

Workforce and Culture Committee

Tue 05 March 2024, 14:00 - 16:00

Agenda

14:00 - 14:00 **1. PRELIMINARY MATTERS**

0 min

Chair

1.1. Welcome and Apologies

Chair

1.2. Declarations of Interest

Chair

1.3. Minutes of the previous meeting held on the 14 December 2023 , for approval

Approval Chair

📄 W&C_1.3_Minutes_14 DECEMBER_23_UNCONFIRMED v3.pdf (10 pages)

1.4. Workforce and Culture Committee Action Log

Information Chair

📄 W&C_1.4_Action Log 2023-24.pdf (1 pages)

1.5. Staff Story - Staff Excellence Award Winner - Rising Star

Information Director of Workforce & OD

14:00 - 14:00 **2. ITEMS FOR APPROVAL/RATIFICATION**

0 min

2.1. Strategic Equality Plan 2023-2027

Assurance Director of Workforce and OD

📄 W&C_2.1a_Strategic Equality Plan 2024 - 28 Cover Paper.pdf (4 pages)

📄 W&C_2.1b_Strategic Equality Plan 2024 - 28.pdf (26 pages)

2.2. Welsh Language Strategy in Healthcare

Assurance Director of Workforce and OD

📄 W&C_2.2a_Strategy for Welsh in Healthcare Cover Paper.pdf (3 pages)

📄 W&C_2.2b_Strategy for Welsh in Healthcare.pdf (51 pages)

2.3.

14:00 - 14:00 **3. ITEMS FOR ASSURANCE**

0 min

3.1. Director of Workforce and OD Report

Patterson, Liz
05/03/2024 10:20:41

Assurance *Director of Workforce and OD*

📄 W&C_3.1_Directors Report.pdf (10 pages)

3.2. Workforce Futures: Transformation and Sustainability

Assurance *Director of Workforce and OD*

📄 W&C_3.2_Workforce Transformation and Sustainability Integrated Plan Update.pdf (12 pages)

3.3. Workforce Futures: Great Place to Work

Assurance *Director of Workforce and OD*

📄 W&C_3.3_Great Place to Work.pdf (15 pages)

3.4. Communication and Engagement Programme relating to Workforce and Culture Committee matters

Assurance *Director of Corporate Governance and Board Secretary*

📄 WC_3.4_2023-24-Q3-Engagement and Communication Programme Assurance Report.pdf (32 pages)

3.5. Agile Working

Assurance *Assistant Director of Capital and Estates*

📄 W&C_3.5_Agile Working update March 2024.pdf (11 pages)

3.6. Workforce Performance Report

Discussion *Director of Corporate Governance and Board Secretary*

📄 W&C_3.6_Workforce Performance Report December 2023.pdf (20 pages)

14:00 - 14:00 4. ESCALATED ITEMS

0 min

14:00 - 14:00 5. ITEMS FOR INFORMATION

0 min

14:00 - 14:00 6. OTHER MATTERS

0 min

6.1. Committee Risk Register – Risks Overseen by this Committee

Information *Director of Corporate Governance & Board Secretary*

📄 W&C_6.1_Committee Risk Register_Dec23.pdf (8 pages)

6.2. Committee Work Programme

Information *Director of Corporate Governance & Board Secretary*

📄 W&C_6.2_Workforce and Culture Work Programme.pdf (1 pages)

6.3. Annual Self-assessment of Committee effectiveness 2023/2024

Director of Corporate Governance and Board Secretary

📄 W&C_6.3_ Committee effectiveness Feb 2024.pdf (20 pages)

6.4. Committee Terms of Reference review

Patterson, Liz
05/03/2024 10:20:41

Director of Corporate Governance

📄 W&C_6.4_Review of Committee Terms of Reference.pdf (4 pages)

📄 W&C_6.4a_Workforce & Culture Committee_ToR_Sept21_Final.pdf (11 pages)

