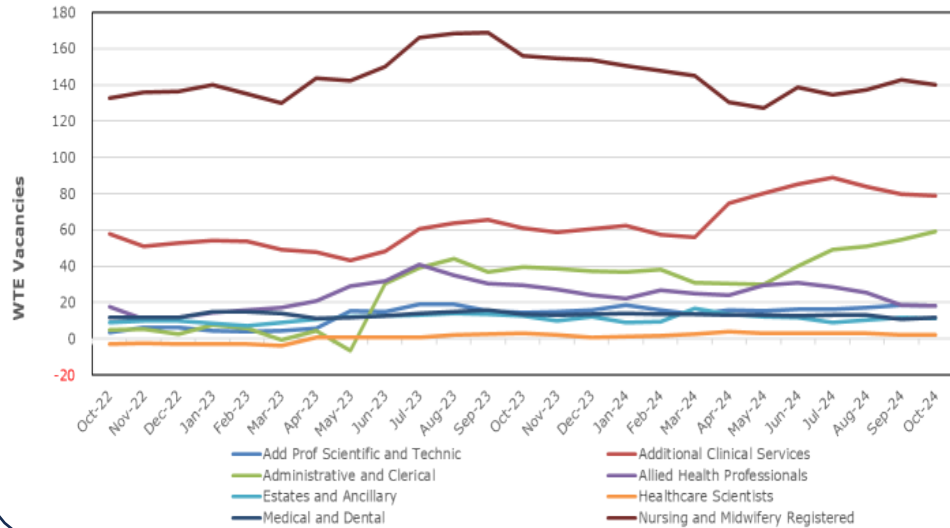
Gender Headcount



PTHB Age Profile 2024 & 2029

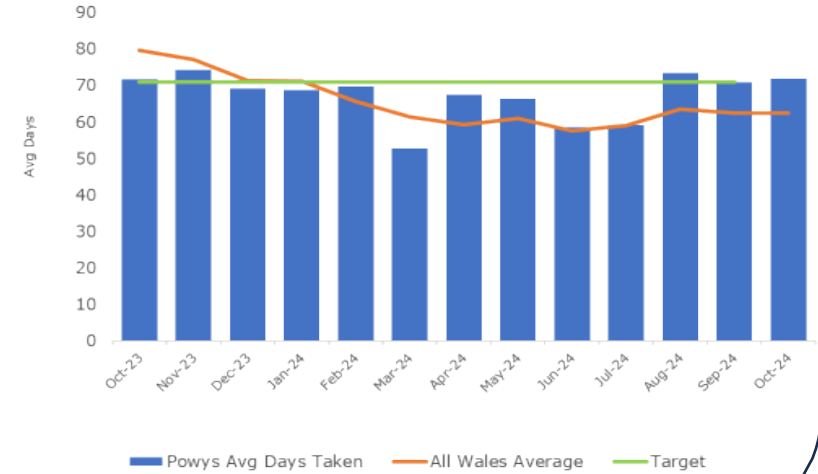


PTHB WTE Vacancies by Staff Group

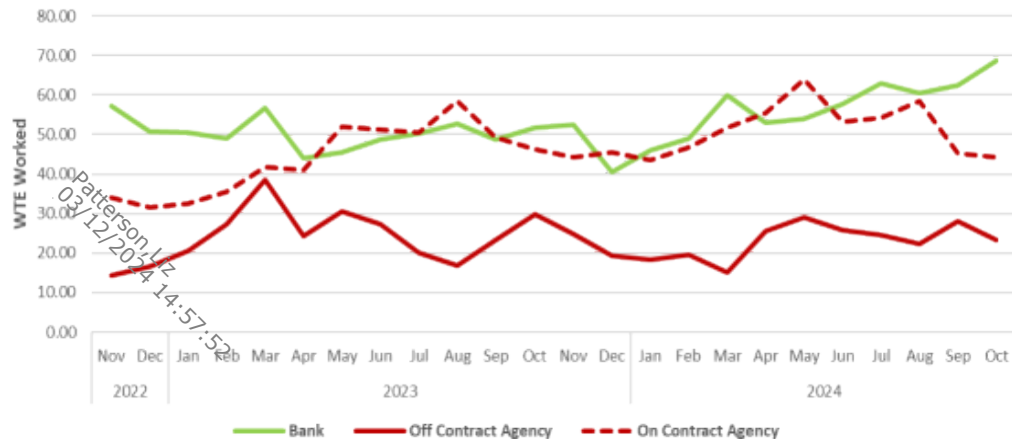


TRAC Performance October 2024	Target time in days	Powys Average	All Wales Average
Notice Date to Authorisation Start Date	5	69.5	49.0
Time to Approve Vacancy Request	10	7.0	7.1
Time to Shortlist	3	7.2	6.1
Time to Update Interview Outcomes	3	2.5	3.3
Time to Approve References	2	2.6	2.5
Vacancy Creation to Conditional Offer	44	43.6	42.3
Vacancy Creation to Ready for Start date	71	71.9	62.4
Conditional Offer to Ready for Start date	27	23.9	14.4

Average Days taken from Vacancy Creation to Start Date



Total PTHB Agency/Bank WTE Worked (Exc Medical)



Average Bank Worked – Last 12 Months

55.6 WTE



Previous 12 months
Average Worked 50.5 WTE

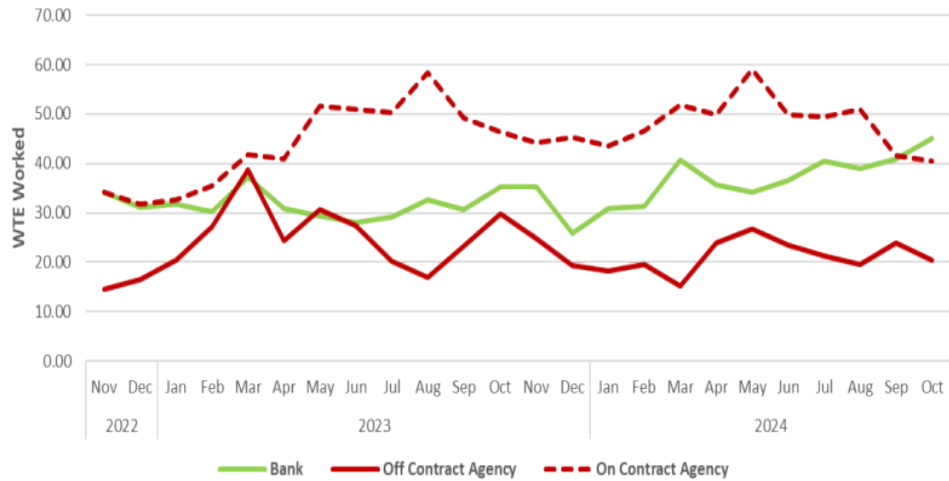
Average Agency Worked – Last 12 Months

73.6 WTE



Previous 12 months
Average Worked 67.8 WTE
On Con (43.7WTE) & Off Con (24.2 WTE)

Total Nursing Agency/Bank WTE Worked (Exc Medical)



Average Bank Worked – Last 12 Months

36.3 WTE



Previous 12 months Average Worked 31.7 WTE

Average Agency Worked – Last 12 Months

69.1 WTE

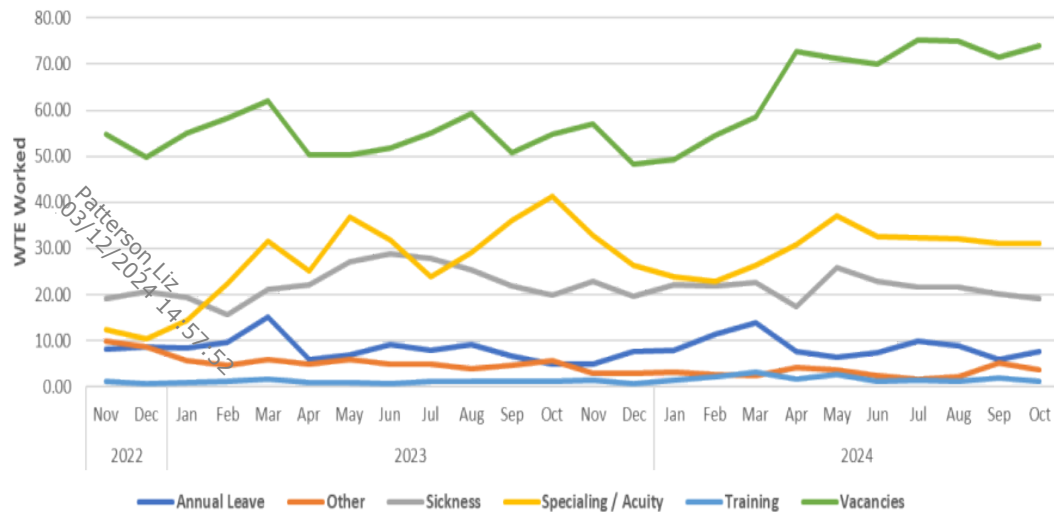


On Con (47.7 WTE)
Off Con (21.4 WTE)

Previous 12 months Average Worked 67.8 WTE

On Con (43.6 WTE) & Off Con (24.1 WTE)

Total PTHB Agency/Bank WTE Worked by Reason(Exc Medical)



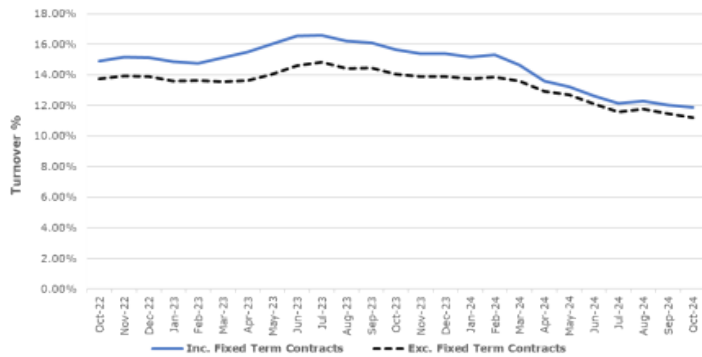
What is the Table showing: Total number of Bank and Agency (on/off contract) Shifts and Hours used last year and utilisation to date this year, along with a crude 12 month forecast for the financial year

Bank / Agency	On/Off Contract Agency	2023/24 12 Months		2024/25 7 Months		Crude 12 Month Forecast 2024/25			
		No of Shifts	Hours	No of Shifts	Hours	No of Shifts	% Increase	Hours	% Increase
Agency	On Agency	9,318	94,606	6,236	61,093	10,690	15%	104,731	11%
	Off Agency	4,787	43,908	3,318	29,144	5,688	19%	49,961	14%
Agency Total		14,105	138,514	9,554	90,237	16,378	16%	154,692	12%
Bank	Bank	12,994	96,082	8,962	68,292	15,363	18%	117,073	22%
Bank Total		12,994	96,082	8,962	68,292	15,363	18%	117,073	22%
Grand Total		27,099	234,596	18,516	158,530	31,742	17%	271,765	16%

What the charts tells us	Areas of Concern	Actions/Mitigations
<p><u>Staff in Post</u> The organisation currently employs 2,057.35 WTE staff. Within the last 2 years (October 2022), the WTE staff employed has increased by 7.47% (147.16 WTE). The majority of the increase can be seen mainly in Admin & Clerical (50.22 WTE) - Community Care & Therapies (82.65 WTE) and Mental Health (56.25 WTE).</p> <ul style="list-style-type: none"> 8% (203) of the workforce are currently on fixed term contracts 85% (2,110) of the workforce are female. 52% (1,307) work part time. <p><u>Recruitment & Vacancies</u></p> <ul style="list-style-type: none"> As of October 2024, the organisation has a vacancy rate of 14.46% (339.75 WTE). When compared with October 2023 (14.75%), the overall vacancy % rate in October 2024 has decreased by 0.29%. <p>The majority of vacancies remain within Registered Nursing, of which out of a budgeted establishment of 725.25 WTE, there are 139.90 WTE vacancies (19.29%). Of these 32.09 WTE are within Adult Wards and 6.24 WTE on Mental Health Wards.</p> <p><u>Bank & Agency Usage</u> Between October 23 and October 24, a monthly average of 55.6 WTE Bank hours were worked, along with 73.6 WTE Agency hours (69% of which was on contract). The health board has continued to see increases in the demand for bank and agency staffing over the last 12 months. However, since October 2023, off contract has shown a downward trend and on contract Agency has seen a steady rise with a reduction in the last 2 months. In the last 7 months;</p> <ul style="list-style-type: none"> 9,554 agency shifts (79 WTE Average) were worked 8,962 bank shifts (60 WTE Average) were worked 	<p><u>Staff in Post</u></p> <ul style="list-style-type: none"> 28% (718 Headcount) of the workforce are currently over the age of 56, this will increase to 41% (1,068) in 2029. As of October 2024, 29% (214) of Registered Nurses within the organisation are over the age of 56, this is set to increase to 41% (3012) in 2029. <p><u>Vacancies</u> In October 2024, the average time to hire for PTHB was 71.9 days. This is the second time in 11 months that PTHB has not met the national target. The ability to meet this target is impacted upon by multiple factors including how responsive recruiting managers and candidates are to actions and requests.</p> <p><u>Bank & Agency Usage</u> In the month of October vacancies was the main reason for bank and agency requests (74 WTE), followed by specialing (31.2 WTE).</p> <p>The average agency usage in the last 12 months has increased by an average of 5.8 WTE when compared to the average agency usage between 2022/23. Comparatively, bank usage has seen an increase of 5.1 WTE.</p> <p>Based on the last 7 months, forecast figures show that Agency hours are set to rise by 12% (11% on agency and 14% off agency). Bank also shows a possible increase of 16%.</p>	<p><u>International Recruitment</u> In addition to the previously reported 13 Internationally Educated Nurses (IENs), another 6 have now successfully completed their OSCE training, and are awaiting the award of their NMC PINs.</p> <ul style="list-style-type: none"> A further cohort of 6 IEN's are to be employed in Machynlleth Hospital. <ul style="list-style-type: none"> They are scheduled to arrive into Powys towards the end of November 2024, shortly afterwards commencing their OSCE training. There is a final cohort of 6 IENs for the FY 24/25, expected to arrive early in the 2025 New Year. <ul style="list-style-type: none"> Likely to be operating in the South of the County across the Brecon and Bronllys Hospitals. <p>As a result of the all-Wales international medical recruitment event in Kerala, India, we are expecting the arrival of 2 Specialty Doctors to work within the Psychiatry field. The first is hopefully arriving in the County towards the end of November 2024 and operate in the South of the County, with the second Doctor operating in the North, and due to arrive in January 2025. It is hoped that PTHB will partake in the 2025 version of the recruitment event.</p> <p><u>Recruitment Approach</u> The campaign to increase the Bank staff numbers is concluding, having been considered a success and bolstered the workforce able to take Bank shifts and hopefully reduce the reliance on expensive Agency staff. A rolling advert will continue indefinitely to maintain a regular interest in the work, holding interviews as and when required.</p> <p>To understand the Bank recruitment process better, there was a workshop held with multiple stakeholders who not only mapped out the current process, but identified opportunities to improve the process, some of which were immediately adopted and a revised SOP is being drafted to replicate the findings.</p>

Great Place to Work

Rolling Turnover - Oct-22 to Oct-24



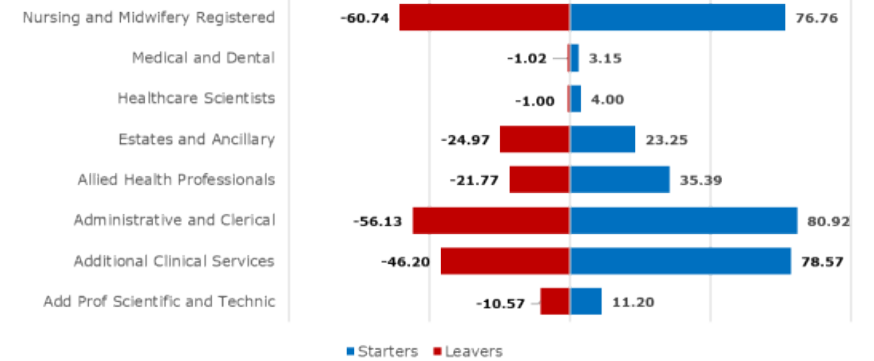
Staff Stability - Percentage of Staff Retained over last 12 months (exc Fixed Terms)

88%

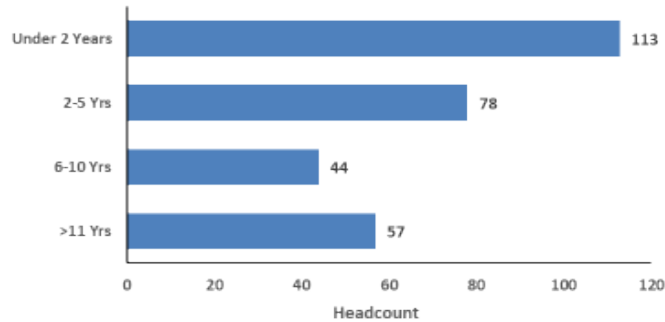
Staff Turnover :
Oct-24: 11.88% (11.22 % Exc F/T)
Oct-23: 15.64% (14.05% Exc F/T)
NHS Wales 7.0% (Aug-24)



Leavers v Starters by Staff Group - 12 month



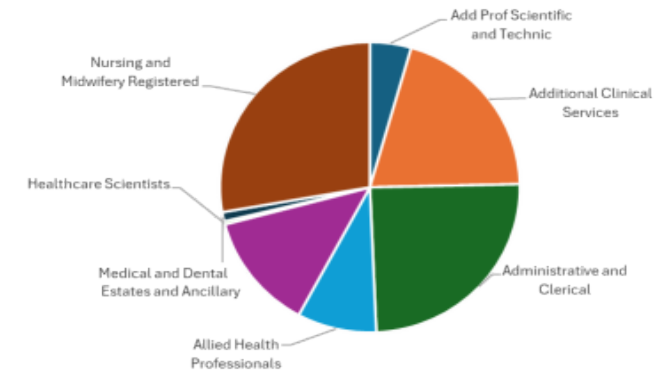
Leavers by Length of Service



The Organisation saw a total of 292 leavers in the last 12 months, 113 (39%) left within 2 years of service, 23 of which were Registered Nurses, 28 Additional Clinical Services and 28 Admin & Clerical

- Of the 292 leavers:**
- 57 left due to Age Retirement
 - 16 left on Flexi Retirement
 - 188 left due to Voluntary Resignation, of which 31 were relocation, 17 promotion and 27 work life balance.
 - 14 staff left due to end of fixed term contracts,...

Leavers with less than 2 years Service by Staff Group



PADR Compliance: Oct-24

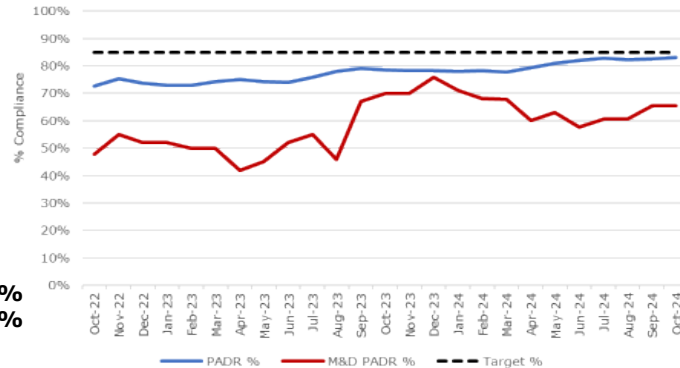
83%

Medical & Dental (66%)
NHS Wales 76% (Aug-24)

Oct-23 : 78% M&D: 70%
Oct-22: 73% M&D: 48%



PADR Compliance Trend



Mandatory & Statutory Training Compliance: Oct-24

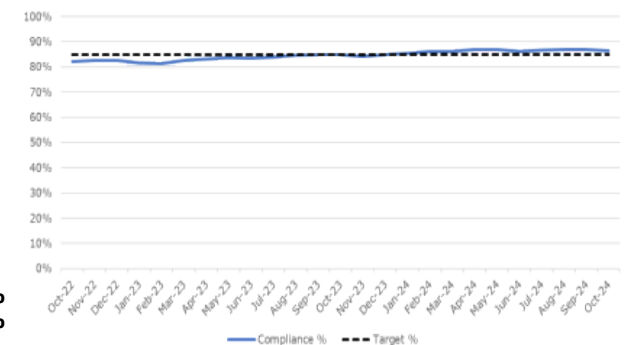
86%

NHS Wales 84% (Aug-24)

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



Mandatory & Statutory Training Compliance Trend



Great Place to Work

Compliance for the 10 Core Competencies (All Levels)

Core Skills Competencies (All Levels)	Required	Achieved	Compliance %
Equality, Diversity and Human Rights - 3 Years	2539	2342	92%
Fire Safety - 2 Years	4990	4327	87%
Health, Safety and Welfare - 3 Years	2539	2361	93%
Infection Prevention and Control - Level 1 & 2	2391	2044	85%
Information Governance (Wales) - 2 Years	2539	2252	89%
Moving and Handling - Level 1 & 2	2547	2131	84%
Resuscitation - Level 1 to 3	2669	1784	67%
Safeguarding Adults Level 1 to 4	2292	1829	80%
Safeguarding Children Level 1 to 4	2374	2102	89%
Violence and Aggression (Wales) - Module B - 3 Years	2131	1951	92%
Grand Total	27011	23123	86%

Core Skills Competencies (Levels under 85%)	Required	Achieved	Compliance %
Fire Awareness Classroom - 2 Years	2451	1991	81%
Infection Prevention and Control - Level 2 - 1 Year	1603	1337	83%
Manual Handling for Managers - No Renewal	211	156	74%
Moving and Handling - Level 2 - 2 Years	1568	1277	81%
Positive Behaviour Management Theory - 3 years	18	13	72%
Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	1084	622	57%
Resuscitation - Level 2 - Newborn Basic Life Support - 1 Year	54	22	41%
Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year	306	161	53%
Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	230	95	41%
Resuscitation - Level 3 - Paediatric Immediate Life Support - 1 Year	24	3	13%
Safeguarding Adults (Version 2) - Level 3 - 3 Years	587	254	43%
Safeguarding Adults Level 4 - 3 years	6	4	67%
Safeguarding Children - Level 3 - 3 Years	173	113	65%
Safeguarding Children Level 4 - 3 years	7	4	57%
Violence & Aggression Module D - 1 Year	82	60	73%