6.5. Items to be Brought to the Attention of the Board and/or Other Committees

Chair

6.6. Any Other Urgent Business

Chair

6.7. Date of Next Meeting - 4 JUNE 2024

Patterson, Liz
05/03/2024 10:20:41

POWYS TEACHING HEALTH BOARD

UNCONFIRMED

WORKFORCE AND CULTURE COMMITTEE MEETING HELD ON TUESDAY 14 DECEMBER 2023, 10:00-12:00 VIA MICROSOFT TEAMS

Present:

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

In Attendance:

Hayley Thomas	Interim Chief Executive
Debra Wood Lawson	Director of Workforce and OD
Claire Madsen	Director of Therapies and Health Science
Mark McIntyre	Deputy Director of Workforce and Organisational Development
Sarah Powell	Assistant Director Workforce and OD
Claire Roche	Director of Nursing and Midwifery
Pete Hopgood	Director of Finance, Information and IT
Helen Bushell	Director of Corporate Governance
Rhys Brown	Head of Organisational Development
Shelly Higgins	Interim Head of Midwifery (for Item 1.3)
Bethan Hopkins	Audit Wales

Apologies for absence:

Kate Wright	Medical Director
Stephen Powell	Director of Planning, Performance and Commissioning

Committee Support:

Liz Patterson	Interim Head of Corporate Governance
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Patterson, Liz
05/03/2024 10:20:41

PRELIMINARY MATTERS	
W&C/23/18	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Committee Chair welcomed Members to the meeting. Apologies for absence were noted as recorded above.</p> <p>It was noted that the last ordinary meeting of Workforce and Culture Committee had taken place on 16 May 2023. Since then, an extraordinary meeting had taken place on the 11 July 2023 and a joint meeting with the Patient Experience, Quality and Safety Committee on 24 October 2023. Minutes of the meeting on 11 July 2023 are included for approval in this meeting. Notes of the joint meeting have been circulated to Members in attendance at that meeting.</p>
W&C/23/19	<p>DECLARATIONS OF INTEREST</p> <p>No interests were declared in addition to those already declared in the published register.</p>
W&C/23/20	<p>EXPERIENCE STORY:</p> <ul style="list-style-type: none"> • Staff Story – Maternity Services team during escalation <p>The Director of Nursing and Midwifery introduced the Interim Head of Midwifery who gave a presentation of the experience of the maternity team whilst in local escalation between June 2022 and March 2023. Attention was drawn to the following areas:</p> <ul style="list-style-type: none"> • the importance of involving staff as early as possible in the review process • quarterly learning events have been instigated • a need for a psychologically safe environment for team members • a need for clear pathways and processes • the importance of processes for handover when staff leave either if the role will be reappointed to, or if not and the workload is split between colleagues • a need for development time as clinicians move into management • the importance of succession planning and the need to secure a substantive senior structure • the importance of relationships with the midwifery team and nursing team • the development of service user feedback • the relationship with commissioned services • addressing gaps in reporting mechanisms

Patterson, Liz
05/03/2024 10:20:41

Where is the Continuous Improvement Plan reviewed?

The Director of Nursing and Midwifery advised that the Continuous Improvement Plan was monitored at the Maternity Matters Group chaired by herself and assurance of this was routed via Executive Committee and onto the Patient Experience, Quality and Safety Committee.

Has there been external scrutiny of the Continuous Improvement Plan?

External scrutiny had been undertaken via the Integrated Quality Planning and Delivery group and Joint Executive Team meetings. There has been no specific request to examine the Continuous Improvement Plan, however, an unannounced visit by Health Education Improvement Wales is expected which would cover this.

The need to secure a substantive senior structure is noted. Is this within the existing establishment and requires vacancies to be filled, or are additional resources required?

The Director of Finance, Information and IT understood that the proposal related to filling establishment posts. Any additional requirements would be via a separate process.

The work that has been undertaken in this area is noted along with the integration of midwifery into the wider team. Is there further support that is required in relation to psychological safety?

The Interim Head of Midwifery advised that midwives are in general, happy to speak out, but the experience of local escalation knocked confidence in the team, and this had an impact on the numbers of local births. There had been a lack of visibility of the senior leadership team during covid which needs to be improved. Senior staff had contacted colleagues to provide supervision and support, but this was un-coordinated, and it had felt like managers were checking up on colleagues. Furthermore, staffing problems over the summer period had affected morale. These issues are now being addressed.

The Director of Workforce and OD advised that some of this staff story had been shared at the joint meeting of PEQS and Workforce and Culture Committee where note had been taken of staff voices and how this feeds into Speaking up Safely. The learning and experience of the Midwifery team will be used for this purpose.

The Chief Executive noted that the experience of Midwifery would assist in how services that are in local escalation are

Patterson, Liz
05/03/2024 10:20:41

	<p>treated. It is important that organisational support to improve is provided.</p> <p>The Chief Executive noted how local escalation had impacted on local birth rates and the fine line between continuous improvement and causing concern.</p> <p>The Interim Head of Midwifery advised that the decline in local births had coincided with strikes at WAST which had meant midwives had been concerned about transfer times. The impact had particularly been felt as there had been a cluster of incidents and this had reverberated across the small team. Colleagues are able to influence decisions made by mothers and the team are working with midwives to encourage physiological births locally.</p> <p><i>Has the new duty of candour had an impact on the way information is shared with mothers?</i></p> <p>The Interim Head of Midwifery advised that there had been no incidents that had triggered duty of candour conversations. However, families are offered the opportunity to discuss matters should they wish to.</p> <p>The Chair thanked the Interim Head of Midwifery for providing the staff story.</p>
W&C/23/21	<p>MINUTES FROM THE PREVIOUS MEETING, HELD 11 JULY 2023</p> <p>The Committee APPROVED the minutes of the meeting 11 July 2023.</p>
W&C/23/22	<p>COMMITTEE ACTION LOG</p> <p>All outstanding actions were confirmed as completed.</p>
ITEMS FOR ASSURANCE	
W&C/23/23	<p>DIRECTOR OF WORKDORCE AND OD REPORT</p> <p>The Director of Workforce and OD presented the report and drew attention to the following matters:</p> <ul style="list-style-type: none"> • Workforce sustainability and transformation: <ul style="list-style-type: none"> • workforce planning – where the areas of highest variable pay are being targeted; • Funding has been made available for up to 35 Aspiring Nurses next year; and

Patterson, Liz
05/03/2024 10:20:41

- Further Internationally Educated Nurse recruitment is taking place
- Great Place to Work:
 - The temporary staffing unit have implemented Wagestream allowing temporary staff to access part of their accrued pay at any time of the month with 20 colleagues using the system to date;
 - The Strategic Equality Plan is in development and will be considered at Board Development in January;
 - There are two outstanding Welsh Language investigations, one in respect of callers wishing to speak Welsh which will be addressed via telephony upgrades. The other is in relation to translation on internet pages/documents where work is being undertaken to improve the position and a final Commissioner decision on the investigation is awaited;
 - The results of the national staff survey are expected in the new year with the Health Board recording the highest response rate across Wales; and
 - Junior Doctor strikes are imminent which will affect commissioned services.

The Chief Executive added that the UK Government had recently announced changes to immigration rules from next spring which, whilst these did not affect the Health and Social Care visa route for NHS staff, would potentially impact on the ability of staff to bring dependents. An impact assessment will be undertaken.

Independent Members sought assurance by asking the following questions:

Why does the Aspiring Nurses Programme only project numbers of qualified nurses to 2027?

The Deputy Director of Workforce advised it was only possible to project numbers for existing cohorts.

Should the Health Board look to recruit more Internationally Educated Nurses (IENs) in the short to medium term whilst the Aspiring Nurses programme becomes established?

The Director of Workforce and OD advised that the programme had been scaled up with 2 IENs joining last year and 10 IENs joining this year. There were limitations in relation to available accommodation and the potential to develop key worker accommodation was being examined.

In relation to Welsh Language skills, do, or should the Health Board expect to have these amongst wider teams?