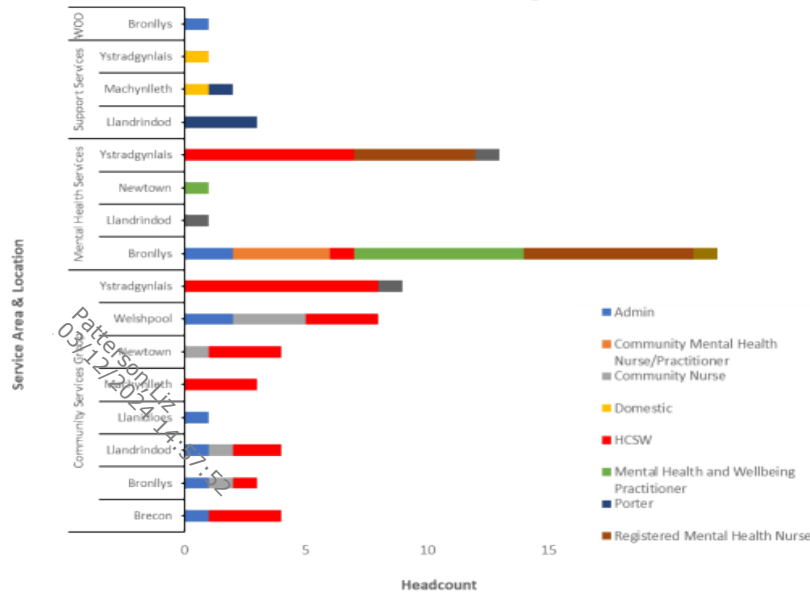
Role Specific Completencies (Levels under 85%)	Required	Achieved	Compliance %
Clinical Induction - Nursery Nurse No Renewal	18	10	56%
WARRN - 3 years	186	108	58%
Anaphylaxis - 1 Year	629	446	71%
Consent - 3 Years	986	724	73%

Organisational Learning and Development

KPI	Number of places available	Number of attendees	Comments
Total amount of training that took place across all PTHB in Q1 and Q2, delivered by any department (as recorded on ESR).	7417 (over 435 classes)	3300	44% attendance rate based on ESR total numbers vs Actual. This excludes any training not captured on ESR so will be potentially far greater.
Did Not Attend in Q1 and Q2	507 (highest figure for DNA is for Fire Awareness Training)		
Staff withdrawing from a training event in Q1 and Q2	730		

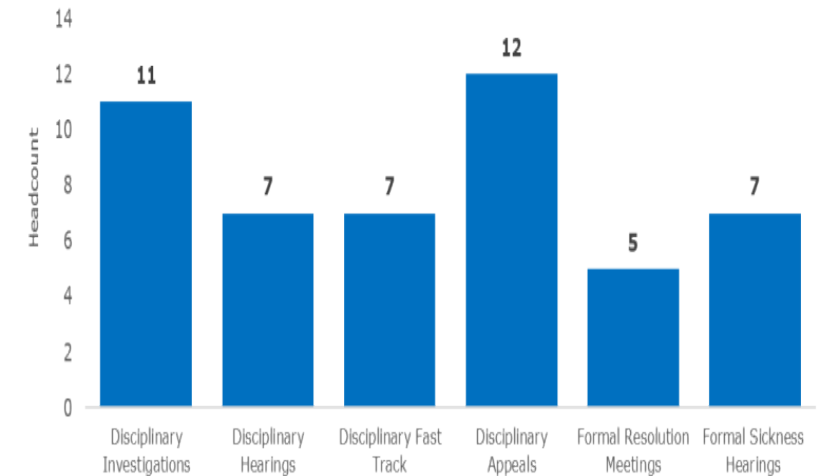
The figures above indicate that whilst several activities are planned, they rarely have full classes with many being cancelled due to low numbers. Equally, classes take place with very low numbers on the day due to DNAs. The result is an under-utilisation of resources.

Bank Staff Enrolled in Wagestream



Position	Number of Bank Staff Enrolled on Wagestream
Admin	10
Community Mental Health Nurse	1
Community Mental Health Practitioner	3
Community Nurse	6
Domestic	2
HCSW	33
Mental Health and Wellbeing Practitioner	11
Porter	4
Registered Mental Health Nurse	13
Registered Nurse	4
Social Worker	1
Grand Total	88

Formal Employee Relations Activity 12 Months



Great Place to Work

What the chart tells us	Areas of Concern	Actions/Mitigations
<p><u>Turnover</u> Turnover shows a rolling rate of 11.88% for October 2024, a decrease of 3.76% when compared to October 2023 (15.64%).</p> <ul style="list-style-type: none"> Excluding staff on fixed term contracts, turnover in October 2024 is 11.22%. The organisation exceeds the All-Wales Position of 7.0% (Aug-24) Stability Index for the Health Board remained at 88% this month (excluding fixed term contracts). <p><u>PADR</u> Appraisal rates are based on the percentage headcount of staff who have had a PADR in the last 12 months (Doctors and Dentists in the last 15 months).</p> <ul style="list-style-type: none"> Compliance in October 24 is at a rate of 83%, which is an increase of 5% when compared to October 23. Medical & Dental reported at 66%. The health board benchmarks positively when compared with All Wales position of 76% (Aug 2024). <p><u>Mandatory & Statutory Training</u> Compliance of Mandatory and Statutory includes all role specific competencies attached to positions.</p> <ul style="list-style-type: none"> The health board reported a rate of 86% for October 24, an improvement of 1% when compared to October 23, which exceeds the 85% Target. The health board benchmarks positively when compared with All Wales position of 84% (Aug 2024). <p><u>Wagestream</u> There have been no enrolments in the month of October.</p> <p><u>Employee Relations</u> In the last 12 months there were 7 formal sickness hearings, 11 Disciplinary Investigations, 5 formal resolution meetings, 7 Disciplinary Hearings, 12 Disciplinary Appeals and 7 Disciplinary Fast Tracks.</p>	<p><u>Turnover</u> Although organisation turnover has shown significant improvement over the last 12 months, current turnover is 3.88% higher than the All-Wales NHS position (7.0%).</p> <ul style="list-style-type: none"> 39% (113) staff left the organisation within 2 years of service – 98 of which were voluntary, 16 for relocation and 9 were end of fixed terms. 64% (188) of the 292 staff that left were due to voluntary resignation. 20% (57) staff left due to age retirement <p><u>PADR</u> There has been little change overall to PADR compliance in the last 6 months. Whilst there has been a decline in Medical and Dental compliance, we understand this is due to a recording and reporting issue which is being investigated further.</p> <p><u>Mandatory & Statutory Training</u> There are 4 Core Skills Competencies that report under 50%;</p> <ul style="list-style-type: none"> Resuscitation - Level 2 – Newborn Basic Life Support- 1 Year Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year Resuscitation - Level 3 - Paediatric Immediate Life Support - 1 Year Safeguarding Adults (Version 2) Level 3 – 3 Years <p><u>Employee Relations</u> There are no distinct themes identified by directorate or service.</p> <p><u>DNA rates on training courses</u> figures indicate that whilst several activities are planned, they rarely have full classes with many being cancelled due to low numbers. Equally, classes take place with very low numbers on the day due to DNAs. The result is an under-utilisation of resources.</p>	<p><u>Turnover</u></p> <ul style="list-style-type: none"> There has been a sustained and positive reduction in workforce turnover over the last 9 months. The Workforce Retention Lead Chairs a Workforce Retention Steering group that has members from across the organisation, overseeing actions to improve staff retention. The groups that feed into the Workforce Retention Steering Group, have progressed many of the actions and will continue to do so over the coming months. Information gathered in staff engagement was fed back to service leads in the summer, whereby they were asked to consider interventions to improve retention in their own areas. In recent weeks, the Workforce Retention Lead has met with several Service Leads & Assistant Directors who have demonstrated many positive actions they have taken as a result of this feedback. <p><u>PADR and Statutory & Mandatory</u> The WOD BP team review the monthly PADR compliance report and provide focussed intervention to managers that have compliance less than 85%.</p> <p>The WOD BP team continue to discuss compliance at senior management meetings within services, escalating to Assistant Directors areas of concern as required.</p> <p><u>Employee Relations</u> Workforce & OD Business Partners and trade unions agreed a programme of work to review, redesign and implement toolkits for Workforce policies in July 2023. These toolkits support employees and managers with managing employee relation matters to apply the principle of reducing avoidable harm through processes. This work is ongoing and is monitored via the workforce policy review group.</p> <p>Workforce & OD Business Partners and trade unions have regular Partnership development sessions as a forum to share lessons learnt and escalate and discuss any concerns in relation to organisational policy and process.</p> <p>Initial discussions have been held with ABUHB/HEIW on the delivery of 'Preventing Avoidable Harm' workshops to senior leaders in the organisation. The WOD BP team will promote All Wales online sessions that have been set up by HEIW for operational managers</p>

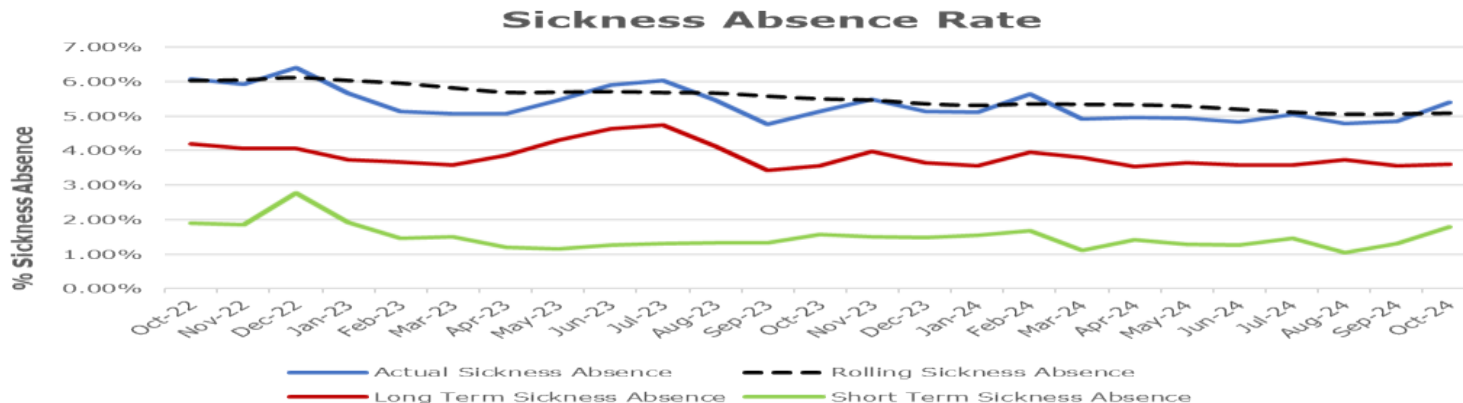
Employee Health & Well Being

Sickness Absence Percentage Oct-24:

5.39% (Actual)
5.09% (Rolling)



Oct-23 - 5.14% (Actual) 5.51% (Rolling)
Oct-22 - 6.08% (Actual) 6.03% (Rolling)
NHS Wales 6.2% Rolling (Aug-24)

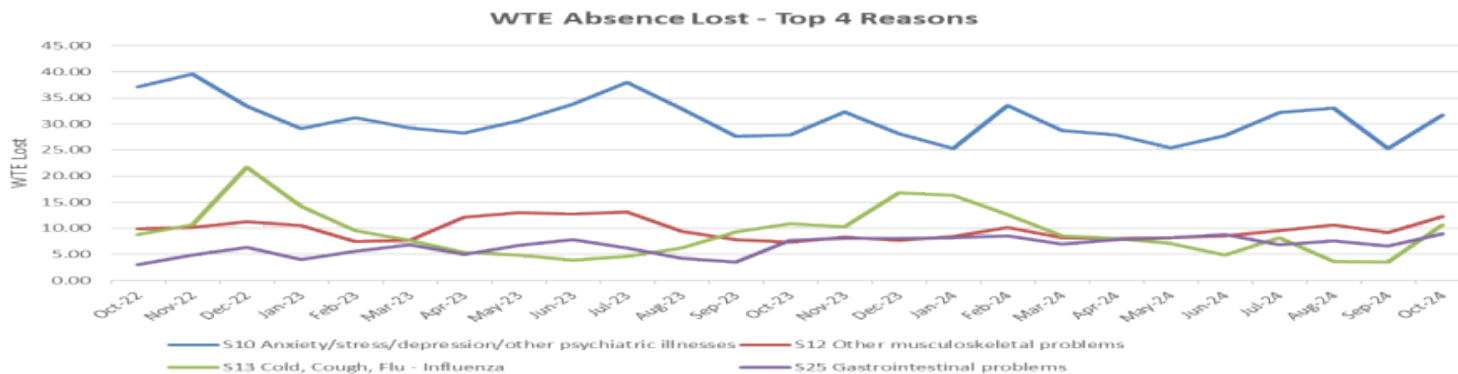


Sickness Absence 12 Months Average Number of Staff lost :

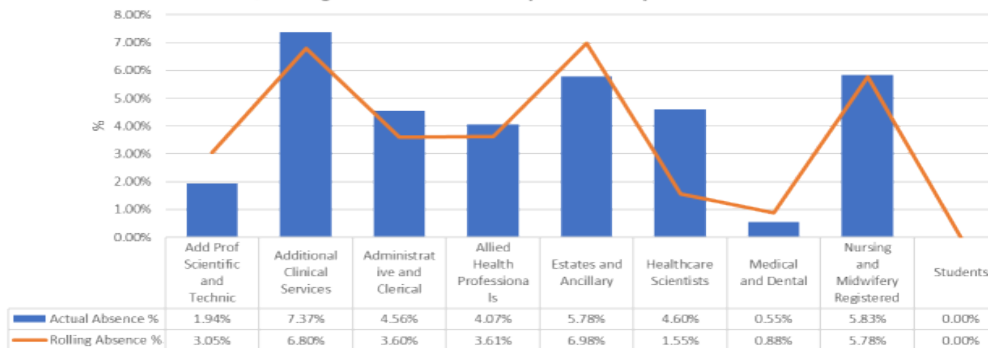
103.0 WTE



Nov-22 to Oct-23: 106.6 WTE
Nov-21 to Oct-22: 113.2 WTE



Actual/Rolling Sickness Absence by Staff Group - October 2024



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Employee Health & Well Being

What the chart tells us

Sickness Absence

Over the last 2 years both rolling and actual absence has seen a steady improvement, however the month of October 2024 has shown a slight increase.

- Actual sickness for October 24 is reported at 5.39%, **0.25%** higher than October 23 (5.14%). Compared with last month (September 24, 4.86%) sickness has increased by **0.53%**
- Rolling sickness for October 24 is 5.09%, **0.63%** lower than October 23 (6.08%).

The organisation saw an average of **103 WTE** absent in the last 12 months, which is 3.6 WTE lower when compared with the previous 12 months **106.6 WTE**.

The four top reasons for sickness identified within the charts are accountable for **55%** of all sickness reported in the last 12 months.

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

- Anxiety/ Stress/ Depression saw 31.8 WTE (54 headcount) staff absent.
- Other musculoskeletal problems 12.2 WTE (27 headcount)
- Cold, Cough, Flu Influenza – 9.6 WTE (87 headcount) staff absent
- Gastrointestinal Problems – 8.7 WTE (58 headcount) staff absent

Areas of Concern

Sickness Absence

Rolling sickness absence for the year is particularly high in:

- **Estates & Ancillary** (6.98%) *majority of days lost were due Anxiety, Stress & Depression (31.9%) and Other Musculoskeletal problems (22.4%)*
- **Additional Clinical Services** (6.80%) *majority of days lost were due Anxiety, Stress & Depression (22.6%) and Other Musculoskeletal problems (10.5%)*
- **Nursing & Midwifery Registered** (5.78%) *majority of days lost were due to Anxiety, Stress & Depression and Injury and fracture (29.3%), followed by Cold, Cough and Flu (8.8%).*

Actions/Mitigations

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

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

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

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

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

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

We are recruiting Mindfulness WFF s practitioners onto the bank and will use their skills alongside the wellbeing and experience lead and HR PBs to develop some bespoke training offers for our staff that on off sick or receiving counselling support (with their consent).

There has been an increase in the numbers (103) of staff signing up to VIVUPS YourCare app where they can monitoring their wellbeing and access additional support resources.

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Workforce Monthly Dashboard – October 2024

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

- Staff in Post excludes Student Nurses, Aspiring Nurses, Career Break and External Secondments

Staff Group	Actual Contracted WTE	Budgeted WTE	Vacancy WTE	Vacancy %	Monthly Sickness %	Rolling Sickness %	Bank WTE in Month	Agency Use Off Contract WTE in Month	Agency Use On Contract WTE in Month	Total Agency WTE use in Month	PADR %	M&S Training %	External Starters in Month WTE	Leavers in Month WTE	Bank to Substantive in Month	Substantive to Bank in Month	12 month Rolling Turnover Rate (Headcount)	12 month Rolling Turnover Rate (Exc. Fixed Terms)
Add Prof Scientific and Technic	82.10	100.49	18.39	18.30%	1.94%	3.05%	1.51	0.41	1.81	2.22	75%	84%	1.80	0.43	0.00	0.00	12.93%	12.93%
Additional Clinical Services	391.32	470.15	78.83	16.77%	7.37%	6.80%	20.60	6.91	23.52	30.43	83%	88%	4.18	3.99	2.00	0.00	10.91%	10.04%
Administrative and Clerical	576.11	635.21	59.10	9.30%	4.56%	3.60%	6.86	0.00	0.00	0.00	85%	93%	4.00	2.40	0.60	0.00	9.93%	9.26%
Allied Health Professionals	160.03	178.40	18.37	10.30%	4.07%	3.61%	1.85	1.59	2.04	3.63	82%	84%	2.00	1.60	0.00	0.00	14.19%	13.41%
Estates and Ancillary	167.42	178.73	11.31	6.33%	5.78%	6.98%	10.56	0.00	0.00	0.00	85%	86%	2.79	2.23	0.00	0.00	15.02%	13.93%
Healthcare Scientists	11.21	13.32	2.11	15.82%	4.60%	1.55%	0.00	0.92	0.00	0.92	91%	91%	0.00	0.00	0.00	0.00	10.85%	10.85%
Medical and Dental	35.82	47.55	11.73	24.68%	0.55%	0.88%	0.00	6.64	4.63	11.26	66%	65%	0.00	0.00	0.00	0.00	2.93%	2.29%
Nursing and Midwifery Registered	585.35	725.25	139.90	19.29%	5.83%	5.78%	27.26	13.59	16.93	30.53	82%	83%	9.25	2.90	0.80	0.00	10.60%	10.53%
Students			0.00		0.00%	0.00%	0.00	0.00	0.00	0.00	100%	85%	0.00	0.00	0.00	0.00	0.00%	0.00%
Grand Total	2,009.35	2,349.10	339.75	14.46%	5.39%	5.09%	68.63	30.06	48.93	78.99	83%	86%	24.02	13.55	3.40	0.00	11.07%	11.22%

Directorate	Actual Contracted WTE	Budgeted WTE	Vacancy WTE	Vacancy %	Monthly Sickness %	Rolling Sickness %	Bank WTE in Month	Agency Use Off Contract WTE in Month	Agency Use On Contract WTE in Month	Total Agency WTE use in Month	PADR %	M&S Training %	External Starters in Month WTE	Leavers in Month WTE	Bank to Substantive in Month	Substantive to Bank in Month	12 month Rolling Turnover Rate	12 month Rolling Turnover Rate (Exc. Fixed Terms)
Chief Executive Office	25.41	25.86	0.45	1.73%	0.44%	3.43%	0.00	0.00	0.00	0.00	94%	86%	1.00	2.00	0.00	0.00	27.97%	25.00%
Community Care & Therapies	843.14	1003.87	160.73	16.01%	5.27%	5.32%	37.52	6.76	22.02	28.78	86%	88%	9.43	6.39	1.00	0.00	12.85%	13.09%
Community Dental Service	46.08	51.89	5.81	11.19%	5.70%	3.24%	0.00	0.00	0.00	0.00	92%	83%	1.00	0.00	0.00	0.00	1.80%	1.59%
Corporate Governance	15.88	15.13	-0.75	-4.96%	3.56%	0.89%	0.00	0.00	0.00	0.00	87%	95%	0.00	0.00	0.00	0.00	8.99%	8.70%
Estates & Works	54.41	60.12	5.71	9.49%	0.75%	2.63%	0.00	0.00	0.00	0.00	93%	95%	0.00	0.00	0.00	0.00	9.56%	10.62%
Facilities & Support Services	149.34	158.47	9.13	5.76%	7.05%	7.73%	10.19	0.00	0.00	0.00	85%	85%	2.79	2.23	0.00	0.00	14.78%	15.61%
FID Finance Directorate	32.86	35.03	2.17	6.18%	3.04%	1.69%	0.00	0.00	0.00	0.00	71%	87%	0.00	0.00	0.00	0.00	6.13%	5.80%
MED Medical Directorate	8.50	10.34	1.84	17.77%	5.88%	1.29%	0.00	0.00	0.00	0.00	100%	64%	0.00	0.00	0.00	0.00	21.42%	7.14%
Medicines Management	30.65	30.95	0.30	0.98%	0.94%	2.62%	0	5.66	4.63	10.28	94%	93%	1.80	0.00	0.00	0.00	16.66%	14.08%
MHD Mental Health	394.91	508.64	113.73	22.36%	6.00%	5.90%	17.96	24.99	29.65	54.64	68%	80%	1.60	2.03	2.40	0.00	8.13%	8.25%
NUD Nursing Directorate	29.35	31.48	2.13	6.78%	12.89%	7.34%	0.00	0.00	0.00	0.00	76%	89%	2.00	0.50	0.00	0.00	6.87%	8.57%
People & Culture Directorate	72.15	77.30	5.15	6.66%	5.99%	3.34%	0.26	0.00	0.00	0.00	92%	91%	0.80	0.00	0.00	0.00	7.87%	7.69%
PHD Public Health Directorate	62.25	77.42	15.17	19.59%	7.60%	4.05%	0.74	0.00	0.00	0.00	89%	96%	1.00	0.40	0.00	0.00	10.95%	12.35%
PLD Planning Directorate	13.39	16.20	2.81	17.37%	0.72%	4.61%	0.00	0.00	0.00	0.00	57%	96%	0.00	0.00	0.00	0.00	21.15%	20.69%
Primary Care	17.96	15.84	-2.12	-13.38%	6.20%	2.41%	0.00	0.00	0.00	0.00	89%	92%	0.20	0.00	0.00	0.00	9.93%	13.64%
THD Therapies & Health Sciences Directorate	57.92	69.52	11.60	16.69%	4.60%	4.72%	0.00	0.00	0.00	0.00	86%	91%	0.00	0.00	0.00	0.00	8.24%	6.84%
Women and Children Directorate	155.14	161.04	5.90	3.67%	4.76%	4.10%	1.69	1.07	0.87	1.94	90%	85%	2.40	0.00	0.00	0.00	8.30%	8.58%
Grand Total	2,009.35	2349.10	339.75	14.46%	5.39%	5.09%	66.67	37.41	56.29	93.70	83%	86%	24.02	13.55	3.40	0.00	11.07%	11.22%



GIG
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Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.2

Delivery and Performance Committee **5 December 2024**

Subject:	Executive Director of People and Culture Report
Approved and presented by:	Debra Wood-Lawson, Executive Director of People and Culture
Prepared by:	Sarah Powell Assistant Director People and Culture/OD
Other Committees and meetings considered at:	Executive Committee -26 November 2024

PURPOSE:

The purpose of this paper is for the Workforce and Culture Committee to RECEIVE an update on priorities within the Workforce section of the Integrated Plan for 2023/24.

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 this report as an update on priorities within the Workforce section of the Integrated Plan for 2023/24 that are not part of the committee’s agenda and take ASSURANCE against delivery of those priorities.

Approve/Take Assurance	Discuss	Note
Y		

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:

1. Focus on Wellbeing		Workforce Futures in an enabling programme within joint the Health and Care Strategy. <i>A Healthy Caring Powys (2017-2027)</i> ,
2. Provide Early Help and Support		
3. Tackle the Big Four		
4. Enable Joined up Care		
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments		
7. Put Digital First		
8. Transforming in Partnership		

EXECUTIVE SUMMARY:

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

- Transformation and Sustainability of Our Workforce - separate agenda item.
- A Great Place to Work
- Employee Health and Wellbeing- separate agenda item
- Welsh Language, Equalities including Anti Racism
- Workforce Futures -Partnership
- Workforce HR business partners and workforce resourcing
- Update from the Business Efficiencies Programme

National Updates:

- Welsh Health Circular (2024) 017 'Implementation of the Non-pay Elements of the 2022-4 Collective Agreement'.
- Welsh Health Circular (2024) 044 Mandatory E-Learning Module – Anti-Racism
- Agenda for change: Band 8A and above intermediate points; Band 2/3 Health Care Support Worker Dispute
- Medical and Dental Pay Agreement 2023/2024
- Physician Associates
- Employment Rights Bill which introduces reforms to Adult Social Care

HEADING: KEY ACTIVITIES SINCE SEPTEMBER 2024

Great Place to work:

To note retention update covered in Workforce Transformation and Sustainability agenda item.

Speaking Up Safely

- Speaking Up Safely – A Framework for the NHS in Wales was published in September 2023 with Welsh Health Circular 2023/036 placing a requirement on NHS organisations to undertake a self-assessment against the 13 requirements of Section 6 of the document and provide an action plan to overcome any gaps. PTHB's plan was submitted to Welsh Government in October 2023. A strategic working group to ensure that the plan was implemented has met monthly. An update paper was recently presented to the Executive Committee outlining the 4 closed actions and the 9 that will become business as usual activity and that the working group will now transfer into a Speaking Up Safely Steering Group. The group will meet on a quarterly basis with the aim to monitor and make recommendations for actions to continuously improve our culture of speaking up. The group will review the activity around concerns raised during the previous quarter, as well as invite feedback from staff members who have raised concerns and hearing from staff groups that face the greatest barriers to being able to speak up.

The group will on an annual basis prepare a report for the Workforce and Culture Committee, providing assurance around the organisations progress to improving a psychologically safe culture.

The intranet has dedicated pages ([Raising Concerns and Speaking Up Safely](#)) to guide staff on how to raise a concern. Below is the range of options and information staff can access.

- ✓ Raising concerns about patient safety, malpractice or mistreatment of patients
- ✓ Raising concerns about my own care as a patient or service user
- ✓ Raising concerns about disagreements, conflicts or conduct in the workplace
- ✓ Raising concerns, what to do if you are not sure
- ✓ Frequently asked questions
- ✓ This helpful flowchart summarises the Speaking Up Safely process
- ✓ Share your experiences about Speaking Up Safely
- ✓ Useful guidance about Speaking Up Safely

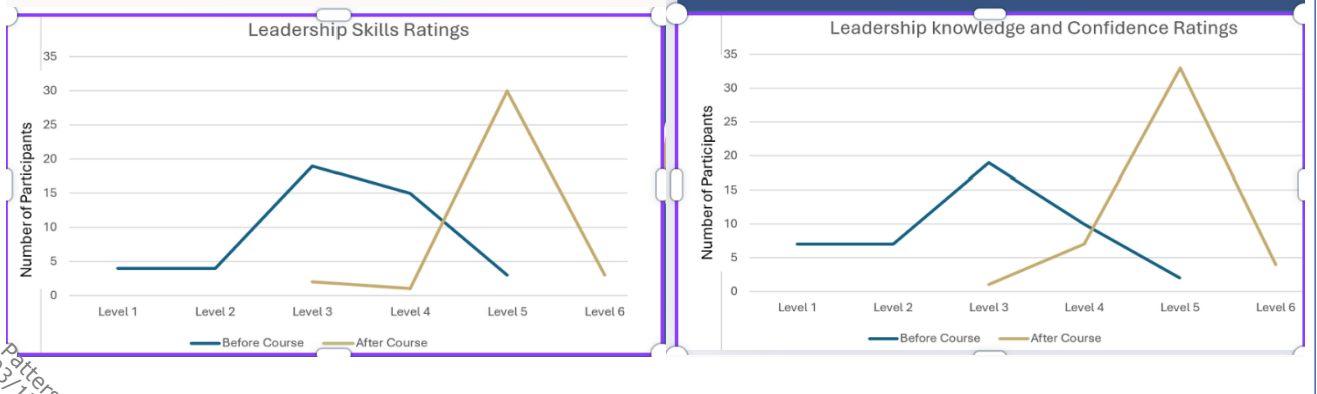


To note also that there is also an all Wales Workforce Safety boarding being established.

Clinical Leadership Immersive Programme:

- Since April 2024 we have delivered two pilot groups and five cohorts with a total of 54 Participants. To date 22 participants have presented their CLIP journey to stakeholders, sharing their key learnings from the course and demonstrating how they have applied these insights to their practice. Course are scheduled through Until March 2025

Below is a snapshot of participants rating their Leadership skills, knowledge and confidence prior and post the CLIP programme with improvement scores being shown.



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- A recent meeting was held with HEIW colleagues showing the CLIP programme course outline and initial evaluation and feedback. HEIW colleagues have asked if they can showcase the PTHB's CLIP programme and have further discussions around the ability to scale and spread for other health boards.

Enabling unpaid carers (within our workforce) to work and learn alongside their caring role:

This is a new area of important work for PTHB and the following has been set up over the past 12 months.

- Through promotion of the functionality within ESR to record that individuals are working carers we have seen an increase in staff self-identifying as an unpaid carer from 21 in 2023 to 54 in year-to-date 2024, with more staff identifying as a 'working carer' in recent conversations with staff at the Staff Wellbeing roadshows
- An internal MTeams channel (carers network) has been set up for staff to join, get support and share lived experiences with each other
- Carers workshops and seminars have been co-ordinated including five internally led workshops for working carers (face-to-face and online events and at varying times of the week)
- Specific carer awareness session is now included as part of corporate induction
- Through organisational membership/ accreditation staff have access to the Carer Confidential resources and tool kits
- A number of staff participated in Powys Balance programme; Harmony and Balance 8-week programme of support and techniques to support one's resilience

PTHB's Managers Induction Programme and Charter

- 186 managers have started the Manager's Induction Programme since its introduction in 2019 (120 completed fully). This equates to 59% of the target audience of managers from Band 4 to 7.
- Introduction of 'The Compassionate Leader' course that forms the first three days of the Manager's Induction Programme.
- As part of the Managers Induction the 'The PTHB Manager,' a 'Manager's Charter' session is now included which outlines the expectations of those within management roles in PTHB, including the development support available and an online resource hub is now included. [The PTHB Manager](#)

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ALL Wales NHS Staff Survey

- The NHS Wales Staff survey 2024 was launched on the 1 October and runs until 29 November. As of 18 November, 558 staff (22%) have completed.
- High level data / findings will be released end February 2025.

Staff Excellence Awards 2025

- A proposal for the launch of the Staff Excellence awards in January 2025 is in draft with a proposed awards ceremony in June similar to the previous awards is being worked up and is likely to include:
 - the same categories as 2023, as this enables celebration of a breadth of achievement across the organisation, and encompasses a wide scope of recognition from being supportive to promoting excellence
 - an online series of celebration events

Clinical Education

- **Practice Education Facilitators** (PEFs) continue to grow placements areas from 61 in 2023/24 to 75 in 2024/25 with all placement audits being 100%. From March to August 2024 PTHB have delivered, 30 x Practice Supervisor training or update training to our staff. 15 staff have received Practice Assessor Training.
- Between September and mid November 22 new **Health Care Support Workers** have undertaken the NHS Wales Induction for Clinical Healthcare Assistants
- The **Skills lab at Bronlais** Hospital Aberystwyth. Following the last Workforce and Culture Committee and action W&C/24/25, the Clinical Education team have had discussions with the team at the skills lab (a simulation suite) to explore if it is a bookable facility. The team confirmed

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that it is mostly fully utilised for student training, however there maybe occasionally some availability in non-term time.

Welsh Language, Equalities including Anti Racism

- An online assessment tool for vacancies is to be launched in November. This will include an approach to embed this within the trac recruitment system and a planned spot checks on compliance to review the effectiveness of the approach. We have reviewed and changed wording around Welsh in job advertisements to reframe the language as a positive reason to apply without reducing the requirement.
- Promotion of Health Board as employer of choice at Urdd and National Eisteddfodau.
- Academy Careers Enterprise Scheme: visited schools across the health board area to promote careers in healthcare, with specific focus on the value of Welsh-language skills.
- Welsh language introductory session delivered to **237** staff in Primary Care settings. Welsh language awareness and telephone handling sessions delivered to all telephone handling staff in Patient Services (approx. **50** staff). Launch and promotion of the confidence raising course (**48** participants in the first round; **24** in second so far).
- Black, Asian & Minority Ethnic staff invited to present staff stories to board, to increase awareness, improve learning and where appropriate take forward actions.
- Board members have established personal objectives in support of an Anti-Racist Wales.
- Equality managers for training now incorporates Anti-Racist context and principles
- We are now regularly reporting on ethnicity pay as seen in Annual Reports 2022-23 and 2023-24.
- Exploring opportunities to record flexible working and retirement requests through ESR to enable a better understanding of whether there are any disproportionate effects on staff with protected characteristics
- Actively promoted the consultation process for the Diverse Cymru audit, ensuring this was targeted and that PTHB staff contributed to the all-Wales review.
- To date 90.2% of staff have completed demographic information on ESR (86.6% in March 2023)
- A new Anti-racism module is to be introduced via ERS on an All Wales basis

Workforce Futures (WFF) Partnership

September saw the **launch of the ACEES programme** to every secondary school in Powys, plus 2 of NPTC group colleges campuses, ALN settings and

one over the border Welsh Medium school, with an anticipated reach of over 6,000 pupils.

- **At the Rural Health and Care Wales Conference early November 2024, the** Workforce Futures Programme was selected to display a poster titled "Working in partnership to gather data across organisations". A formal presentation was also delivered outlining progress in delivery of ACEES.
- **Regional Partnership Board reporting.** The RPB have introduced a new Evaluation, Prioritisation and Assurance Framework (EPAF) which was submitted on 18th November. This will be used to evaluate programmes of work and agree funding post March 2025. Any decision to reduce the funding will have an impact on the work of the team. A detailed Story of Change reporting was compiled by the team in readiness for submission at the end of Q2. The Workforce Futures Story of Change report was submitted alongside the new EPAF to illustrate the breadth and impact of the programme to members of the Regional Partnership Board. We are expecting to hear by early December the outcome of the EPAF submission.
- **Liaison with Health Education and Improvement Wales.** Following updates about the Academy Careers Education Enterprise Scheme (ACEES) and further discussions about opportunities to scale and spread the scheme are being held.
- As part of joint working with Neath & Port Talbot College Group of Colleges (NPTC) and funding via the Shared Prosperity Fund we have been able to offer a range of level 1 face to face and online numeracy learning opportunities for staff across the partnership from April through until end of December. We have had a total of 197 expressions of interest for 4 different courses, with 51 registering with NPTC. Bite-size household budgeting has been the most popular with 33 signed up to date.

Workforce HR business partners and workforce resourcing

- Formal respect and resolution (R&R): During September and October there have been 4 R&R requests received and 2 R&R appeals
- Disciplinary activity: during September and October 2 disciplinary investigations have been fast track accepted with 3 hearings held
- Between April and October 10 initial assessments took place with no further action during this period.
- Employment Tribunal Activity: 3 Requests for early conciliation received between April and October. 1 tribunal case was closed. The health board successfully won a case for recovery of costs to the amount of £20k
- 89 Bank Workers have signed up to Wagestream since its launch
- Our onboarding processes and 'Time to Hire' for new staff has been fully reviewed, with new set of KPIs, supported by formal monitoring and escalation process

- The future NHS Workforce solution (the new ESR) is moving towards the end of the procurement phase, with contract award due summer 2025. A number of Health boards (PTHB being one) have been undertaking readiness assessment data collection and test site activity to inform a border rollout and testing.

Business Efficiencies Programme- Administration review

- Business Efficiencies Programme – Administration Review
- Work to understand our organisational admin support continues. Working with admin staff bands 2 - 4 and their managers across the whole organisation, we have captured the tasks that those team undertake together with the importance and frequency. This information has been used to help us identify how we might use digital solutions to free up resources across the health board.
- We also better understand the purpose and location of each team and how that team is made up. A workshop comprising admin leads and managers from across PTHB came together to understand what is working well, what might be improved and this workshop led us to helping to shape how we might manage and deploy the admin resource going forward.
- Detailed discussions are taking place with all directors and following these discussions, a set of next steps will be presented to Executive Committee hopefully in mid December.

National Updates:

- Welsh Health Circular (2024) 017 'Implementation of the Non-pay Elements of the 2022-4 Collective Agreement'. -Programme delivery consist of a three-part control framework. The responses are to be submitted showing agreement with Local Partnerships (LFP).
 - Part 1: Immediate – returns by end May 24 (completed)
 - Part 2: Required- returns by May, July, Sept and Jan'25 (on track)
 - Part 3: Expected – July, Sept, Jan (on track)
- Agenda for change: **Band 8A and above intermediate points** – the decision to introduce intermediate pay points for Band 8A and above was ratified at the WPF Business Committee on 16 October. A pay circular was issued on 30 October and a set of FAQs developed in partnership and issued on 8 November.
- Welsh Health Circular (2024) 044 Mandatory E-Learning Module – Anti-Racism. A need was identified in social partnership to provide support to organisations by developing an e-learning module to provide a consistent foundation for awareness and skills development in anti-racism. Completion of this training will be mandatory for all NHS staff, including those who do not directly interact with patients or service users. The training must be retaken every three years.

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- **Band 2/3 Health Care Support Worker Dispute** – NHS Wales Employers, supported by an Employers Reference Group, has been working with a Tripartite Group to develop and agree the following NHS Wales Job Descriptions for:
 - Maternity & Neonatal Healthcare Support Worker Band 2
 - Maternity Senior Health Care Support Worker Band 3
 - Neonatal Senior Healthcare Support Worker Band 3
 - HealthCare Support Worker Band 2
 - Nursing Support Worker Band 3
 - Theatre Support Worker Band 2
 - Senior Theatre Support Worker Band 3

Framework for Implementation of the new Job Descriptions and Agreement. There are considerable national discussions relating to the impact of this work, including agreeing an all Wales position regarding a “Backstop” for backdating any pay that may be due to individuals paid at band 2 who have been undertaking band 3 duties. It is important to note, that there aside of the B2/B3 dispute, there are a range of other nursing roles in development which will have an impact on the skill mix within our services.

- **Medical and Dental Pay Agreement 2023/2024** – Three pay circulars have been issued: MD(W) 07-2024 for the 2024/25 pay award, MD(W) 09-2024 for 2023/24 fees and allowances, and MD(W) 10-2024 covering Consultant Terms and Conditions.
- **Physician Associates** - A tripartite group has been established to develop and oversee the recruitment, appropriate deployment, integration, and governance of Physician Associates (PAs) within NHS Wales. NHSWE, HEIW, and the BMA aim to agree on a standardised approach for the PA role, covering deployment, support mechanisms, career pathways, and governance.
- **Employment Rights Bill which introduces reforms to Adult Social Care.** The Employment Rights Bill [introduced](#) some reforms regarding Adult Social Care. Clauses 29, 30, 32 and 33 outline the Adult Social Care Negotiating Body, which should include officials of one or more trade unions and representatives of social care employers. Its remit relates to pay and terms and conditions, alongside provisions made by the Secretary of State. According to the explanatory notes, the clauses aim to address the “unsustainable recruitment and retention crisis in the adult social care sector”. It does this by establishing a mechanism for the Secretary of State to implement improved terms and conditions for social care workers that have been agreed by representatives of the sector. Industry has responded

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positively to the reforms with Carers UK, [noting](#) it will “benefit many unpaid carers in the workplace”.

NEXT STEPS:

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

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

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

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Workforce and Culture Committee

10th of December 2024

'Employee Health and Wellbeing'

Patterson, Liz
03/12/2024 14:57:52

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:	The Committee is asked to: <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

The 2024 Staff Wellbeing Roadshows commenced in September with Brecon, Llanidloes, Ystradgynlais, Glan Irfon, Antur Gwy, Knighton and Machynlleth visited so far.

Attendance based on numbers on site on the day has been 82% with 123 visits from a possible 150 staff so far.

Themes

Consistent feedback includes:

- Staff on fixed-term contracts not feeling valued
- The need for better communication and engagement around recent service changes
- Appreciative of the visible support that the roadshows provide
- VIVUP is useful, and most staff access it.

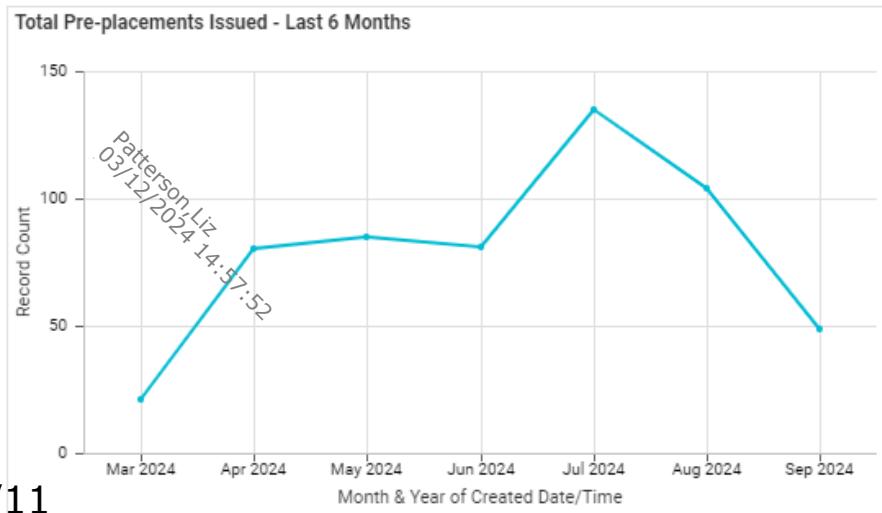
Roadshows will continue through December and January to Welshpool, Llandrindod Wells, Newtown and Bronllys, followed by Road Runs to any smaller sites in the Spring.



Occupational Health



- ❖ Within the last 2 years we have **moved from a fully paper based** OH service (over 5000 files) to **now electronic** records for employees
- ❖ In 2023 NHS Wales moved from the Cohort OH Mgt system to the new all Wales **OPASG2** system and PTHB was the last health board to **go live in December '23**
- ❖ During this summer the electronic portal within OPASG2 for Management referrals went live and to date **143 managers accounts have been created**
- ❖ As part of the Non-Pay deal WHC:
 - We are currently undertaking a self assessment against the Safe Effective Quality Occupational Health Service (**SEQOSH**) **5 domains** (with 36 assessment areas to evidence)
 - Commenced implementing the **All Wales** NHS Occupational Health (OH) Scope of Practice and Minimum Service Standards **x 19** and setting up a dashboard within OPASG2 for the **5 KPIs**



- ❑ All **OH Pre-placements** checks are now managed through the OPASG2 system – from the graphs you can see that there is an **average of 92 checks being completed in a calendar month** – This are new posts and internal movement posts
- ❑ **Management referral waiting times** are approx **6 weeks** (reduction from 9/12 weeks earlier this year) to see a consultant – however **urgent cases** will usually be seen **within 2 weeks**. This has been made possible by the appointment of an additional OH consultant moving from 2.46 OH consultant sessions per week to 5 sessions per week and a new robust triage process.