Patterson, Liz
05/03/2024 10:20:41

	<p>The Director of Workforce and OD advised a system is in place for checking if Welsh Language was required but it is necessary to be pragmatic. Over 45 members of staff have signed up to the Welsh Confidence Scheme.</p> <p><i>The funding of an additional 35 places for aspiring nurses is welcomed. Is it expected there will be sufficient interest to fill these roles?</i></p> <p>The Director of Workforce and OD advised that this was the first year the scheme had run with 22 colleagues accepted the placements. Health Education and Improvement Wales (HEIW) have evaluated the scheme and offered the 35 places for next year. Health and Care Academy colleagues are working closely with schools across Powys to raise awareness of the scheme for pupils and this has generated wider interest.</p> <p><i>Is workforce planning mandatory for managers?</i></p> <p>The Director of Workforce and OD confirmed workforce planning training was not mandatory but there was an expectation this would be completed.</p> <p><i>Has the impact of IENs on usage rates of bank and agency staff been calculated?</i></p> <p>The Director of Workforce and OD advised the IENs have enabled sickness and annual leave gaps in the rosters to be covered without the need to employ agency staff and thus has indirectly resulted in less agency usage.</p> <p>The Director of Therapies and Health Sciences noted the Health Board were working with HEIW to look at innovative ways of filling other hard to recruit to professions.</p> <p>The Committee RECEIVED the report as an update (since September 2023) on priorities within the Workforce section of the Integrated Plan for 2023/24 that are not part of the Committee’s agenda and take ASSURANCE against delivery of those priorities.</p>
W&C/23/24	<p>WORKFORCE PERFORMANCE REPORT</p> <p>The Deputy Director of Workforce and OD presented the report highlighting the following areas:</p> <ul style="list-style-type: none"> • Turnover rates are improving; • The target for Statutory and Mandatory Training of 85% has been achieved; • The numbers of completed PADRs is improving; • Sickness absence trends are improving; however,

Patterson, Liz
05/03/2024 10:20:41

	<ul style="list-style-type: none"> • Variable pay rates remain an issue. <p>Independent Members sought assurance by asking the following questions: <i>Why, in relation to vacancy trend by staff group, for October 2022 – April 2023 do the figures remain static?</i> The Deputy Director of Workforce and OD advised that this is particularly affected by the number of temporary staff working in the mass vaccination team.</p> <p><i>In relation to training it is noted the CEO Office has low totals.</i> The Chief Executive concurred and undertook to address this. The Director of Corporate Governance advised this related to Board Members both Executive Members and Independent Members and support was available for colleagues struggling to access the online training.</p> <p><i>How does the Health Board compare with other Health Boards in relation to recruitment difficulties. Is there any concern about poaching of staff?</i> The Assistant Director of Workforce and OD confirmed recruitment was a national issue and the Health Board were working with HEIW to develop new pipelines.</p> <p><i>Has the Health Board looked to other rural areas to see if any lessons can be learnt from their approach?</i> The Assistant Director of Workforce and OD advised that the Health Board are always interested in good practice elsewhere, but it should be recognised that the Aspiring Nurses programme is a Powys led development which is attracting interest nationally.</p> <p>A request was made for lines and totals to be provided instead of stacked bar charts. The Assistant Director of Workforce and OD undertook to look at the request. Action: Assistant Director of Workforce and OD</p> <p>The Committee RECEIVED and NOTED the report.</p>
W&C/23/25	<p>WORKFORCE FUTURES: PARTNERSHIP AND CITIZENSHIP</p> <p>The Assistant Director of Workforce and OD gave a presentation on the Workforce Futures reset journey where the original 48 actions had been reduced to 14, in part by eliminating duplicates. The priorities are based around the following themes:</p> <ol style="list-style-type: none"> 1. Designing, Planning and Attracting the Workforce 2. Leading the Workforce

Patterson Liz
05/03/2024 10:20:41

	<p>3. Engagement and Wellbeing 4. Education, Training and Development 5. Partnership and Citizenship</p> <p>In relation to Partnership and Citizenship the Health Board are working with PAVO to develop a volunteer framework and toolkit; volunteer induction is under review to ensure it meets the needs of volunteers; the current onboarding and induction arrangements are being adapted for younger volunteers; and a bespoke eight week Mindful Living course for Carers commenced in November 2023 was fully booked.</p> <p>Members welcomed the collaboration with partners and the third sector.</p> <p>Independent Members sought assurance by asking the following questions: <i>Is the Health Board making the most opportunity of higher level apprenticeships?</i></p> <p>It was confirmed that there was no voucher system in Wales and the Health Board were not benefiting from the apprentice levy. The Health Board were meeting with Neath Port Talbot College to ascertain if additional apprenticeships could be introduced.</p> <p>The Committee RECEIVED the update on Workforce Futures including Theme 5 Partnership and Citizenship.</p>
W&C/23/26	<p>WORKFORCE FUTURES: STAFF HEALTH AND WELLBEING</p> <p>The Head of Organisational Development gave a presentation on the Staff Health and Wellbeing element of the original Workforce Futures Programme outlining activity in the areas of occupational health, employee assistance, staff surveys and health and wellbeing activity.</p> <p>Independent Members sought assurance by asking the following questions: <i>What is meant by 'purposeful office space' outlined in the free text themes from the staff survey?</i></p> <p>The Head of Organisational Development advised that this was noted in the joint survey and when followed up was found to mean that staff wanted to know if there was hot desking, and if this be comfortable and would it have access to printing etc.</p> <p><i>When survey results are examined, are both high and low scoring areas considered so that 'What Worked Well' can be identified, as well as areas of 'Even Better If'?</i></p>

Patterson, Liz
05/03/2024 10:20:41

	<p>The Head of Organisational Development noted that for teams with consistently high scores Managers are trained to provide feedback to staff. For teams with lower scores, Workforce colleagues will facilitate team feedback.</p> <p>The Chief Executive noted that there was a need to celebrate what was working well and this should be balanced against a need to target and support hotspots of concern. The Health Board need to ensure that career progression opportunities are available for colleagues to improve retention rates.</p> <p>The Director of Nursing and Midwifery observed that the size of the Health Board was a challenge in respect of retention given it was perceived as a stepping stone to roles in larger organisations. This can result in high levels of turnover and inability to recruit due to uncompetitive salaries.</p> <p>The Director of Therapies and Health Sciences drew attention to the alternative view which was that there was greater opportunity for autonomy in a small organisation but agreed that senior posts were graded at a lower level locally.</p> <p>The Director of Workforce and OD advised that the Local Partnership Forum had a development session in January which might be an opportunity to consider a gap analysis. Action: Director of Workforce and OD</p> <p>The Committee RECEIVED the update on Workforce Futures: Staff Health and Wellbeing.</p>
ITEMS FOR DISCUSSION	
W&C/23/27	There were no items for inclusion in this section.
ESCALATED ITEMS	
W&C/23/28	There were no escalated items.
ITEMS FOR INFORMATION	
W&C/23/29	There were no items for information.
OTHER MATTERS	
W&C/23/30	COMMITTEE WORK PROGRAMME
	The Work Programme was received for information.

Patterson
05/03/2024 10:20:41

W&C/23/31	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES</p> <p>There were no matters to be brought to the attention of Board or other Committees.</p>
W&C/23/32	<p>ANY OTHER URGENT BUSINESS</p> <p>No interests</p>
W&C/23/33	<p>DATE OF THE NEXT MEETING: 05 March 2024</p>
W&C/23/34	<p>CONFIDENTIAL ITEM</p> <p>The following motion was passed: <i>Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest</i></p>
<p>PRESENT:</p> <p>Ian Phillips (Chair) Cathie Poynton (Independent Member) Jennifer Owen Adams (Independent Member) Chris Walsh (Independent Member)</p> <p>IN ATTENDANCE:</p> <p>Debra Wood Lawson (Director of Workforce and OD) Helen Bushell (Director of Corporate Governance) Liz Patterson (Interim Head of Corporate Governance)</p> <p>APOLOGIES FOR ABSENCE:</p> <p>Kate Wright (Medical Director) Stephen Powell (Director of Planning, Performance and Commissioning)</p>	
W&C IC/23/35	<p>MINUTES FROM THE PREVIOUS IN-COMMITTEE MEETING, HELD 11 JULY 2023</p> <p>The Committee APPROVED the minutes of the In-Committee meeting 11 JULY 2023.</p>