Occupational Health

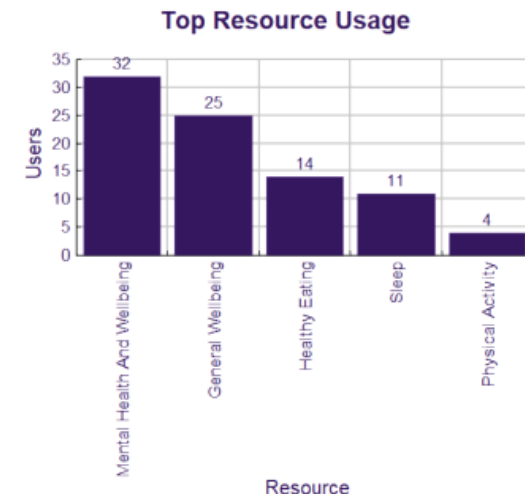


Staywell Wellbeing intranet pages: just under 3000 visits last 30 days and just over 7000 last 90 days as @ end October '24

VIVUP: Employee assistance platform: 165 visits last 30 days, 460 last 90 days

In September we launched the new **Menopause Helpline and virtual/ telephone GP consultations** for staff

Book a consultation with an experienced GP at a time that suits you through the Health Hero GP service – available via the Your Care Wellbeing Platform



VIVUP **Your Care App** is an area where staff can monitor their own wellbeing and take steps to ensure they stay well. Since its launch in the summer its currently used by **103 employees**. Mental Health and Wellbeing along with General Wellbeing are the top resources accessed

Wellbeing Action Plan



PTHB is aligning itself to HEIW's Health & Wellbeing 'Best Practice Guide for Organisations, utilising the following themes:

1. Making work, work
2. Workforce design
3. Relationships
4. Strategy
5. Manager & Leader
6. Measuring impact
7. Resources



Progress

- Mapping has been undertaken against the recommendations in the Best Practice Guide
- PTHB has a good offer against many of the themes
- Draft Action Plan created to be discussed in the Strategic Engagement and Wellbeing Group and is based on the gaps
- Actions include but not limited to:
 - Following deep dive into sickness, working with HRBPs and OH to develop specific Wellbeing interventions
 - Reverse Mentoring
 - Staff Excellence Awards
 - Recruitment to Bank Wellbeing support roles
 - Offer of team wellbeing sessions
 - Continuation of Wellbeing Roadshows/Road Runs
 - Wellbeing Hubs
 - Bespoke menopause sessions for staff/managers

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Compassionate Leadership

- **PTHB Board Chair and CEO signed the Compassionate Leadership Pledge on 27th of November 2024**

Introduction to Compassionate Leadership Behaviours

- 1.5-hour course delivered online
- Open to all staff across the Health, Care and Social Care Sector
- **505** Staff in total attended (**397** from PTHB) since March 2023
- Delivered as a workshop at PAVO Conference (November 2024): 2 PAVO staff and 5 Voluntary sector staff (not included on graph) attended with good feedback on the impact of the session:

“I found it well presented and very interesting. I shall look at adding to my knowledge on the subject and using it in my job”

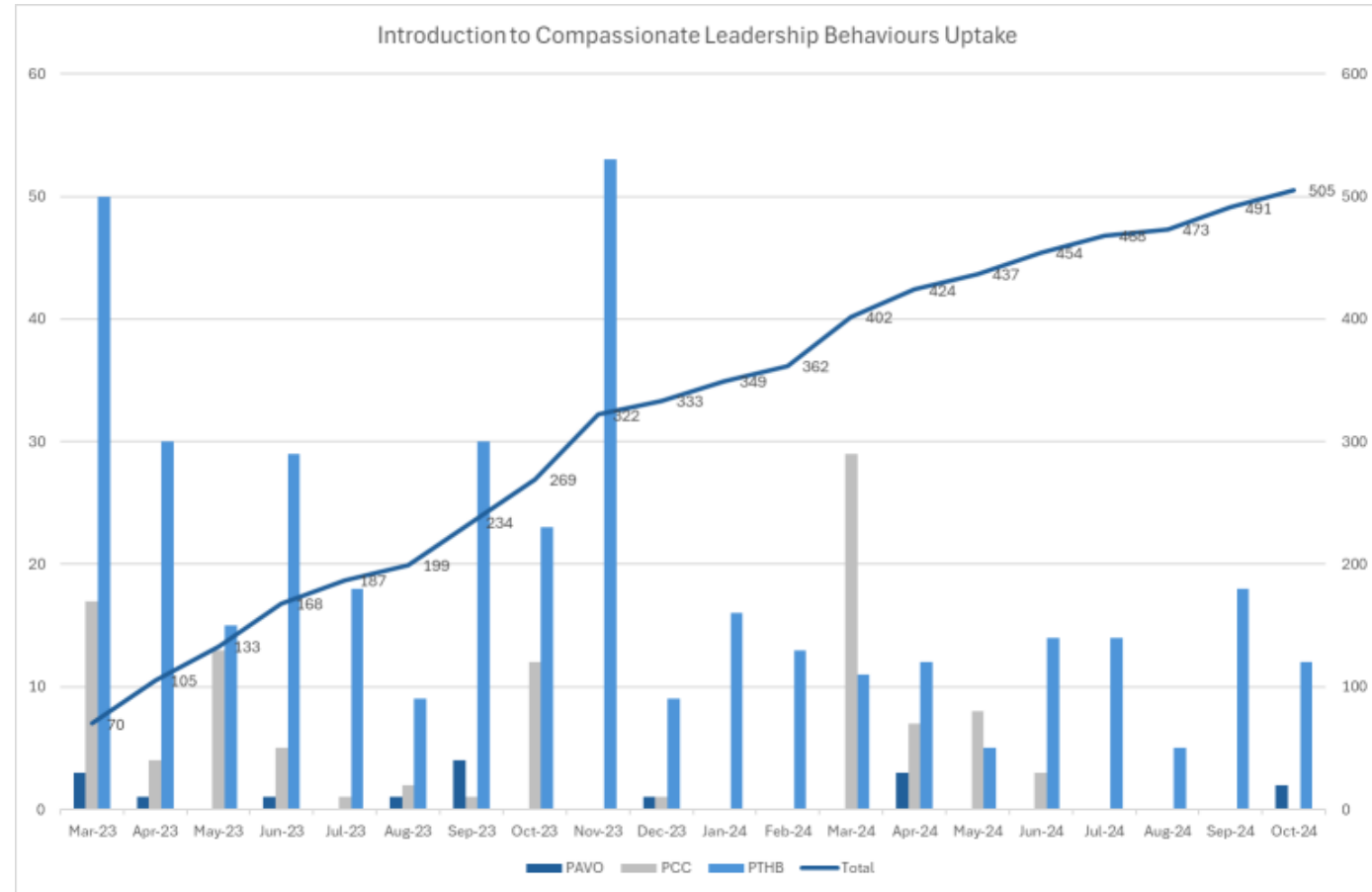
6 Feedback responses: 5 x Very Useful/Interesting, 1x Somewhat

Evaluation	Responses	PCC	PTHB	PAVO
Average Session score		4.6/6	5.0/6	4.7/5* <small>*PAVO Conference workshop</small>

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

Compassionate Leadership Modular Programme

- Incorporated into PTHB Manager’s Programme (**28 attendees in Q1 and Q2**)
- Pilot numbers were **PCC – 13, PTHB 20**



**PAVO – 16 (32%) PCC – 107 (21%)
PTHB – 397 (20%)**

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 to Assistant Directors targeted intervention in relation to Managing Attendance at Work. In year to date, this has included several training sessions on the application of the managing attendance at work policy to ensure managers are aware of and exhausting all supportive measures outlined within the document to support staff to remain in or return to work .
- Further to this, there has been targeted intervention in the form of temporary enhanced HR support for areas with higher levels of long term and short-term absence. This has enabled a detail review of absence cases with recommendation being made around facilitating a return to make a timely decision on employment.



Directorate	Sum of Count	Completions	Response Rate
PTHB Community Dental Service	67	11	16.4%
PTHB Community Nursing	164	57	34.8%
PTHB Community Services Group	26	18	69.2%
PTHB Corporate	40	33	82.5%
PTHB Corporate Nursing	34	6	17.6%
PTHB Estates and Works	50	23	46.0%
PTHB Finance	70	20	28.6%
PTHB HCRW	76	23	30.3%
PTHB Hospital Nursing	367	38	10.4%
PTHB IT and Digital Transformation	32	36	112.5%
PTHB Medical Directorate	50	6	12.0%
PTHB Mental Health	463	40	8.6%
PTHB Other	68	40	58.8%
PTHB Patient Services and Admin	107	17	15.9%
PTHB People and Culture (WOD, Including Transformation)	83	54	65.1%
PTHB Primary Care	20	14	70.0%
PTHB Public Health	80	21	26.3%
PTHB Specialist Nursing	62	11	17.7%
PTHB Support Services	205	21	10.2%
PTHB Theatres	36	1	2.8%
PTHB Therapies and Health Sciences	244	42	17.2%
PTHB Women and Childrens	233	36	15.5%
TOTAL	2577	568	56,017

National Staff Survey

The National Staff Survey was open through October and November with results expected in February.

Response rates as of the **18 Nov 2024 22% (568 staff of 2577)**

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Team Climate Survey

Team Climate Survey

Since 2022, 82 individual teams across 6 larger service areas/Directorates. 568 responses in total.

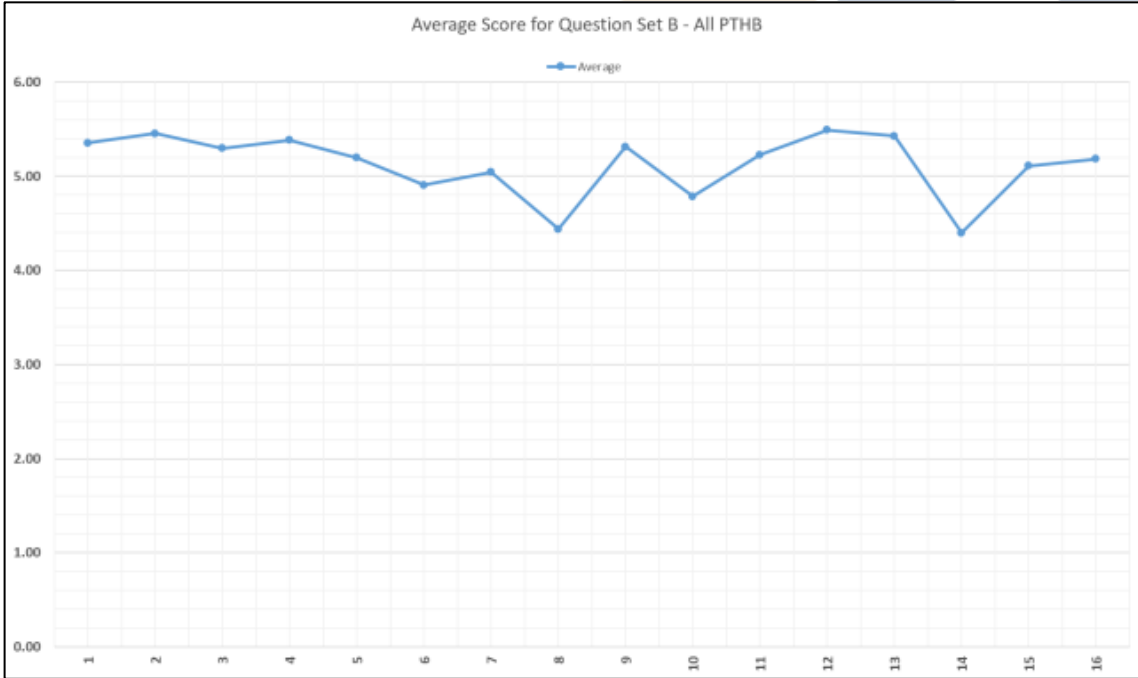
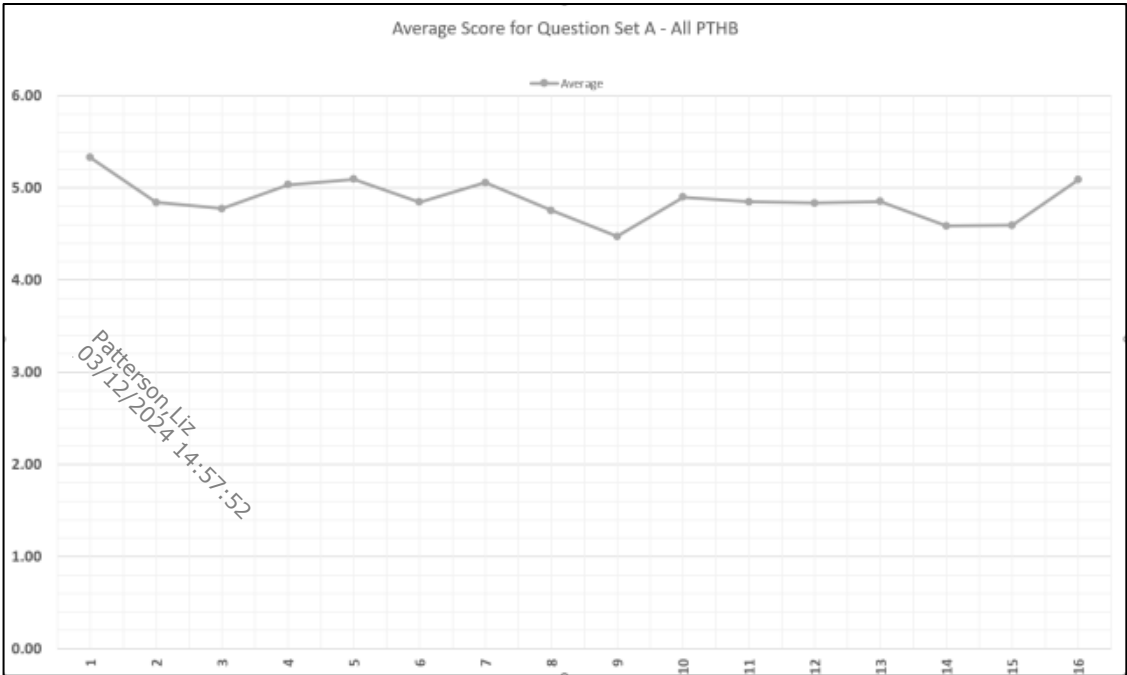
Last two quarters have had surveys delivered in the Vaccination and Immunisation Service, and the Corporate Governance Directorate

Cumulative PTHB Charts show a continuation of high scores with **highest scoring questions:**

- I can see my colleagues as people I can turn to for help
- Our team is clear about why it exists within PTHB and what it must do
- When I make mistakes, I am open and honest about them in order to learn how to reduce them in the future

And **lower scoring questions:**

- We hold each other to account for our behaviours and actions
- At the end of the working week, I feel a sense of progress
- I look forward to team meetings





Workforce & Culture Committee

10th December 2024

Transformation and Sustainability of our Workforce

Patterson-Liz
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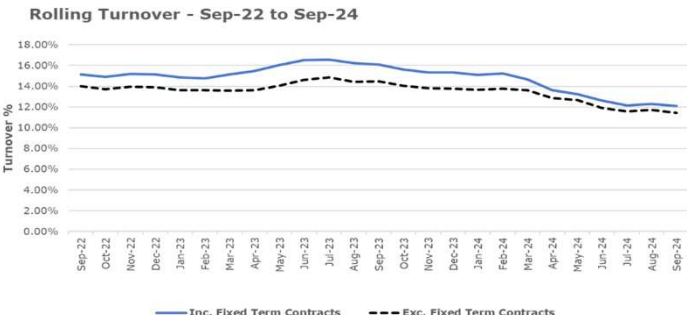
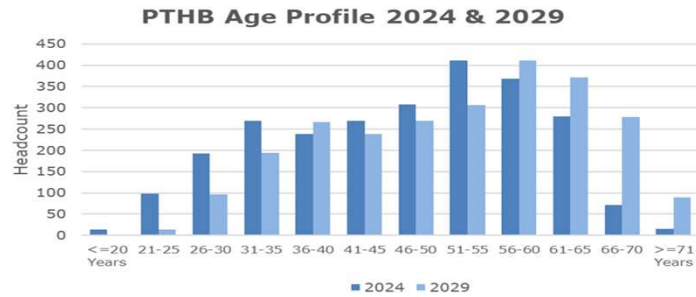
PTHB Executive Committee – 26th November 2024 **Agenda Item**

Subject:	Update against the 'Transformation and Sustainability of our Workforce' priority in the integrated plan.
Approved and Presented by:	Deb Wood-Lawson, Executive Director of People & Culture
Author:	Head of Strategic Workforce Transformation, Planning & Resourcing
Purpose:	This presentation is to provide an update against the Integrated plan for the Workforce Transformation and Sustainability priority, before going on to Workforce and Culture Committee for assurance.
Recommendations:	The Committee is asked to: <ul style="list-style-type: none">• REVIEW the information provided in the update• Take ASSURANCE against delivery of the relevant parts of the Integrated Plan• NOTE the report will be provided to the Workforce and Culture Committee.
Executive Summary:	Updates are provided to Workforce and Culture Committee for assurance against the integrated plan. The information in the slide deck has been developed to provide a detailed update against the 'Transformation and Sustainability of the Workforce' priority. The Executive Committee are asked to review the update and approve it for Workforce & Culture Committee.

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Key Workforce Challenges - Metrics

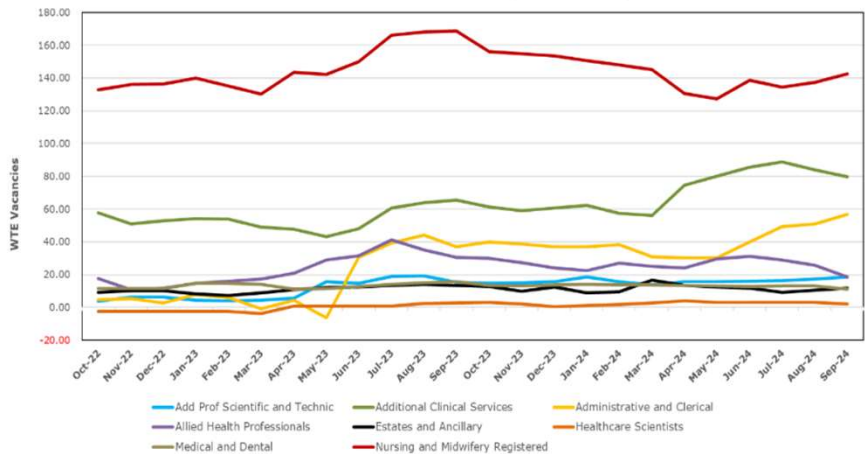


Indicator	Sept-23	Mar-24	Sept-24
Rolling Sickness Absence %	5.58%	5.35%	5.04%
PADR Compliance %	79%	78%	82%
Mand & Stat Training %	85%	86%	87%
Turnover %	16.09%	14.65%	12.10%
Vacancies WTE	349.44	303.81	341.07

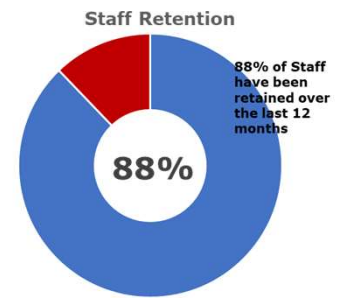
- ✦ The demographics of the current workforce remain a challenge with over **44%** of the total workforce being over the age of 50 (and 28% of the total workforce being over the age of 56). This is further reflected in the registered nursing workforce with over 45% of the RN workforce being over the age of 50 (and 29% of the RN workforce being over the age of 56).
- ✦ Retirement has accounted for **5%** of total leavers over the last 12 months, and **27%** for Registered Nurses.
- ✦ Staff turnover rates have improved, although remains higher than the NHS Wales turnover rate (**6.7% Jul-24**)
 - ✦ **Sep-24: 12.10% (11.45 % Exc F/T)**
 - ✦ **Sep-23: 16.09% (14.47% Exc F/T)**
- ✦ Rolling sickness absence rates are lower than the All-Wales benchmark (6%) 5.04% as of 31st Sept 2024. This has seen an ongoing downward trend when compared to September 2023.
- ✦ PADR compliance is above the All-Wales benchmark (73%) and has increased from 78% to 82% since March 2024.
- ✦ Mandatory and Statutory compliance is above the All-Wales benchmark (82%) at 87%, 2% higher than in September 2023.

Key Workforce Challenges - Metrics

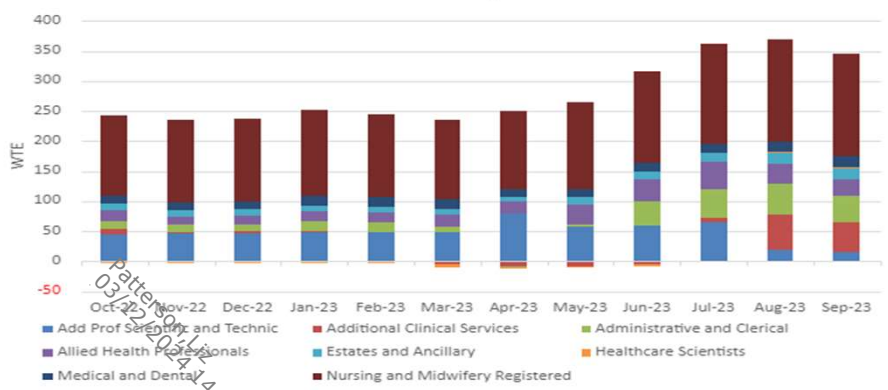
PTHB Vacancies Trend by Staff Group



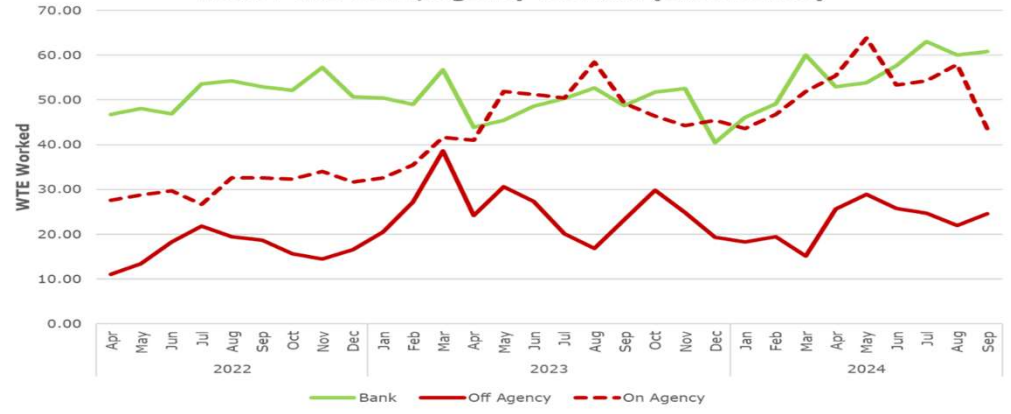
- There are ongoing challenges in the number of vacancies, with the highest number in Nursing & Midwifery; although these have fallen by 3.93% when compared to September 2023.
- The Variable Pay Reduction Group continues to focus on reduction of agency spend with some recent success seen with increased Bank Worker usage, success in reducing HCSW agency use and moving from off to on-contract for Registered Nursing.