Patterson, Liz
05/03/2024 10:20:41

RAG Status:

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

Workforce and Culture Committee								
Meeting Date	Item Reference	Lead	Meeting Item Title	Details of Action	Update on Progress	Original target date	Revised Target Date	RAG status
OPEN ACTIONS FOR REVIEW - NONE								
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE - NONE								
ACTIONS RECOMMENDED FOR CLOSURE (MEETING 5 MARCH 2024)								
14/12/2023	W&C/23/24	DWOD	Workforce Performance Report	Consider a request that lines and totals are provided in the Workforce Performance report instead of stacked bar charts.	05.03.24 - provided in item 3.6 on agenda	05/03/2024		Completed
14/12/2023	W&C/23/26	DWOD	Workforce Performance Report	Consider using Local Partnership Forum development session in January to consider a gap analysis.	05.03.24 -Development session took place in January 2024, with the Local Partnership Forum	05/03/2024		Completed

Patterson, Liz
05/03/2024 10:20:41



Agenda item: 2.1

Workforce and Culture Committee		Date of Meeting: 5 March 2024
Subject:	Strategic Equality Plan 2024 – 28	
Approved and presented by:	Debra Wood-Lawson, Executive Director for Workforce & OD	
Prepared by:	Adam Pearce, Service Lead for Equality and Welsh Language	
Other Committees and meetings considered at:	<ul style="list-style-type: none"> • Board Development Day 11th January • Additional consultation with RPB prior to final board approval. • Various consultation with individuals and teams on individual objectives. • Executive Committee – 21 Feb 2024 who endorsed the plan to the Workforce & Culture Committee. 	

PURPOSE:		
To review and discuss the draft Strategic Equality Plan (subject to last minute changes by RPB) and consider recommending to the Board for approval.		
RECOMMENDATION:		
The Workforce and Culture Committee is asked to:		
<ul style="list-style-type: none"> • REVIEW AND RECOMMEND the attached plan to the Board for their consideration on the 20 March 2024. 		
Approval/Ratification/Decision¹	Discussion	Information
✓	✓	✓

Patterson, Liz
05/03/2024 10:21:47

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

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

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

EXECUTIVE SUMMARY:

This Strategic Equality Plan needs to be approved and published as per the Equality Act 2010 and subsequent guidance. The draft is complete with the exception of data requirements, which need to reflect the situation at the end of the current financial year. Placeholder data has been used as required and clearly indicated in the draft document.

There is no statutory deadline for the plan, though to comply with the legislation there should not be a period not covered by a Strategic Equality Plan. Therefore, it should be our aim to publish as soon as possible after 1st April 2024.

BACKGROUND AND ASSESSMENT:

A Strategic Equality Plan (SEP) is a document prepared and published by organisations, such as PTHB, to demonstrate how they are meeting the requirements of the Public Sector Equality Duty (PSED) under the 2010 Equality Act. It outlines the organisation's efforts to advance equality by addressing discrimination, promoting diversity, and fostering good relations among different groups. The SEP typically includes information on the current situation regarding diversity and equality within the organisation, details of consultation processes undertaken, and specific equality objectives for a defined period, in this case 2024-28.

The consultation process involved two main components: a public survey and a staff survey.

Public Survey:

- Conducted from May to July 2023 in collaboration with various public sector organisations across mid Wales.
- Promoted through online channels, social media, and physical distribution of flyers at events and public sites.
- Available in 8 languages and accessible online or via paper forms.
- Participants were asked about their perceptions regarding the experiences of different groups in accessing various services.
- Identified key areas of concern, with disabled individuals, older people, and those belonging to ethnic minorities reporting higher levels of dissatisfaction.
- Comments highlighted issues such as dismissive attitudes towards older people and barriers to accessing healthcare for deaf individuals.
- Based on survey findings, proposed focus areas for the Strategic Equality Plan (SEP) include disability, age, and ethnicity.