WTE Vacancies by Month



Total PTHB Bank/Agency Worked (Exc Medical)



Strategic Workforce Planning & Projections



10-Year workforce projections



Modelling based on a defined set of planning assumptions

Can be used as a baseline to overlay with scenario planning i.e. future transformation such as Route map to sustainability

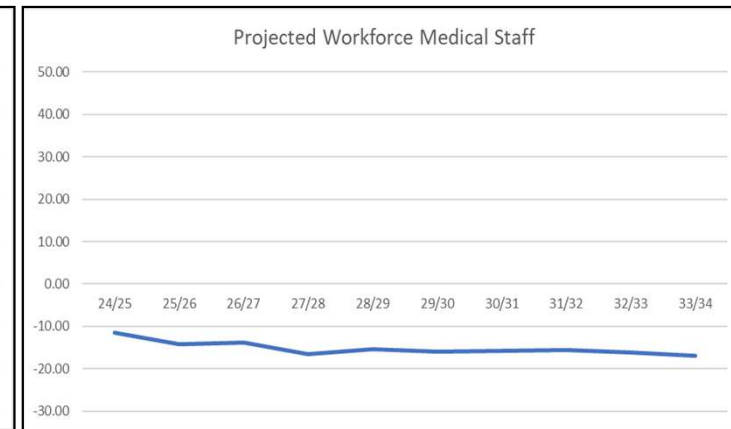
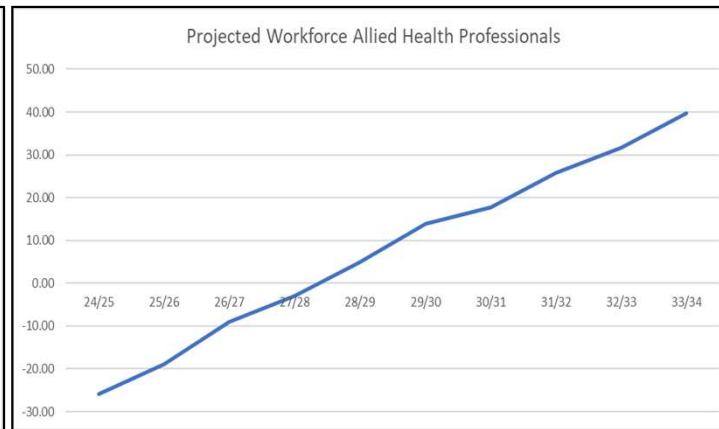
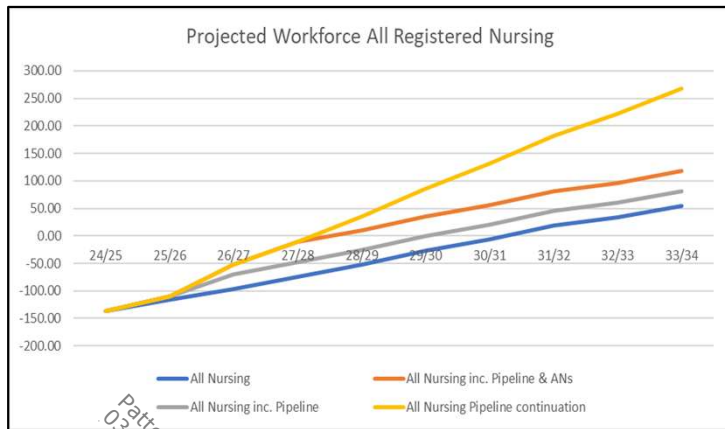


Known and projected pipelines are built in

Aspiring registrants / overseas recruitment activity



Workforce modelling data has supported further refinement of the annual Education Commissioning process



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KEY FINDINGS

Overall, 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.

Strategic approach to workforce planning - The Health Board has a good and improving approach but there is a need to have a stronger focus on impact.

Operational action to manage workforce challenges - 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.

Monitoring and oversight of workforce plan/strategy delivery - 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.

Review of Workforce Planning Arrangements – PTHB Audit Wales, March 2024

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.
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.
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.
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.
R5	The Health Board should identify organisations across the UK with similar workforce challenges to benchmark its workforce performance and share good practice.



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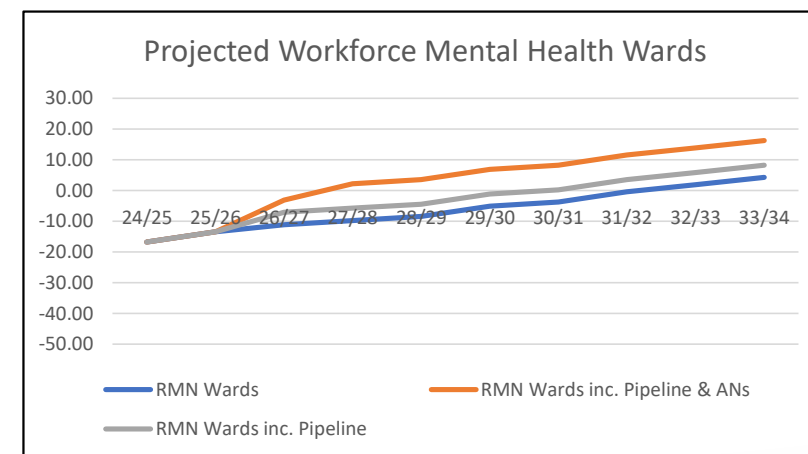
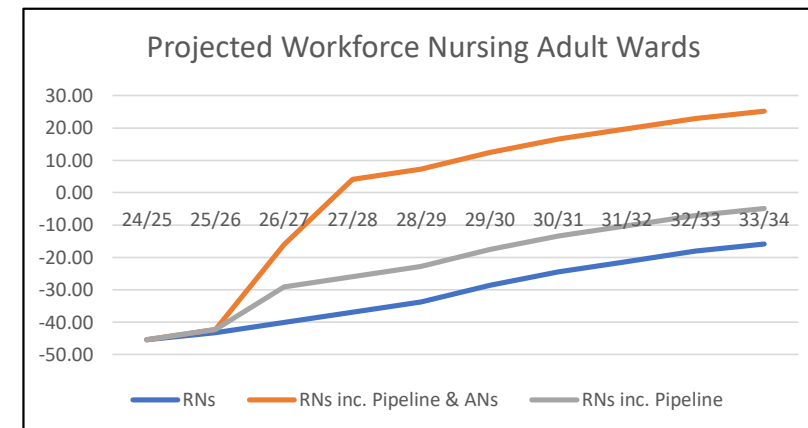
Workforce Planning - Future Registrant Pipelines

'Growing our Own' Approach :

- ❖ 78 staff currently being supported through different stages of the nurse degree programme.
- ❖ Our award-winning Aspiring Nurse Programme continues to be a priority
- ❖ 17 Aspiring Nurses (Sept 2023 cohort) embarked on year 2 with Bangor University, due to qualify 2026
- ❖ 19 newly recruited Aspiring Nurses (Sept 2024 cohort) commenced year 1 with Llandrillo College whilst working as HCSWs in wards, due to qualify 2027
- ❖ HEIW are committed to supporting the continuation of PTHBs Aspiring Nurse programme
- ❖ Piloting Aspiring Radiographer role – due to qualify in 2026; a first in Wales
- ❖ Internal Aspiring Physio and OT programmes (part-time and very small numbers - currently 2 physio, 1 OT)

Health Care Support Worker Apprenticeship Cohort 6:

- ❖ Number of applicants – 45 (increase from 9 previous year)
 - ❖ shortlisted 21: interviewed 18: offers 6 . Applications received from ACEES learners in schools (5) and colleges (3).
- ❖ Domiciliary care vacancies signposted to those unsuccessful at interview (12).



International Recruitment



- ❖ 19 Adult field IENs recruited to date with a further 12 planned for November 2024 (6 - Machynlleth) and January 2025 (6 - Brecon) arrival
- ❖ By end 2024/25, total of 31 will be recruited, compared to only 10 by the end of last financial year 2023/24
- ❖ We will continue to prioritise this work with recruitment trips to Kerala planned in November 2024 for arrival during 2025/26 (All-Wales)
- ❖ Mental Health field IENs currently undergoing shortlisting and interviews, with 4-6 successful candidates arriving in country Q3/4
- ❖ 2 Psychiatry Doctors recruited and due to arrive Q3
- ❖ A further 'in-country' recruitment trip to Kerala planned for Jan 2025 (All-Wales) for Psychiatry Doctors

Impact of IEN Recruitment on Ward based Variable Pay

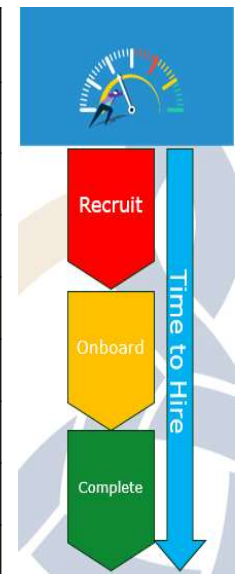
LLANDRINDOD			
IEN's obtained PIN April 2024			
	6 months prior to receiving PIN	6 months after receiving PIN	Last month
RN Agency costs	Oct 23 to Mar 24	Apr 24 to Sep 24	Oct-24
On contract	£136K	£47K	£1k
Off Contract	£56K	£24K	£3K
TOTAL	£192	£71K	£4K
WELSHPOOL			
IEN's obtained PIN October 2023			
	6 months prior to receiving PIN	6 months after receiving PIN	Last 7 months
RN Agency costs	Apr 23 to Sep 23	Oct 23 to Mar 24	Apr 24 to Oct 24
On contract	£137K	£131K	£53K
Off Contract	£229K	£60K	£10K
TOTAL	£366K	£191K	£63K
LLANIDLOES			
IEN's obtained PIN June 2024			
	5 months prior to receiving PIN	5 months after receiving PIN	Last Month
RN Agency costs	Jan 24 to May 24	June 24 to Oct 24	Oct-24
On contract	£90K	£107K	£8K
Off Contract	£52K	£23K	£1K
TOTAL	£142K	£130K	£9K
* 1.0 wte RN left PTHB and 2 RNs on LTS			

Recruitment Modernisation and Activity



- Fully engaged with the All-Wales Recruitment Modernisation Programme
- Working with recruiting managers to improve the housekeeping of Trac, as this often skews the KPIs unnecessarily.
- Recruitment policy under review and a supporting recruitment toolkit is in development
- Vacancy Control Group continues to scrutinise all substantive and fixed term vacancies
- Recent success with recruitment to senior roles
 - Executive Director of Planning, Performance and Commissioning
 - Executive Director of Primary Care, Community and Mental Health
 - Director of Improvement and Transformation
 - Assistant Director of Transformation and Value
 - Director of Midwifery, Women and Family (interviews w/c 18/11/24)
 - Deputy Director of AHPs and HCS (interviews w/c 18/11/24)
- Substantive recruitment success Q1-2
 - 88 wte Registered Nursing (RNs)
 - 39.5 wte Additional Clinical Services
 - 11.6 wte Allied Health Professionals & Healthcare Science
 - 82.5 wte Admin & Clerical
 - 15 wte Estates and Ancillary
 - 3 wte Medical & Dental
- Recruitment success of agency workers into substantive roles (Q1-2)
 - 8 wte RNs and 9 wte HCSWs

Powys KPIs		Average Time in Working Days		
Trac Report Code	Trac Recruitment Health Check	Target	Aug-24	Sep-24
T1a	Time to Approve Vacancy Request	10	7.4	6.6
T4	Time to Shortlist	3	7.2	7.2
T5b	Time to Update Interview Outcomes	3	2.2	3.1
T9b	Time to Approve References	2	1.2	6.2
T13	Vacancy Creation to Conditional Offer	44	40.5	41.1
T14	Vacancy Creation to Ready for Start date notification	71	73.4	70.9
T23	Conditional Offer to Ready for Start date notification	27	31.2	29.6



Targeted Bank Worker Recruitment

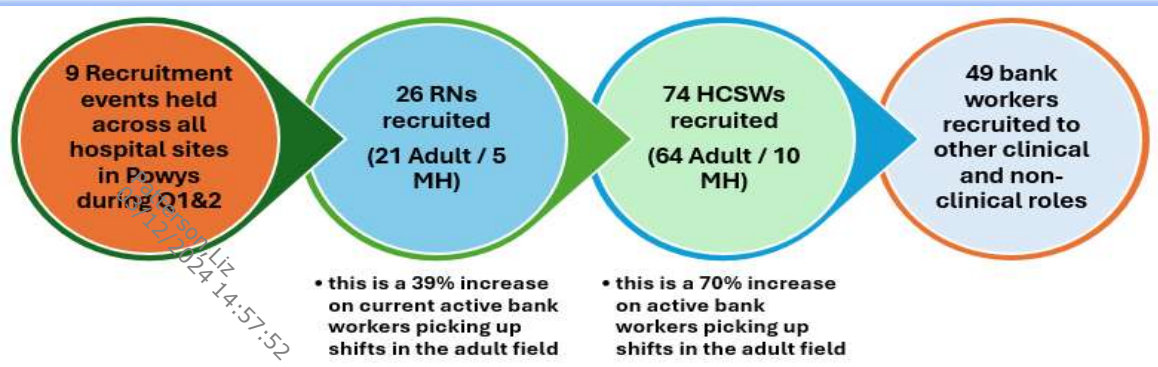
- ❖ Full review and refresh of Bank worker on-boarding journey
 - ❖ new KPIs, monitoring and escalation processes implemented to drive quality and efficiencies
- ❖ Recent engagement exercise undertaken to understand current availability and barriers to increasing the frequency of shift uptake
- ❖ Subsequent removal of inactive workers from the Bank to support focussed efforts towards those who are actively engaged
- ❖ Rolling Bank Worker adverts for RNs and HCSWs
- ❖ Wagestream available to all bank staff, allowing access to a proportion of their wages weekly, for a small fee.
 - ❖ 89 bank workers signed up to date, 37% are HCSWs and 43% Registered Nurses/Practitioners
- ❖ Ongoing 'service improvement' programme for TSU with a focus on efficiency, effectiveness and quality.

Bank Worker Onboarding processes and 'Time to Hire' fully reviewed, with new set of KPIs, supported by formal monitoring and escalation process

	KPI (days)
PECs 1 Offer to checks complete within 21 days (offer date - Naf sent date)	21
Training	
2.1 Manual Handling course booked within 14 days from offer	14
2.2 Clin Ed booked (for HCSWs only) within 14 days from offer	14
2.3 PMVA training (for MH roles only) booked within 14 days from offer	14
2.4 Shadow shifts booked within 14 days from offer	14
2.5 Manual Handling training complete 42 days from offer	42
2.6 Clin Ed training completed 42 days from offer	42
2.7 2 Shadow shifts completed within 14 days of training complete	14
Admin	
3.1 NAF sent to payroll within 7 days of checks complete	7
3.2 NADEX requested within 7 days of checks complete	7
3.3 Terms of engagement signed & returned within 7 days of training complete	7
3.4 Health roster access granted 7 days after training completed	7
Start	
4 Ready to start within 56 days from offer	56

Agency

- ❖ Ongoing discussions and negotiations with Agencies regarding service, out of hours, reliability, responsiveness and rates
- ❖ Negotiated and secured on-contract rates with an off-contract agency
- ❖ Developed 'Tier1' and 'Tier 2' list to support ward staff and silver on-call with shift cover at weekends



Workforce Retention – Internal Audit (November 2024)

- Purpose:** The overall objective of the audit was to review and assess the plans and processes in place to enable the Health Board to retain an appropriate workforce to allow for the sustained delivery of high-quality services.

Assurance summary¹

Objectives	Assurance
1 There are relevant plans in place that outline the approach to staff retention	Reasonable
2 Effective initiatives are in place to retain staff and outcomes are reviewed where applicable	Reasonable
3 There is a mechanism in place to collate and learn from information provided at the leavers exit questionnaire	Reasonable
4 There are appropriate governance arrangements in place, which provide an oversight for the regular review and delivery of retention plans.	Substantial

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority
1	Setting Milestones for National Nurse Retention Plan actions	1	Operation Medium
2	Development of Health Board's Local Workforce Retention Plan	1 & 2	Operation Medium
3	Exit Questionnaire Completion	3	Operation Medium

Reasonable

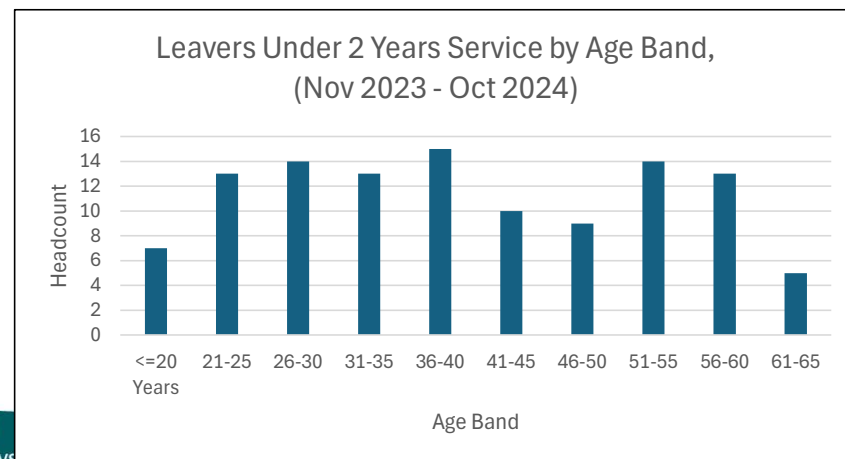
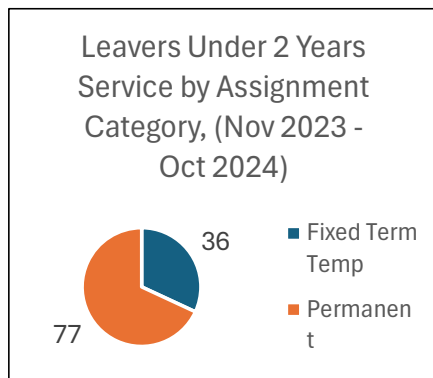
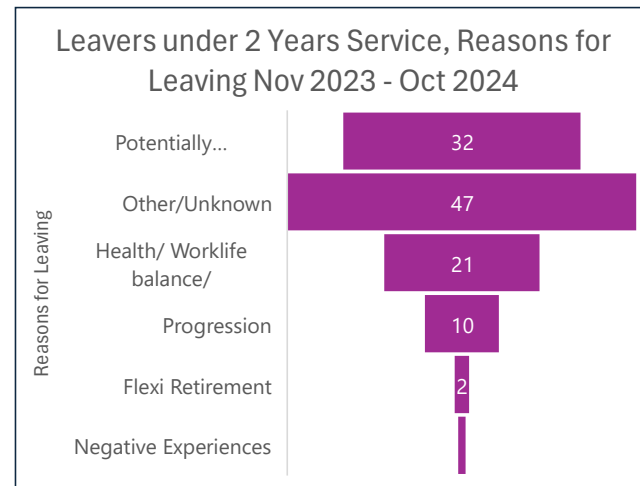
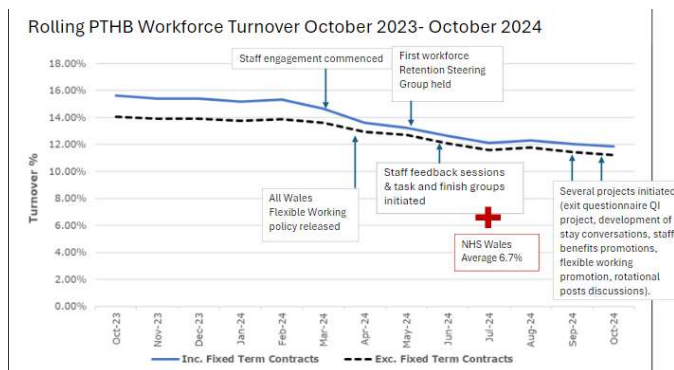


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CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Workforce Retention – Leavers under 2 years' service

- 39% of leavers between Nov 2023 – Oct 2024, had less than 2 years service.
- Many employees who left with less than two years of service had reasons for leaving categorised as 'unknown'.
- However, nearly 20% of leavers with less than 2 years service left due to work life balance, caring responsibilities or alike.
- There was no definite relationship between age and those who left with under 2 years' service.
- Fixed term contracts appear to have a significant impact on turnover. 36 staff who left with under 2 years service, were on fixed term contracts – it is indicated that only 15 of these left when the contract ended. Therefore, 21 staff left before their contract ended, potentially due to the lack of permanency. How long before, is unclear.



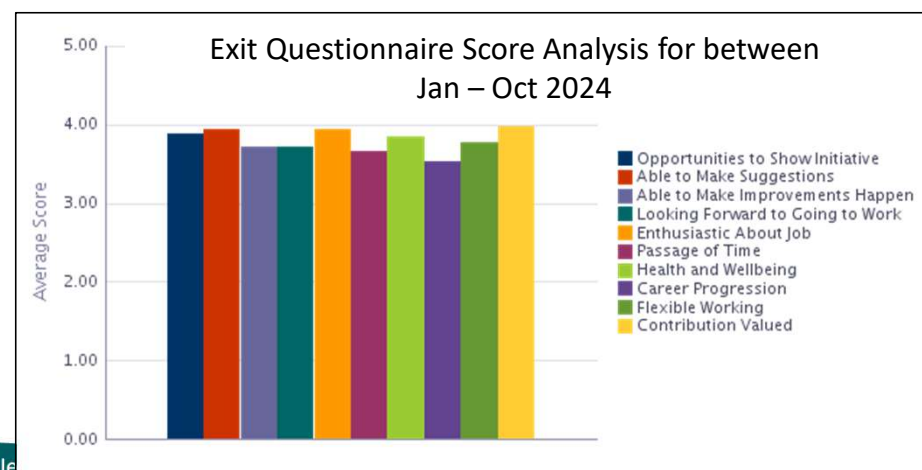
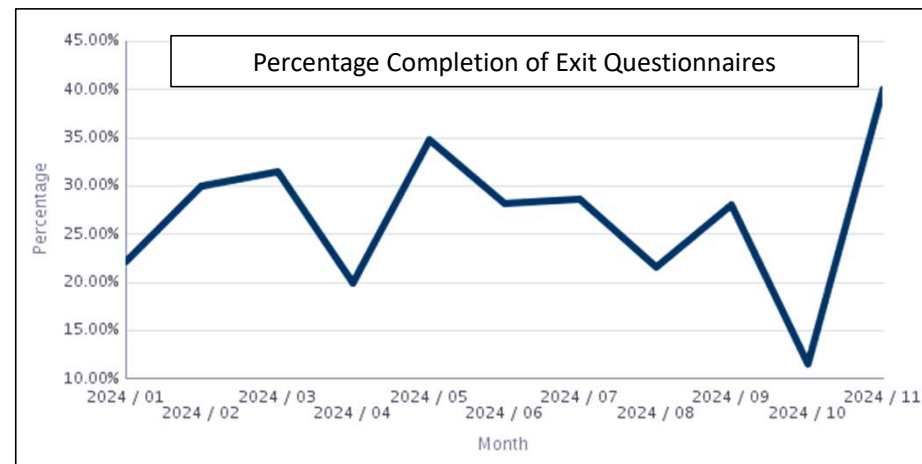
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Workforce Retention – Exit Questionnaires

- The current data gathered in exit questionnaires is limited, as exit questionnaires are only sent to staff leaving the organisation, therefore it does not include internal movement. We have also seen a poor completion rate – 40% being the highest in the last year.
- The score analysis of those questionnaires completed, indicates that the average answer for each question is between neither agree or disagree (score of 3) and agree (score of 4). The reliability of these scores is also questionable due to low completion rates.

Proposed plan:

- Improve completion rate through raising staff awareness of exit questionnaires
- Develop a leavers toolkit to ensure those leaving the organisation 'leave well'
- Provide a template for managers to hold 1:1 exit interviews with leaving employees
- Establish an anonymous feedback system for departing employees to share their experiences with the organisation



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Any questions?

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Agenda item: 5.5

Workforce and Culture Committee **10 December 2024**

Subject:	Health & Safety Performance Report
Approved and presented by:	Executive Director People and Culture
Prepared by:	Deputy Director of People and Culture Senior Health and Safety Officer
Other Committees and meetings considered at:	Executive Committee – 2 October 2024 Patient Experience, Quality & safety Committee – 7 November (from a patient perspective)

PURPOSE:
To provide the Workforce and Culture Committee with the key information in relation to the Health Board’s Health and Safety Performance for Quarter 2 – 01 June to 30 September 2024.

RECOMMENDATION(S):
The Workforce and Culture Committee is asked to:

- RECEIVE** the contents of the key Health and Safety metrics for Quarter 1 and 2 taking **ASSURANCE** that appropriate reporting arrangements are in place.

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	Provide assurance on the Health Board’s approach to managing matters that affect the Health and Safety of the workforce.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	N	
8. Transforming in Partnership	N	

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EXECUTIVE SUMMARY:

The report sets out the key metrics and updates for Health and Safety for Quarters 1 and 2 of the current financial year

The only outstanding action from the Internal Audit relates to the review and update of the main H&S Policy HSP001. A review of the policy has commenced and is scheduled to be submitted for approval early in Q4. All other policies managed by the Health and Safety Unit are in date.

There has there have been no HSE enforcement or intervention during the first 2 quarters of this year.

In respect to the general accidents and incidents reported in the first 2 quarters, the overall numbers remain low. However, V&A accounts for the highest number of reported incidents for the Health Board a trend that has remained the case for some time. A review is planned, to understand whether the current strategies and training being deployed are proving effective and to identify what further steps can be taken by the Health Board to strengthen its approach and reduce the risks associated.

The number of overall incidents reported for Quarter 1 and 2 remain relatively low other than although there has been an increase in RIDDOR reportable incidents with 11 in the first 2 Quarters, more than there were for all of 2022/23. Although there does not appear to be any underlying pattern to these further details are included within the report.

Stress, anxiety and depression remains the highest reported reason for sickness absence, a pattern that has been the same for a number of years. The People and Culture Directorate are undertaking further analysis to understand if there are any patterns and trends that can be identified. The findings reported to Executive Committee and Health and Safety Group in Quarter 3.

DNA rates continue to be high for training course, including for Face Fit testing. A new approach is being deployed in Quarter 3 to improve both the flexibility of the course delivery and to make it easier for staff to access local delivery. This will begin with a change in the delivery of Face Fit testing and the online presentation.

The Health & Safety Unit continues to strengthen its proactive approach to communicating advice and guidance on H&S across the health board. In Quarter 2 two new sections have been added to the website, one a guide for Managers and Supervisors in relation to their H&S responsibilities, and the other in relation to the creation of department H&S Files. In the first month, these two pages attracted combined total 471 webpage hits.

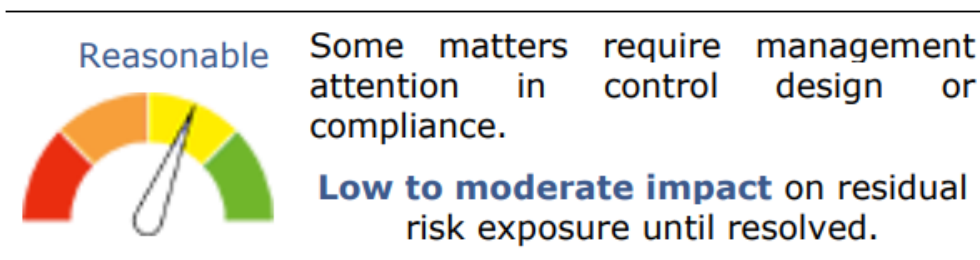
SITUATION:

Internal Audit Review of Health and Safety Arrangements

An Internal audit was conducted in November 2023 and reported back in December 2023.

Purpose: The overall objective of the audit was to review and assess the adequacy of the processes in place within the Health Board to ensure compliance with Health & Safety legislation.

The internal audit provided an overall rating of Reasonable Assurance but identified training as providing limited assurance, due to the challenges in delivering the training as outlined in the Health and Safety Policy.



Objectives	Assurance
1 The Health Board has health and safety policies in place which comply with the requirements of health and safety legislation. The policies are accessible to staff	Substantial
2 Training requirements and needs have been identified for staff. Training is undertaken and up to date	Limited
3 The health board has an appropriate structure to manage health and safety responsibilities and governance arrangements are in place for the regular monitoring and reporting of health and safety matters	Reasonable
4 Health & Safety risks are appropriately assessed and there is an up-to-date health and safety risk register in place	Substantial

In Q1 out of the nine management actions to be completed following the internal audit, three were still outstanding. In Q2 the following progress has been made:

1. Update the H&S policies to reflect the new structures and alignments with the other policies such as Fire Safety Policy.

This piece of work is being done in two parts:

The first part was to update the suite of H&S policies under the control of the Health & Safety Unit following the change in directorate. All H&S Policies have been updated to reflect the change in directorate, along with roles and responsibilities, these policies are now live on the intranet.

The second part requires a complete review and update of the main H&S Policy HSP001, to ensure alignment with policies such as the Fire Safety Policy not under the control of the Health & Safety Unit. This piece of work has commenced, but due to the complexities in aligning this it will be submitted for approval in Q4 (March 2025).

2. Review and agreeing training requirements for H&S.

Following a review of the training requirements set out in the H&S Policy HSP001, it has been agreed that those with senior management responsibility within the organisation will attend the IOSH Managing Safely course. This course is currently being delivered by NPTC at no cost to the Health Board while Welsh Government funding remains available. This course can be delivered both face to face classroom based or online via Teams, to ensure maximum flexibility for staff.

The H&S training requirement for those who do not have senior management responsibility, will form part of the review of the H&S policy as outlined in point 1 above.

3. Terms of Reference.

The Terms of Reference (TOR) for Site Coordination and Security Group was approved in June and the Fire Safety Group TOR is being tabled for approval at the 22nd October Fire Safety Group meeting.

Policies

The H&S Unit has 14 policies under its control, in Q2 all policies were in date with future policy reviews plotted in the H&S forward work plan.

Policies reviewed and submitted for approval at the Q2 HSG meeting were as follows:

- HSP008 – The Management of Contractors Policy
- HSP018 – First Aid at Work Policy

Standard Operating Procedures (SOP):

In Q1 the H&S Unit developed and presented to the Health & Safety Group a Reporting of Injuries, Diseases and Danger Occurrences Regulations SOP. The SOP has been designed

to assist Managers and Supervisors in identifying and understanding what incidents need to be reported to the Health & Safety Executive in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR). The document was approved by the Group and during Q2 was uploaded to the H&S web pages and communicated to the organisation through Powys Announcements and tabled at various departmental meetings.

Health and Safety Executive Enforcement Activity

The Health and Safety Executive (HSE) is the regulator for workplace health and safety. They aim to influence change and help organisations manage risks at work. These include:

- providing advice, information, and guidance
- raising awareness in workplaces by influencing and engaging
- operating permissions and licensing activities in major hazard industries
- conducting targeted inspections and investigations
- taking enforcement action to prevent harm and hold those who break the law to account.

Current Enforcement Record

Type of HSE Enforcement Action	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25 Q1	2024/25 Q2	2024/25 Q3	2024/25 Q4
Prosecution	Green	Green	Green	Red	Green	Green	Green		
Prohibition Notice	Green	Green	Green	Green	Green	Green	Green		
Improvement Notice	Red	Red	Green	Green	Green	Green	Green		
Fee for Intervention (FFI)	Red	Green	Red	Red	Green	Green	Green		

There has been no enforcement action by the Health and Safety Executive in Q1 & Q2 – 2024/25.

Ionising Radiation

The update from the Radiation Lead is as follows:

Dosimetry in Radiology is monitored bimonthly, with records stored on SharePoint and locally within departments. To date, no doses have been recorded.

The quality assurance programme has been arranged with support from the medical physics team for theatre in Brecon and Llandrindod following the purchase of a QA radiation phantom testing tool.

- All local rules, service records, training records, and entitlements are current and stored on Radiology SharePoint.
- There is an outstanding radiation risk assessments for the Topas mobile Xray equipment in Brecon currently being completed which will then be sent to the RPA for approval.
- Health & Safety files are all up to date.
- Following the IRMER 24 update RAD004 and RAD 002 are currently under review for ratification.

There have been 3 Datix reportable radiation incidents in Q2:

- 1. Datix 13731- Unintended dose relating to equipment malfunction
- 2. Datix 13426- Unintended dose relating to equipment malfunction
- 3. Datix 13260 – Unintended dose relating to unjustified examination,

Datix 1 - The patient attended for a chest X-ray using the vertical Bucky due to body habitus. A "feedback error" occurred, resulting in a short exposure, prompting a follow-up film outside the Bucky. The radiographer couldn't replicate the issue in subsequent tests. AEC settings were 90kV, 500mA, 10ms, but the exposure time was unrecorded. The supplier was informed, as feedback errors indicate either an unexpectedly long exposure terminated by the AEC backstop or an early termination

Datix 2 - During a chest X-ray, a communication error occurred between the plate reader and image review console, displaying an error code. Despite attempts to retrieve it, the image data was lost, and the examination was halted, with the patient rebooked. The unintended exposure was reported to the Radiation Protection Supervisor, and a radiation incident form was completed. Subsequent tests showed the equipment functioning normally. When reporting to the supplier, a screenshot with the error code and patient information was sent but immediately deleted upon identification as a data breach. The supplier confirmed deletion per their protocol.

Datix 3 - An MIU patient attended for a shoulder/clavicle X-ray following high-impact trauma with pain in the left anterior ribs (4th-5th). Two shoulder views were taken, but the radiographer felt the trauma area wasn't fully covered and proceeded with a chest X-ray. Upon reflection, the radiographer recognized that this additional exposure was unjustified, resulting in an unnecessary radiation dose to the patient.

All Datix were reported to Medical Physics and a dose report filed. None of the reported incidents exceeded the threshold dose and none required external reporting to HIW. Radiographer related incidents follow through with a reflection of learning and Datix are discussed at subsequent staff meetings for learning.

The Capital replacement of the Xray equipment is planned to proceed in two phases. Commencing in November 24 for Welshpool, Llandrindod and Ystradgynlais in the first phase and Jan 25 for Brecon and Newtown in the second phase. All Medical physics teams

have been informed and are actively involved with the room planning to ensure compliance with radiation safety. Once installed the RPS service will test and approve the equipment before authorised to be used.

Asbestos

Asbestos compliance is managed via the Estates team and reported to Board on an annual basis as part of a dedicated Asbestos Annual Report. The Asbestos Manager has provided the following summary for the last quarter:

- Training - 1 Non licensable to allow additional asbestos permit signatory.
- Face fit – 2 face fit tests
- Surveys - 14 surveys on 7 main hospital sites only Llanidloes and Knighton not surveyed during this quarter, surveys were either localised refurbishment or sampling.
- Removal - No removals during Q2
- Non licensable work - 2 tasks, Welshpool with licensed contractor and Brecon within house staff
- Teams database - viewed 263 times

Hand Arm Vibration Syndrome

Hand Arm Vibration Syndrome (HAVS) is a reportable work-related disease, caused by excessive exposure to vibration over time, whilst using handheld or guided vibratory work equipment, causing damage to the nerve, vascular systems in the hands and arms along with muscular skeletal effects of the disease.

In line with the organisations HAVS training strategy, the following training was delivered during Q1 & Q2:

Level 3 HAVS Awareness Training –

One session was delivered to mop up those who had missed the previous training sessions delivered in Q1 and captured a new member of estates staff, and this was recorded on ESR.

Level 1 HAVS Awareness Training –

This level of training is delivered by a department HAVS Leads via department toolbox talk and the HSE Document INDG296. The staff requiring this level of training are predominantly in Support Services.

At the refresher point of April 2024 there were approximately 150 members of Support Services requiring this level of training to be refreshed. In Q2 Support Services report HAVS training compliance for the South at 92% and North 76%. The lower compliance rate in the North was affected by long term absence but full compliance is expected by the end of Quarter 3.

Level 2 HAVS Awareness Training –

There have been significant difficulties create an online level 2 HAVS course that can be accessed through ESR. The training package has been developed and is ready to be converted into an online course, but to date Shared Services have to date failed to engage to enable this piece of work to be completed. Fortunately, at present there is no one within the organisation assessed as requiring the level 2 training at this time, so this gives us some time to investigate this further.

Going forward we will be investigating if this piece of work can be done utilising skill sets within the organisational. If we are unable to proceed, then as there are currently no employees requiring this level of training, we will review the need for the online course.

Work-Related Stress

Stress anxiety and depression (SAD) accounted for 10% of all episodes of absence in the last 12 months for the Health Board and has been one of the highest reported contributing factors to absence within PTHB for several years. This is reflective of the picture across NHS England where SAD related absence is a high contributory factor of absence (data is not available to confirm this is the case in NHS Wales). Despite a continuing trend of reduced absence within PTHB, SAD continues to be the highest reported reason for absence during Quarters 1 & 2. The People and Culture Directorate are undertaking further work to identify if there are any identifiable patterns and trends in absence related SAD. The findings will be presented to the Executive Committee and the Health and Safety Group in Quarter 3 and a summary provide in the next Health and Safety update report to PEQS Committee.

Accidents and Incidents

The data below is taken from the Datix system and covers Q1 & Q2 of the year and is subject to change as investigations close.

General Accidents & Incidents

		Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Tot al
Accident, Injury	Burns or scalds	0	0	1	2	0	0	3
	Contact with needles or medical sharps	0	0	2	2	0	0	4
	Contact with object or animal	2	0	1	0	2	0	5
	Contact with or exposure to hazardous substance	0	1	0	1	0	0	2
	Entrapment / Drawn in	0	0	0	0	0	0	0
	Manual Handling - Non patient/service user handling	0	0	0	0	3	0	3
	Manual Handling - Patient/service user handling	2	0	0	1	1	1	5
	Patient injury	0	0	0	0	0	0	0

	Road traffic collision	1	0	0	0	0	0	1
	Slip, trip or fall	3	3	1	6	2	3	18
	Struck against or by an object	0	1	2	0	0	0	3
	Total	8	5	7	12	8	4	44
Equipment, Devices	Manual Handling - Equipment	0	0	0	0	0	0	0
	Manual Handling - Patient/service user handling	0	0	1	0	0	0	1
	Medical devices	1	0	1	0	2	0	4
	Non-medical equipment	3	0	1	2	0	4	10
	Total	4	0	3	2	2	4	15
Total		12	5	10	14	10	8	59

Trends and Themes from the Accident and Incident Data

As can be seen from the table above the number of general accidents and incidents remains relatively low, with 27 in total in Q1 and slight increase in Q2 to 32. A total of 59 accidents and incidents over the two quarters.

The highest category over the first two quarters of the year is slips, trips and falls, with 18 in total, 7 incidents in Q1 and 11 in Q2 – 4 of those in Q2 resulted in a specified injury, which were reportable to the HSE in accordance with RIDDOR. These are detailed in the RIDDOR section below, the slip, trip and fall incidents in Q2 include:

- 3 x slips, trips and falls on the same level.
- 2 x slips, trips, falls on a wet surface.
- 2 x falls from height – these were low level falls.
- 1 x slip, trip, fall on sloping surface.
- 1 x fall from a chair.
- 1 x fall on un-even ground.
- 1 x trip or fall over an object/obstacle.

Many slips, trip and falls are due to un-safe situations, or defects at PTHB premises which have not been reported, repaired, addressed or the risks mitigated by the deployment of temporary measures in a timely manner. The pro-active and early identification, reporting and escalation of unsafe situations, along with prompt action to mitigate any risk is important to prevent injury of not only staff members, but also patients, visitors and contractors.

Regular workplace inspections are a proactive way of identifying and escalating workplace hazards/defects for repair, or for temporary risk mitigation to be deployed to prevent injury. The H&S Unit have a recourse on its web pages, along with workplace inspection check sheets for Departments and Managers to use, to identify and escalate workplace hazards. Along with the Datix system, these should be used to report and escalate issues in their areas of responsibility for action.

The second highest category over the first two quarters, is non-medical equipment with 10 in the last two quarters, 6 of these occurring in Q2, these included:

1 x consulting room panic alarm was activated; the control panel didn't give the correct location.

1 x a ward alarm wasn't functioning in several places when tested.

4 x incidents were reported in the wrong category, an example of this was being struck by a laptop that fell while removing a box from a cupboard, and no access to printers or equipment not functioning correctly.

There has been a slight increase in manual handling incidents in Q2, although the number of incidents remain relatively low in relation to the number of manual handling activities carried out on a daily basis. There were 2 incidents in Q1 and in Q2 there were 6, 3 of which were while handling people and 3 while handling objects.

V&A Incidents

	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Total
Abduction	0	0	0	0	0	0	0
Absconding or missing patient/service user	3	3	2	1	5	2	16
Aggressive/threatening behaviour	13	16	10	12	11	8	70
Anti social behaviour	1	0	2	1	0	0	4
Equality and diversity policy / guidelines	0	0	0	0	0	0	0
Harassment	0	1	2	0	4	2	9
Inappropriate behaviour / attitude	6	3	5	8	9	5	36
Inappropriate use of social media	0	0	0	0	0	1	1
Indecent exposure	0	0	0	0	0	0	0
Patient clinically challenging behaviour	0	1	0	3	3	0	7
Physical assault (physical contact)	5	2	3	6	4	13	33
Privacy and dignity for the patient	0	0	0	0	0	0	0
Protest	0	0	0	0	0	0	0
Restrictive practices	3	4	12	3	5	1	28
Self-harm / self-injurious behaviour	1	2	2	1	2	1	9
Sexual (inappropriate) behaviour	0	0	0	0	1	0	1
Sexual assault	0	0	0	0	0	0	0
Smoking	0	0	1	0	0	0	1
Verbal assault (gender/sexual orientation)	0	1	0	0	0	0	1
Verbal assault (racial abuse)	0	0	0	0	0	0	0
Verbal assault (swearing etc.)	4	4	2	1	3	1	15
Total	36	37	41	36	47	34	231

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Trends and Themes from the V&A Incident Data

V&A incidents remain the highest number of reported incidents reported across the organisation. In Q1 there were 114 incidents highlighted in blue in the above table. In Q2 there were 117 incidents reported and increase of 3 in this quarter a total of 231 in Q1 & Q2. This compares to 59 general accidents and incidents over the same periods.

Top 6 Categories -

- Absconding patients – This remains the same over the two reporting periods, at 8 instances in both Q1 & Q2.
- Aggressive/Threatening Behaviour – There as been a slight decrease in this category from 39 incidents in Q1 to 31 in Q2, although this remains the top category.
- Inappropriate behaviour/Attitude – The reported incidents in this category has increase from 14 in Q1 to 22 in Q2 incidents.
- Physical Assault – The reported incidents in this category has increase from 10 incidents in Q1 to 23 in Q2.
- Restrictive Practice – These have reduced from 19 in Q1 to 9 in Q2
- Verbal Assault – This has dropped from 10 in Q1 to 5 In Q2.

An analysis of the V&A incidents will be undertaken in Quarter 3, to identify if the current strategy is working or what further intervention is required to try and reduce the numbers of V&A incident going forward and reported to the Health and Safety Group.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

RIDDOR Incidents Reported by Category

RIDDOR Category	19/20	20/21	21/22	22/23	23/24	24/25 Q1	24/25 Q2	24/25 Q3	24/25 Q4	Total
Specified Injury		1	1	3	1	1	4			11
Specified Injury (Public)	1			1		3				5
Over 7-day Injury	5	3	7	3	7		1			26
Occupational Disease		5	3	2		1	1			12
Dangerous Occurrence					2					2
Fatality										0
Total	6	9	11	9	10	5	6			56

RIDDOR Incidents Reported by Accident Category

Accident Category	19/20	20/21	21/22	22/23	23/24	24/25 Q1	24/25 Q2	24/25 Q3	24/25 Q4	Total
Slips, Trips & Falls	4	2	2	2	1	3	4			18
Physical Assault	1		1	1	2	1				6

Manual Handling	1		3	1	3				8
Burns / Scalds									0
Struck by Object		1	2						3
Struck Against		1							1
Falls From Height				2			1		3
Occupational Disease		5	3	2		1	1		12
Needle Stick									0
Electric Shock				1					1
Another Kind of Accident					2				2
Release of a Chemical					2				2

There were 11 RIDDOR reportable incidents during Quarters 1 & 2, and these included:

- A member of staff tripped and fell on the uneven surface in the car park to the side of Hafren Ward, fracturing their foot.

The H&S Unit made enquiries into the cause of the incident and issued advice regarding mitigating the risks associated with the defective areas within the car parks.

- A member of staff using the grass bank as access to Hafren Ward, from the top car park, slipped and fell on the wet grass, fracturing their leg in two places.

The H&S Unit made enquiries into the cause and location of the incident and issued advice regarding mitigating the risk associated with using unofficial access and egress routes, to prevent further incidents occurring.

- A member of staff carrying out a home visit, tripped on a brick, then while correcting themselves slipped on wet grass and rubble, falling banging their head and losing consciousness.

The H&S Unit made enquiries into the cause of the incident and issued advice regarding mitigating the risk associated with home visits and, slips, trips and falls, to prevent further incidents occurring.

- A member of staff slipped and fell while using a hedge cutter on a bank, falling on the stationary blade, cutting their fingers and damaging tendons, which required surgery.

This incident is currently under investigation by the H&S Unit.

- A member of staff while collecting lunch dishes from a ward, caught their foot on a patient's chair, causing them to stumble and fall fracturing two bones in their elbow.

This incident was investigated by the Ward Manager in conjunction with Support Services and it was identified that no action was needed to prevent a re-occurrence.

- One reported case of Hand Arm Vibration within the Estates department.

The H&S Unit have made enquiries in relation to the levels of vibration exposure for the IP. It is noted that their use of vibratory equipment at work, and exposure to vibration has been very limited over the last 4 years. This is because they have been seconded to a supervisory role. The total recorded exposure in the last 4 years is 179 HSE points and the safe level being HSE 100 points per day.

As a point of note, in Q1 & Q2 of this year there have been 11 reportable incidents to the HSE. This already equals those recorded in 2021/22 which was previously the highest number recorded in any 12-month period, with two quarters remaining to report in the 2024/25 financial year.

Accident / Incident Investigations

An investigation into the RIDDOR reportable incident involving the hedge cutter commenced in Q2.

Training

During Q2 the following training has been delivered via the Health and Safety Unit, either by the in-house resource, or by external providers.

Health and Safety Training Delivered:

- Level 3 Hand Arm Vibration Awareness training.
- The Level 1 Health and Safety e-learning package which is mandatory for all staff continues to be delivered via ESR.
- All new starters attend Corporate Induction which includes a section on H&S – this includes - H&S Responsibilities, V&A, Manual Handling, Fire Safety, Lone working, Driving for work, DSE assessments and Datix reporting.
- New and Aspiring Nurse induction training.
- Patient Handling and Object Handling.
- Manual Handling for Managers.
- PMVA 4-day Foundation and 1-day refresher courses.
- De-escalation and Breakaway Training.
- Face Fit Testing online presentation.

Statutory and Mandatory Training rates for Manual Handling and PMVA.

Training compliance rates are reported through several Groups and Committees within the Health Board. The key challenge reported in the early part of 2023 was the ability of departments to release staff to attend training, which is still the case in Q2 2024.

The table below shows for Q2 compliance percentages against each category remain relatively constant, with a slight drop in compliance in manual handling for managers by 1.3% and a further slight drop in Q2 in Module B violence and aggression training of 0.38%

The other categories of training have once again seen an increase in compliance; however, these are relatively small.

Competence Name	Assignment Count	Required	Achieved	Compliance %	Situation Against Q1
070 LOCAL Manual Handling for Managers - No Renewal	228	228	170	74.56%	Down 01.30%
NHS CSTF Moving and Handling - Level 1 - 2 Years	850	850	753	88.59%	Up 01.91%
NHS CSTF Moving and Handling - Level 2 - 2 Years	1584	1584	1255	79.23%	Up 01:66%
NHS CSTF Violence and Aggression (Wales) - Module B - 3 Years	2144	2144	1967	91.74%	Down 00.38%
NHS MAND Violence & Aggression Module D - 1 Year	81	81	59	72.84%	Up 3.61%

Manual Handling Training

The training is delivered in line with the All-Wales NHS Passport scheme and the standards contained therein, this is currently version 3, 2020.

The All-Wales NHS Manual Handling Training Passport and Information Scheme (Passport Scheme) was developed by the All-Wales NHS Manual Handling Group. It was originally launched in 2003 with endorsement from the Welsh Government, NHS Wales and the Health and Safety Executive.

Moving and Handling training is currently planned on a six-month basis, going forward from Q3 onwards we will be moving to three monthly planning and booking of manual handling. This is to make it more flexible to meet the needs within the organisation, and to ensure we can accommodate the recruitment of international Nurses, Aspiring Nurses and those currently on the Bank. Access to the dedicated training facilities where the equipment is located at both Bronllys and Llanidloes continues to be challenging on occasions, due to the block booking of these rooms by some departments and having to book through a third party.

The Health Board is opening a much-needed additional training venue in Llandrindod in late 2024, which is expected to improve the availability for training spaces, this will hopefully give greater availability of the dedicated rooms for manual handling training.

Moving & Handling Courses Breakdown – 1st April – 30th June 2024		
Course	Number of courses	Number attended
1 Day Refresher	10	70
2 Day Foundation	9	59
Object/Load	16	104

Managers Module G	3	16
Pool Evacuation	2	6
Totals	40	255

Each of the manual handling courses is expected to take 8 candidates, but where demand requires can take a maximum of 10. The above offering for Q2 was 320 training places based on 8 candidates per course, with an actual attendance of 255, leaving a non-attendance rate of just over 20%.

Prevention Management of Violence & Aggression Training (PMVA)

PMVA training is currently being delivered by Aneurin Bevan Health Board under an SLA, where 3 places are allocated to PTHB staff on the following courses:

- The 4-day PMVA Foundation Course
- The 1-Day PMVA Refresher Course

The 1 Day Breakaway Course is once again being delivered in-house by the V&A Trainer/Advisor and courses are being delivered on demand.

PMVA Courses Breakdown - 1st April – 30th June 2024		
Course	Number of courses	Number attended
4 Day Foundation	4	7
1 Day Refresher	16	10
1 Day Breakaway	4	26
Totals	24	43

The attendance rates for Q2 for the above courses are as follows:

- 4-Day Foundation – 12 spaces allocated and 7 attended.
- 1-Day Refresher – 48 spaces allocated and 10 attended.

A total of 60 spaces available over the two courses offering from ABUHB with a total of 17 candidates from PTHB attending, this equates to a non-attendance of 72% across the two-course offering.

It's not currently known if the PMVA course offering from ABUHB exceeds the current training needs of the health board, going forward the V&A Trainer/Advisor will be investigating to ensure the offering meets the needs.

1-Day Breakaway – These courses are currently being run to meet demand, so attendance numbers vary. But based on 8 attending each course these are currently running AT 81% attendance.

Face Fit Testing

Face fit testing for all departments is being delivered in accordance with HSE Guidance and Fit2Fit accreditation. Each member of staff must attend a 30-minute online presentation, delivered by the H&S Unit, before they can attend the practical face fit testing sessions. The practical testing sessions currently take place in 3 hubs across the county: Llanidloes, Builth Wells and Bronllys. The administration and delivery of face fit testing continues to be resourced by the H&S Unit, along with the associated costs which are not currently factored into the H&S Unit budget.

During Q2 only two face fit testing days testing were delivered, this was due to several factors, including staff leave across the organisation over the summer period, limited availability of the rooms used in the 3 hubs.

The tables below indicate both the number of online sessions and practical testing delivered in Q2.

Number of Online Presentations Delivered	Number attended	Average Attendees Per Session
4	10	2.5

Number of Test Days	Location	Available Appointments	Appointments Used	Un-used Appointments
2	Bronllys	20	11	9

A total of 2 face fit testing days were offered in Q2, one of the days was arranged for 4 attendees which was fully subscribed. On the second test day there were 16 appointments available, during this day a total of 9 persons attended, which equates to a 56% attendance rate.

FFT Going forward – Due to the H&S Units administration function reducing in hours, back to the contracted 0.40WTE allocated to the post. The model for the delivery of face fit testing will be changing, this is to reduce the administrative burden associated with the activity.

The changes will include replacing the delivery of the 30-minute face fit testing toolbox talk/presentation, currently delivered by one of the Senior H&S Officers via Teams, to an online version that can be viewed from the H&S website. This will remove the administration associated with arranging and booking the online sessions and notifications to staff. It will also reduce H&S Officer time in delivering the sessions face to face.

Some of the other changes to reduce / remove H&S administration are associated with booking and providing suitable facilities for the practical testing to take place. This has normally been arranged and collated by the H&S Unit and been delivered from 3 hubs, Llanidloes, Builth Wells and Bronllys. Going forward the practical Testing will now take place on each of the sites, but the responsibility for arranging this and providing a suitable location for testing to take place rest with the managers onsite who require testing for their staff or the site. Another change will be that managers will have to populate and arrange their staff appointments on test days ensuring staff turn up, to reduce the waste of resource and reduce DMA's. Currently the H&S Units Administrator has been chasing appointments to ensure slots are filled, this will not be happening going forward.

Health and Safety – Corporate Web Pages

A key element of the role of the health and safety function is to communicate and support managers and local teams in understand health and safety and raising their awareness in the subject and their roles and responsibilities. One of the methods deployed to do this, is through the use of the H&S Unit web pages, SharePoint and Powys Announcements. With safety critical issues communicated in safety alerts.

Updates to the corporate web pages in Q2 included:

- A new section has been created which relates to department H&S files (red files), this section is designed to guide departments and managers in how to create and maintain a health and safety file for their department, with easy reference in what needs to be included and how to collate this. This was advertised organisation wide, which created 206 web site views in the first month.
- A new section has been created to inform Managers and Supervisors of their H&S responsibilities, as detailed in the H&S Policy HSP001. This section is designed to advise and guide Managers and Supervisors in how to discharge these duties, which created 265 web site views in the first month.

Staff Side Engagement and Support

In Q2 there has been no celebrative working with Staff Side in relation to their inspections across the PTHB estate, and they have not requested any support from the H&S Unit during this period.

The H&S Unit have developed a process which has been agreed by Staff Side to be adopted, to ensure where workplace inspections are undertaken the employer responds appropriately and where required actions and recommendations that are identified these are captured, actioned and progress is tracked where required to completion.

Corporate Health and Safety Risks

In Q2 2024 - There were no Health and Safety Risks to escalate to the Health and Safety Group and Corporate Risk Register.

Risks held on local Directorate Risk Registers are reviewed by the Directorate Management teams on a regular basis and escalated to the Health and Safety Group as required.

Looking Ahead – Q3 & 4

Q3 - Review and Update of the Health and Safety Policy.

Q4 – The Health and Safety Policy tabled for approval.

Q4 – Audit of Manual Handling.

Q4 – Review departmental premises inspection process.

Further updates to the H&S web pages, will include:

- A section for topical bulletins from the HSE.
- Medical gas safety.

CONCLUSION:

The H&S Unit remain committed to ensuring a positive health and safety culture across the organisation. The improvement in reporting of accidents and incidents and the communication of lessons learned, along with ensuring staff receive the appropriate levels of H&S training, relevant to their roles and responsibilities, will help to support, improve, and drive a positive culture across the organisation.

The development and implementation of the two new sections on the H&S web pages in Q2 as noted in this report, will assist and guide departments, Managers and Supervisors in the discharge of their health and safety duties. It will also enable them to have concise and comprehensive health and safety documentation in place and readily available. Both after being advertised through Powys Announcements have generated a lot of interest with combined website hits of 471 in the first month.

As V&A incidents continue to be the largest number of reported incidents across the Health Board. To identify if the current strategy and training to reduce and managed these incidents needs to change or if further violent incident reduction strategies need to be implemented, to try and reduce the number of incidents an analysis will be undertaken and reported to Executive Committee and Health and Safety Group in Quarter 3.

With slips, trips and falls being the highest number of reported general incidents in this quarter and also largest number of PTHB reportable incidents to the HSE, 18 incidents since 2019. It is important departments adopt pro-active workplace inspections, using the resources provided on the H&S web pages. This resource has been available nearly 12 months, and to date there is little evidence department have adopted the process, and there is no evidence the findings are being escalated to the various groups, such as the site coordinators group. This deployment and adoption of the workplace inspections will be reviewed in Q4 to see if improvements can be made.

As part of the Internal Audit process, the delivery of IOSH Managing Safely training as listed in the H&S Policy was to be reviewed. The delivery of the first course has been reviewed and the feedback from attendees was very positive. Based on the review it has been agreed that this is the most suited course for Managers and Supervisors to attend. It is envisaged that attendance will be on a risk-based approach across the organisation. Another IOSH Managing Safely course has been arranged for Q3 and this is fully subscribed, and it is hoped a further two courses will be delivered in Q4.

As reported in the previous performance report, progress is being made in some areas of training attendance, there is still some work to be done to try and reduce non-attendance, including:

Reviewing the current PMVA training offer from ABMU will be undertaken, to ensure courses are targeted to meet the Health Board's requirements. This will reduce the number of DNA's and ensure staff attended the correct training course. At present when staff go out of compliance, instead of attending the one-day refresher course, they must re-attend the 4-day foundation course. This is at considerable cost to the organisation, in both course costs, lost time and travel over 4 days, and a loss of resource on the ward which potentially must be backfilled at cost. So, it is important that the courses match the staff training requirements and that departments plan for this in advance, so staff can be released to attend.

Toward the end of Q3 we will be moving to a different model for the delivery of Face Fit Testing. This will place a greater ownership on the department managers to arrange and ensure staff attend the practical face fit testing days, as identified in their task-based risk assessments. The online presentation will be moved to a different platform, which will allow staff to access the presentation at a time best suited to themselves and will reduce H&S Officer time in delivery. It is envisaged that this new model of face fit testing delivery will be reviewed in Q4 2024 or Q1 2025.

IMPACT ASSESSMENT - NOT REQUIRED

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

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WALES

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Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.6

Workforce and Culture Committee		10 December 2024
Subject:	CORPORATE RISK REGISTER (W&C COMMITTEE)	
Approved and presented by:	Director Of Corporate Governance/Board Secretary	
Prepared by:	Corporate Governance Assurance and Risk Officer	
Other Committees and meetings considered at:	PTHB Board – 27 November 2024	
PURPOSE:		
<p>To present the Committee version of the Corporate Risk Register (CRR) to support the Committees review and seeking assurance in relation to the risks identified to the delivery of Powys Teaching Health Board’s (PTHB) strategic objectives, the controls in place to manage these risks and their efficacy.</p> <p>The risks provided are the ones agreed by the Board as within the remit of the Committee. The Committee Risk Register is based upon the Corporate Risk Register (CRR) considered by the Board on the 27 November 2024.</p>		
RECOMMENDATION(S):		
<p>The Workforce and Culture Committee is asked to:</p> <ul style="list-style-type: none"> • RECEIVE and DISCUSS the corporate risks within the Committee’s remit and any relevant issues • TAKE ASSURANCE that risks are being managed in line with the Risk Management Framework. 		
Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The Corporate Risk Register links to all of the Health Board’s objectives by identifying risks that could impact on delivery or achievement.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	

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6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

The Committee Risk Register draws together relevant risks from the Corporate Risk Register (CRR) to provide a summary of the significant risks to delivery of the Health Board’s strategic objectives.

The Corporate Risk Register (CRR) is a cornerstone of the Board Assurance Framework (BAF) and is the central repository for risks to the delivery of PTHB’s strategic objectives.

There are 12 risks on the corporate register; 1 of those risks fall within the remit of this Committee and are there provided as the Corporate Risk Register (W&C Committee).

Appendix 2 provides the detail of risks to be considered at the in public meeting – provided as appended documents to this report.

BACKGROUND AND ASSESSMENT

The Health Board approved the Board Assurance Framework (BAF) in May 2024, linked here - [CGP 014 Board Assurance Framework May 2024](#)

The Corporate Risk Register (CRR) is a cornerstone of the Board Assurance Framework (BAF) and is the central repository for risks to the delivery of the organisations strategic objectives.

The CRR provides a summary of the significant risks to the delivery of the Health Board’s strategic objectives. Corporate risks also include risks that are widespread beyond the local area (e.g. directorate), and risks for which the cost of control is significantly beyond the scope of the local budget holder.

Risk owners submit updated risk information to the Risk and Assurance Group (RAG) for review, check and challenge. The RAG then makes recommendations to the Executive Committee on amendments to risk scores or assurance ratings. The RAG can also escalate risks from Directorate Risk Registers to the Executive Committee, which is ultimately responsible for recommending the inclusion of risks in the CRR for Board approval.

The Boards risk appetite has been embedded into the CRR and work is underway to review and moderate the assurance ratings of controls to agree a consistent approach to assessing this which removes a degree of subjectivity from risk owners. The RAG will play an instrumental role in helping to achieve.

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The detail related to Risk CR008 and CRR012 has been provided to the Committee for consideration in a closed session (in-committee) due to the confidential nature of some aspects of the risk management actions and controls.

ROLE OF THE COMMITTEE:

Board Committees have a vital role in supporting Senior Risk Owners and the organisation more broadly to seek assurance on the ongoing development and management of corporate risks.

The corporate risks relevant to the Committee will be provided at each meeting, the Committee is asked to consider these in their own right and also to consider them alongside relevant agenda items through the cycle of Committee business.

Feedback from Committee members will be considered by the executive lead (senior risk owner) for each risk with the relevant staff and any changes will be reflected in the next risk reporting cycle update.

NEXT STEPS:

The Committee will continue to seek assurance on the ongoing development and management of the relevant corporate risks as set out above.

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Appendix 1 - Delivery and Performance (D&P) Committee Risk Register – Heat Map

There is a risk that...

In-Committee Risks (Private)		<p><i>CRR 008 A cyber-attack results in significant disruption to services and quality of patient care (Risk Score: L5 x I4 = 20)</i></p> <p><i>CRR 011 A national power outage results in significant disruption to services and the quality of patient care (Risk Score: L4 X I5 = 20)</i></p> <p><i>CRR 012 - National Digital Programmes do not always meet Powys requirements (Risk Score L4 X I4 = 16)</i></p>					
Impact	Catastrophic	5				<ul style="list-style-type: none"> CRR011 (Power outage) 	
	Major	4				<ul style="list-style-type: none"> CRR001 (Financial forecast) CRR003 (Resource allocation) CRR004 (Demand - provider) CRR006 (Workforce) CRR007 (Primary Care) CRR009 (Estates) CRR010 (Public Health Emergency) CRR012 (National Digital Programmes) 	<ul style="list-style-type: none"> CRR002 (Financial resources) CRR005 (Demand – commissioner) CRR008 (Cyber-attack)
	Moderate	3					
	Minor	2					
	Negligible	1					
		1	2	3	4	5	
		Rare	Unlikely	Possible	Likely	Almost Certain	
		Likelihood					

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Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee
ED P&C	CRR 006	Quality	Failure to recruit and retain an appropriate workforce, results in an inability to sustain high quality services.	4 x 4 = 16	Cautious	8	No	Workforce and Culture

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KEY:

Risk Appetite Descriptors and Categories

Risk Appetite	Description
Averse	Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities undertaken will only be those considered to carry virtually no inherent risk.
Minimal	Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk.
Cautious	Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken may carry a high degree of inherent risk that is deemed controllable to a large extent.
Open	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk.
Eager	Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk.

Executive Lead:	
CEO	Chief Executive
DPCCMH	Director of Primary, Community Care and Mental Health
DoNM	Director of Nursing and Midwifery
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director Public Health
DWOD	Director of Workforce and OD
DoTHS	Director of Therapies and Health Sciences
DPP	Director of Planning and Performance
BS	Board Secretary
DoE	Director of Environment

RISK APPETITE	
Category	Appetite for Risk
Safety	Averse
Quality	Minimal
Regulation and Compliance	Cautious
Reputation and Public Confidence	Cautious
Performance and Service Sustainability	Cautious
Financial Sustainability	Cautious
Workforce	Cautious
Partnerships	Open
Innovation and Strategic Change	Open

Risk Scoring

LIKELIHOOD	IMPACT				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost Certain 5	5	10	15	20	25
Likely 4	4	8	12	16	20
Possible 3	3	6	9	12	15
Unlikely 2	2	4	6	8	10
Rare 1	1	2	3	4	5

Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25
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CRR 006		Executive Lead: Executive Director People & Culture															
Risk that: Failure to recruit and retain an appropriate workforce, results in an inability to sustain high quality services.		Assuring Committee: Workforce & Culture Committee															
Risk Impacts on: Organisational Priorities underpinning WBO 8		Date last reviewed: November 2024															
Risk Category: Quality		Boards Risk Appetite: Cautious															
<p>Risk Rating (likelihood x impact):</p> <p>Inherent: 4 x 4 = 16</p> <p>Current: 4 x 4 = 16</p> <p>Target: 2 x 4 = 8</p> <p>Date added to the risk register. July 2024</p> <p>Source of risk: KPIs</p>	<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr> <td>Jul-24</td> <td>16</td> <td>8</td> </tr> <tr> <td>Aug-24</td> <td>16</td> <td>8</td> </tr> <tr> <td>Sep-24</td> <td>16</td> <td>8</td> </tr> <tr> <td>Oct-24</td> <td>16</td> <td>8</td> </tr> </tbody> </table>	Month	Risk Score	Target Score	Jul-24	16	8	Aug-24	16	8	Sep-24	16	8	Oct-24	16	8	<p>Rationale for current score:</p> <ul style="list-style-type: none"> The risk has been fully reviewed and assessed as a new risk in July 2024. As of 30th September 2024, the Health Board contracted vs budgeted establishment showed a vacancy rate of 14.60%. After the use of overtime, additional hours, agency, and Bank this fell to 8.28%. The challenges in recruitment are more pronounced in clinical roles with vacancies running at 23.55% for Medical and Dental, 19.83% for registered Nursing and Midwifery, 18.51% for Add Prof Scientific & Technic and 17.09% for Additional Clinical Services. To support safe staffing levels there continues to be a need for reliance on agency staffing with the following WTE agency staff deployed in September 2024 from information held on the Health Roster/TSU systems: <ul style="list-style-type: none"> Additional Clinical Services: 29.39 WTE
Month	Risk Score	Target Score															
Jul-24	16	8															
Aug-24	16	8															
Sep-24	16	8															
Oct-24	16	8															

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		<ul style="list-style-type: none"> ○ Nursing & Midwifery Registered: 32.72 WTE ○ Medical & Dental: 11.94 WTE 		
Controls (What are we currently doing about the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
6.1	Safecare has been implemented to support and monitor safe staffing levels on wards.	Briefing at daily huddle between Community Service Managers and TSU.	Reasonable	Assistant Directors
6.2	A programmed schedule of staffing huddle meetings take place during the week between the TSU and services to plan and review rosters for the week ahead and prioritise areas requiring additional staffing.	Routine schedule published to include all relevant staff. It is managed by the resourcing team with a rota in place of TSU staff to attend.	Reasonable	Assistant Directors
6.3	A Variable Pay Group has been established and meets twice monthly. A range of performance measures have been developed to monitor variable pay levels.	Minutes and papers from meetings. Escalation of current vacancies within areas of high variable pay spend. Adult and MH Ward managers have been engaged to fully understand and agree existing vacancies and encouraged to actively advertise vacant posts. Wider 'deep dive' investigation currently underway	Reasonable	Deputy CEO

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		regarding vacancies across the whole organisation.		
6.4	Workforce projections have been developed for all clinical staff groups with a detailed focus on Nursing (both Registered and HCSWs) across Adult Wards and Community teams and Mental Health Wards and Community Teams, projecting future staffing levels against known recruitment pipelines, such as Grow our own and international recruitment.	<ul style="list-style-type: none"> Workforce performance reports produced routinely and shared appropriately. Deep Dive Reports developed annually, or as required. 	Substantial	Lead Executive Directors
6.5	Regular reporting of 'Time to Hire' and recruitment KPI's included within Workforce Performance Reports.	Workforce performance reports produced routinely and shared appropriately.	Substantial	Workforce & Culture Committee
6.6	Monthly vacancy reporting in place identifying vacant posts against the financial ledger.	Workforce performance reports produced routinely and shared appropriately.	Substantial	Workforce & Culture Committee
6.7	Workforce planning training delivered and an ongoing offer available.	38 staff have completed the training to date with MH, W&C, Digital and Corporate nursing receiving a 1-hour overview session.	Reasonable	Deputy Director People & Culture
6.8	Intranet page with information on Workforce Planning set up for managers.	SharePoint site: Workforce Planning (sharepoint.com)	Substantial	N/A
6.9	Wage stream available for Bank staff.	System in place and usage report included within the Workforce Performance Report.	Substantial	Executive Committee

Mitigating Actions (What more will we do?)				
Action	Lead	Action update	Deadline	Action on Target
<p>Workforce Planning: Roll out the organisationally agreed workforce planning model by delivering training which supports services to develop their resource plans.</p>	tbc	<p>Ongoing support available to service leads in the development of workforce plans. HEIW funded role currently advertised – Workforce Planning Manager, to operationally support service areas in the development of workforce plans.</p>	November 2025	On track
<p>Candidate Journey application to induction Review the end-to-end candidate journey from application to induction, identifying changes or omissions within the current process that are required to improve the candidate journey. To be extended to include local KPIs for recruitment to the Bank.</p>	tbc	<p>Heavily involved with All-Wales recruitment modernisation group, applying any learning to improve PTHB processes. End to End journey being reviewed to identify opportunities. Review of Bank recruitment onboarding KPIs with positive changes immediately implemented to reduce time to hire and optimise candidate experience.</p>	20/12/2024	On Track

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<p>Increase bank supply:</p> <ul style="list-style-type: none"> Targeted Recruitment Open days taking place at all Hospitals and will continue throughout the year. Rolling adverts and targeted Bank adverts for Registered Nurses and HCSW posts. 	tbc	<p>5 Open Days held over June and July across Powys with multiple members recruited to the bank at each event. A further 5 held in August and September. Work now continues to onboard the applicants successfully before planning future Open Days.</p> <p>Rolling adverts out each week and shortlisting against applicants each Friday.</p>	Ongoing	On Track
<p>International Recruitment</p> <p>Continue international nurse recruitment to a target of 18 Adult nurses and 4-6 Mental Health Nurses</p>	tbc	<p>18 international nurse offers have been made, first cohort of 6 arrived in Newtown in August, have now all passed their OSCE exam and awaiting NMC PINs. A further 6 identified for Machynlleth will arrive on 20 November, and final cohort of 6 awaiting allocation due early 2025. In addition, 4-6 RMNs expected by end of Q4.</p>	Ongoing	On Track
Current Risk Rating		Update including impact of actions to date on current risk score		

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Corporate Risk Register
CRR 006
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Staff Retention Final Internal Audit Report

November 2024

Powys Teaching Health Board



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Health Board



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Auditors:	Olubanke Ajayi- Olaoye, Principal Auditor Ian Virgill, Head of Internal Audit
Executive sign-off:	Debra Wood- Lawson, Executive Director of People and Culture
Distribution:	Katelyn Falvey, Head of Strategic Workforce Transformation, Planning & Resourcing Julia Williams, Workforce Retention Lead
Committee:	Audit Risk & Assurance Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

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Executive Summary

Purpose

The overall objective of the audit was to review and assess the plans and processes in place to enable the Health Board to retain an appropriate workforce to allow for the sustained delivery of high-quality services.

Overview

We have issued reasonable assurance on this area.

The matters requiring management attention include:

- Actions within the National Nurse Retention Plan overseen by the task and finish groups do not have revised target dates.
- The Health Board’s local Workforce Retention plan requires completion for use.
- Further work is required to promote the completion of exit questionnaires.

Other recommendations / advisory points are within the detail of the report.

Report Opinion



Reasonable

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary¹

Objectives	Assurance
1 There are relevant plans in place that outline the approach to staff retention	Reasonable
2 Effective initiatives are in place to retain staff and outcomes are reviewed where applicable	Reasonable
3 There is a mechanism in place to collate and learn from information provided at the leavers exit questionnaire	Reasonable
4 There are appropriate governance arrangements in place, which provide an oversight for the regular review and delivery of retention plans.	Substantial

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority
1	Setting Milestones for National Nurse Retention Plan actions	1 Operation	Medium
2	Development of Health Board’s Local Workforce Retention Plan	1 & 2 Operation	Medium
3	Exit Questionnaire Completion	3 Operation	Medium

1. Introduction

- 1.1 Our review of Retention of Staff was completed in line with the 2024/25 Internal Audit Plan for Powys Teaching Health Board (the 'Health Board').
- 1.2 Retaining and supporting the workforce to continue to deliver, safe, quality and excellent care is one of the Health Board's priorities.
- 1.3 It is important that both new and existing staff are supported and encouraged to remain with the organisation because a staff member's experience can have a direct and measurable impact on employee's retention.
- 1.4 The Health Board has a higher workforce turnover rate when compared to the NHS Wales average. The organisation has experienced a varied level of staff turnover amongst staff groups within the organisation, with nursing and midwifery having the highest head count.
- 1.5 The Executive lead for this review is the Executive Director of People and Culture.
- 1.6 The potential risks considered for this review were as follows:
 - The Health Board fails to deliver the goals and objectives detailed within its staff retention Plans;
 - The Health Board is unable to consistently operate in a safe manner due to insufficient staff;
 - Lessons learnt from the leavers interview are not captured; and
 - Continued reduction in the Health Board's workforce due to recruitment and retention issues not being monitored and/or corrective action not being taken.

2. Detailed Audit Findings

Objective 1: There are relevant plans in place that outline the approach to staff retention. The Plans set out clear milestones and objectives with specific actions to achieve them.

- 2.1 There is a National Nurse Retention Plan which was published by HEIW in October 2023. The Plan is intended to supplement and strengthen the work that many organisations had already progressed. The plan is supported by a retention guide and a self-assessment tool. The Health Board is required to implement thirty-nine actions across the plan's seven themes, with wellbeing, Welsh language and inclusion threaded through the plan.
- 2.2 The National Plan is owned and led by HEIW, it is nurse specific and was developed before the Health Board's workforce retention lead was appointed. The actions within the plan have a number of responsible owners, these are undertaken by the Health Board, HEIW and the Welsh Government.
- 2.3 The staff turnover rates have been noted as an All-Wales issue and support has been recognised to be needed. The Health Board appointed a new workforce retention lead in February 2024. The role has been funded for two years and the

basis for the role is to review the general workforce retention but specifically focus on nurse retention.

- 2.4 The Health Board is required to report to HEIW against the actions and milestones within the National Nurse Retention Plan. We note that two thirds of the target dates for completion of actions within the plan lapsed just after the Health Board's lead started in post (and at the end of the 23/24 financial year end), also almost one third of the target dates were set for April 2024. This has been raised with HEIW by the various Health Board appointed workforce retention leads. However, it is the expectation that work should still be undertaken within the Health Board to ensure the set actions are undertaken.
- 2.5 Work has been undertaken and is being picked up locally by four task and finish groups named; Experience, Influence, Develop and Flexible. The groups are working on the actions that have lapsed within the National Nurse Retention Plan and some of the more local actions. The groups meet monthly and keep and update their respective action plans and action logs.
- 2.6 Review of the National Nurse Retention Plan actions being taken forward by the task and finish groups, found seven of the thirty-nine actions had been fully completed (as at time of the audit) with evidence provided. However, we note that the remaining actions that have lapsed have not been allocated new targets for completion within the task and finish groups. **(Matter Arising 1 – Medium Priority)**
- 2.7 The Retention Steering Group has responsibility for the development of an organisational local Workforce Retention Plan. At the time of our audit the local plan was in its early stages of development. However, there is need to work towards completing this as the National Nurse Retention Plan makes a number of references to a Health Board local plan, highlighting the importance of its development. **(Matter Arising 2 – Medium Priority)**

Conclusion:

- 2.8 The National Nurse Retention Plan published by HEIW has actions with milestones which though lapsed are required and still being worked on by the Health Board. However, new milestones have not been set for achieving these actions. We also note that there is ongoing work in place to develop a robust local Workforce Retention Plan, which is a reference tool within the National Nurse Retention Plan and a key plan for the Health Board as a whole. We have provided **Reasonable Assurance** for this objective.

Objective 2: Effective initiatives (such as social media, staff engagement, succession planning and staff surveys) are in place to retain staff, they align to agreed plans, and outcomes are reviewed where applicable.

- 2.9 The workforce retention lead has been communicating and meeting with members of staff from the Executive to the Operational level. A number of initiatives have taken place. This has been done by:

- Undertaking staff surveys;
 - Having well-being roadshows; and
 - Having face to face meetings and visiting staff at their workplace.
- 2.10 There is also a Health Board retention resources and managers information site in place. We were informed by the Head of Strategic Workforce Transformation, Planning & Resourcing that this was a work in progress with additions made as they go.
- 2.11 Information gathered in staff engagement was fed back to service leads to implement actions and improve retention in relevant areas. Meetings were set up with senior managers where there were key/ major issues, providing templates and walking through suggested ways to resolve issues and complete the templates. The expectation is that the templates would be completed by October/ November 2024.
- 2.12 At the organisational level, there are ongoing themes being reviewed and individual areas are asked to look at what affects them locally. A number of themes were presented at the steering group and the Workforce & Culture Committee from the various initiatives.
- 2.13 The People and Culture performance report presented in October 2024 highlighted that the staff turnover percentage rate over the last year within the Health Board reduced from 16.23% in August 2023 (14.43% excluding fixed term) to 12.27% in August 2024 (11.73% excluding fixed term). However, this is still significantly above the NHS Wales turnover rate which was 7.2% in June 2024. (Matter Arising 2 – Medium Priority).
- 2.14 To note, due to the nature of Powys Teaching Health Board which includes geography, population demographics and service delivery, it may not be realistic for PTHB to achieve a turnover to replicate the NHS Wales average. However, we recognise that there has been a reduction in staff turnover in recent months which is a positive shift.

Conclusion:

- 2.15 A number of initiatives have been commenced to encourage and improve the retention of staff. Analysis has also been undertaken and the outcomes have been shared with affected areas and reported to the Steering group and the Workforce & Culture Committee. However, the Health Board's staff turnover rate remains significantly above the NHS Wales average. We have provided **Reasonable Assurance** for this objective.

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Objective 3: There is a mechanism in place to collate and learn from information provided at the leavers exit questionnaire. There are actions or systems in place to feed lessons learnt into retention plans and processes

- 2.16 There is a pre-set All Wales NHS leavers questionnaire which consists of ten drop down questions and an open comment section, this is within the Electronic Staff Records (ESR). Where a staff member is leaving the organisation, ESR automatically sends an exit questionnaire which the leaving staff member is expected to complete themselves.
- 2.17 The Workforce Retention Lead receives an Electronic Staff Record (ESR) business intelligence report on a monthly basis from the systems People and Culture team. Areas where the Health Board is performing well or poorly are sighted and themes are drawn from here.
- 2.18 A process of six-monthly reviews of exit questionnaires has commenced, with the first covering the period January to June 2024. Themes are identified through the review based on the weighted responses received and these will be picked up by the respective task and finish groups. An exit questionnaire analysis was presented at the Workforce Retention Steering Group and at the Shared Delivery meeting in which People and Culture colleagues attend. Workforce & Culture Committee will also receive an update in the coming months.
- 2.19 The exit questionnaire completion rate was at 28%, as stated in the exit questionnaire analysis of the January to June 2024 report presented at the Workforce Retention Steering Group in September 2024. Actions have been put in place to improve the rate of completion and ensure they are relevant and reliable, although some of these are currently work in progress. **(Matter Arising 3 – Medium Priority)**
- 2.20 There is an exit questionnaire process guidance which highlights how data/information extracted from the exit questionnaire report should be escalated via relevant mediums to address staff concerns. The guidance is in the process of being finalised. **(Matter Arising 3 – Medium Priority)**

Conclusion:

- 2.21 There is a new six-monthly review process in place used to collate and understand the reasons the staff turnover rate is high. Analysis from the review has highlighted some areas that had previously been flagged as actions. Further work is required to ensure the rate of completion of the exit questionnaires is improved. We have provided **Reasonable Assurance** for this objective.

Objective 4: There are appropriate governance arrangements in place, which provide an oversight for the regular review and delivery of retention plans.

- 2.22 The People Culture performance report is presented at every meeting of the Workforce & Culture Committee as a part of the standing agenda for assurance. It is also presented at Executive Committee.

-
- 2.23 Staff retention has been discussed at Executive Committee and Workforce & Culture Committee. There was a review of workforce retention in the Health Board from April 2023 to March 2024, this was presented in June 2024 and shared at Executive committee and Workforce & Culture Committee.
- 2.24 On a quarterly basis, updates are provided to the Workforce & Culture Committee for assurance against delivery of the Health Board's Integrated Plan. There are themes within the Plan relating to Workforce and OD, these themes are reported every six months.
- 2.25 In March and September 2024, an update on the 'Workforce futures' priority for strategic priority 11: A great place to work' theme was presented, this included an update on the Nurse retention plan.
- 2.26 There is a Workforce Retention Steering Group in place supported by four task and finish groups. The Workforce Retention Lead chairs the Steering group that has members from across the organisation, meets bimonthly and reports into the Executive Committee. The Steering Group has up to date terms of reference, keeps action logs, agendas and minutes of meetings. The three meetings reviewed were all quorate and operated effectively.
- 2.27 Each of the Experience, Influence, Develop and Flexible task and finish groups has a different focus as their name suggests, with work being done to ensure they have a variety of staff voice from clinical and operational colleagues. The task and finish groups provide updates to the steering group at every meeting.
- 2.28 The HB provides six-monthly update reports to HEIW against the National Nurse Retention Action Plan. Following the plan update presented in September 2024 at the Retention Steering Group, the update was also provided to HEIW.

Conclusion:

- 2.29 There are four task and finish groups which report to a Steering Group with responsibilities for undertaking the actions as set within the National Nursing Retention Plan. There are also appropriate overview and governance arrangements in place for staff retention at a Health Board level via the Executive Committee and the Workforce & Culture Committee. We have provided **Substantial Assurance** for this objective.

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Appendix A: Management Action Plan

Matter Arising 1: Setting Milestones for National Nurse Retention Plan (Operation)		Impact	
<p>The Health Board is required to report against the actions and milestones within the National Nurse Retention Plan. We note that the actions stated within the national retention plan have passed their original target dates. However, the task and finish groups do not have an updates timeline for the delivery of the national retention plan actions.</p> <p>Anticipated end dates and latest updates of progress towards the completion of the Nurse Retention Plan actions are not entered into the action plan which is presented at each of the Task and finish groups meetings.</p> <p>We also note that 8 of the 39 actions within the plan had not commenced at the time of the audit.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Task and finish groups and Health Board as a whole are unable to decide where or what to place priorities on as there are no target dates set. 	
Recommendations		Priority	
1	Management should ensure they include target dates for the actions of the National Nurse Retention Plan, so Health Board expectations and priorities to be reported to HEIW are known and prioritised.	Medium	
Agreed Management Action		Target Date	Responsible Officer
1	Target dates to be agreed against each of the actions by the task and finish groups, with continual progress monitored and reported into Steering Group.	January 2025	Julia Williams, Workforce Retention Lead

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Matter Arising 2: Development of Health Board's Local Retention Plan (Operation)		Impact	
<p>The Health Board's local Workforce Retention Plan commenced development in June 2024. We note that the Health Board is focusing on its priorities as they align to the nurse retention plan, ensuring they are applicable to the Health Board. The workforce retention lead is working on the organisational plan, but this still requires further work to be done. Additional details of measures to achieving the milestones such as areas to identify, areas to improve on and setting targets dates for actioning are required.</p> <p>The workforce retention lead has also been communicating and meeting with members of staff from the Executive to the Operational level to discuss staff retention. Actions have been developed at a local level following this engagement and on an organisational level, there are ongoing themes being reviewed. A number of themes were presented at the Steering Group and the Workforce & Culture Committee from the various initiatives.</p> <p>However, we note that the Health Board's staff turnover rate of 12.74% in August 2024, remains significantly above the NHS Wales average.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> The Health Board fails to deliver the goals and objectives detailed within its staff retention Plans. 	
Recommendations		Priority	
2	<p>Management should ensure that the local Workforce Retention Plan is fully developed as soon as possible with the allocation of target dates for the completion of actions and is then made available for use for by the Health Board.</p> <p>The initiatives that have been developed following the analysis undertaken by the Health Board's Retention lead should be incorporated into the Plan to ensure that they are effectively implemented.</p>	<p>Medium</p>	
Agreed Management Action		Target Date	Responsible Officer
2	<p>Develop the Workforce Retention Improvement Plan for Powys Teaching Health Board and gain Executive sign off prior to implementation.</p>	March 2025	Julia Williams, Workforce Retention Lead

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Matter Arising 3: Exit Questionnaire Completion (Design / Operation)		Impact
<p>The six-month review of the exit questionnaires undertaken from January to June 2024 highlighted a completion rate of 28%. In order for the Health Board to be able to derive benefits from the information provided therein, the completion rate needs to be improved.</p> <p>We note that the following actions are currently being put in place:</p> <ul style="list-style-type: none"> • A staff communication is being put in place. This is currently a work in progress; • Posters are currently being developed; • We were informed that information around the need to complete the exit questionnaire is to be included in the local management training programme, corporate induction and passed on to relevant groups as well. The team which run the Health Board’s Manager’s programme stated that the completion of exit questionnaires is verbally mentioned in the programme; and • Production of an exit questionnaire process guidance. This is in the process of being finalised. 	<p>Potential risk of:</p> <ul style="list-style-type: none"> • Health Board is uninformed on the reason for a high turnover rate. • Learnings from leaver not captured. 	
Recommendations		Priority
<p>3.1 Management should ensure that the current plans are fully implemented, and then explore any further ways of improving the completion rate of exit questionnaires, ensuring adequate staff communication is put in place.</p> <p>3.2 There should also be a system in place to formally include the relevance and need to complete exit questionnaires at local management training and corporate induction programmes.</p> <p>3.3 The exit questionnaire process guidance should be finalised for use by the Health Board.</p>	<p>Medium</p>	

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Agreed Management Action		Target Date	Responsible Officer
3.1	Complete development of manager and employee information around exit questionnaires and communicate this with all staff through a multi-modal communication plan	January 2025	Julia Williams, Workforce Retention Lead
	Complete quality improvement project to improve exit questionnaire completion rate for Registered Nurse’s with the Community Services Group and replicate successes across the organisation.	March 2025	
3.2	Ensure exit questionnaire relevance and importance is included in programme of education within the PTHB Managers Programme and Corporate Induction.	December 2025	
3.3	Finalise the process for escalation of exit questionnaire data and publish on PTHB Sharepoint.	January 2025	

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Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

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Workforce & Culture Committee 2024-25					
Theme	Item Title	June 04/06/2024	October 03/10/2024 (*rearranged from 10 Sept 24)	December 10/12/2024	March 13/03/2025
Governance	Minutes of previous meeting	✓	✓	✓	✓
Governance	Declaration of Interests	✓	✓	✓	✓
Governance	Action Log	✓	✓	✓	✓
Governance	Committee Risk Register	✓	✓	✓	✓
Governance	Committee Reflections		✓	✓	✓
Governance	Annual Work Programme	✓			
Governance	Work Programme (updated through year)		✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness				✓
Governance	Committee Annual Report	✓			
Governance	Review of Terms of Reference				✓
Performance	Workforce Performance Report	✓	✓	✓	✓
Performance	Director of People and Culture Report	✓	✓	✓	✓
Workforce Futures	Theme 1 - Staff Health and Wellbeing	✓		✓	
Workforce Futures	Theme 2 Great Place to Work		✓	✓	✓
Workforce Futures	Theme 3 Workforce Sustainability and Transformation			✓	
Workforce Futures	Theme 4 Welsh Language, Equality, Diversity and Inclusion		✓		✓
Equality, Diversity & Inclusion and Welsh Language	Equality, Diversity and Inclusion Annual Report	✓			
Equality, Diversity & Inclusion and Welsh Language	Welsh Language Annual Report	✓			
Statutory Compliance	Wellbeing of Future Generations Act Report	☒	☒	☒	✓
Statutory Compliance	Comms and Engagement Report for W&C				✓
Innovative Environments	Agile working		✓		
Staff Story	TBC at each meeting				
Health & Safety and Fire Safety	Health and Safety Assurance Update		☒	✓	
Health & Safety and Fire Safety	Health and Safety Annual Report including compliance with regulations and standards				✓
	Anti Racism Plan		☒	☒	✓
	Internal Processes for Revalidation		☒	☒	✓
	Fitness to Practice Referrals to the NMC		☒	☒	✓
Action PTHB/24/105	Staff Bank Service				✓

Key
Date to be confirmed
Item to be confirmed
Item deferred
Item brought forward
Going to Board
Due to Committee
Find Exec Cttee date
Added to draft agenda