Staff Survey:

- Conducted in July and August 2023, with 44 responses from a diverse range of staff members.
- Participants scored different groups based on the extent of disadvantage or discrimination experienced within PTHB.
- Disabled staff were identified as experiencing the most disadvantage, followed by women, neurodivergent individuals, and older staff.
- Staff felt that disabled individuals faced poor communication and lack of consideration, while women experienced inappropriate comments and social expectations.
- Proposed focus areas for the SEP based on staff survey findings include interventions for disabled and neurodivergent staff, women, and older staff members.

Set out below are the summarised equality objectives:

Better Together Services: Implement services closer to homes, utilising decentralisation and online technologies to minimise patient transfers out of county.

Address Health Inequalities: Tackle existing health disparities within the population and proactively identify and resolve others.

Enhance Accessibility: Improve access to services and facilities for individuals with diverse needs.

Diverse Workforce: Strive to be an employer of choice for individuals with varied needs, aligning with the Better Together Model and Workforce Futures initiative.

Religious Accommodation: Enhance the health board's ability to cater to the religious requirements of both staff and patients.

Improve Staff/Patient Safety: Take measures to militate against harassment including patient harassment of staff, including instances of sexual harassment.

Inclusive Feedback Mechanisms: Ensure that feedback channels capture perspectives from patients of all demographic groups.

Anti-Racist Action Plan: Execute measures outlined in the local PTHB Anti-Racist Action Plan to combat racial inequality.

The plan also makes reference to the Welsh in Healthcare Strategy and the More than Just Words framework.

Additionally, there are two ongoing pay monitoring objectives on **Gender and Ethnicity pay** disparities. The former is a statutory obligation, the latter an additional commitment under the Anti-Racist action plan; PTHB pay gaps in both areas are below the national and NHS Wales average.

The objectives have been developed in consultation with teams across the health board and aim to strike a balance between, on the one hand aspiration, ambition and making a genuine difference; and on the other practicality, tractability, and minimising additional demands on over-stretched teams.

NEXT STEPS:

If the plan is supported, it will be presented to the Board on 20th March requesting full Board approval (with all appropriate data finalised) and then published in the new financial year.

Patterson, Liz
05/03/2024 10:20:41

Strategic Equality Plan 2024 – 2028

FINAL DRAFT – 5 MARCH 2024



Mae'r ddogfen hon ar gael yn y Gymraeg.

Patterson Liz
05/03/2024 10:20:41

Contents

Foreword	3
Introduction.....	5
Legislative Requirements:.....	5
Equality Act 2010.....	6
Socio-Economic Equality Duty (Wales).....	6
LGBTQ+ Action Plan.....	6
Anti-Racist Action Plan	7
More than Just Words	7
Part 1: Powys Teaching Health Board: Our Patients and our Staff.....	7
Diversity within Powys.....	8
PTHB Staff Data	9
Part 2: Our Consultation Process.....	12
Part 3: Our Equality Objectives for 2024-28.....	16
Monitoring the 2024-28 Strategic Equality Plan.....	23

Foreword

At Powys Teaching Health Board our commitment to equality is not just a principle but a cornerstone of our mission. Nestled in the rural landscapes of mid Wales, our health board recognizes the unique needs of our communities. The Strategic Equality Plan stands as a testament to our unwavering dedication to inclusivity, acknowledging the challenges posed by our rural setting and of navigating an increasingly challenging financial landscape.

Where distance can be a barrier, and resources are stretched, equality cannot be allowed to fall by the wayside. It is our pledge to ensure that every resident, irrespective of location or circumstance, receives healthcare that is accessible but meets their unique needs. This plan encapsulates our vision for an inclusive healthcare future, one where equality is not just an aspiration but a lived reality for every member of our diverse community.

Hayley Thomas

Acting Chief Executive Officer

We are proud to unveil our Strategic Equality Plan for 2024-28, which has been inspired by a commitment to inclusivity and driven by a collective vision for a healthcare system that works to address inequality and eliminate discrimination. This plan is not only a testament to our dedication to anti-racist principles but also a dynamic roadmap for addressing pressing challenges and fostering a culture of inclusion within Powys Teaching Health Board.

In alignment with a range of agendas in the Welsh Policy space, including the Anti-Racist Action Plan, we pledge to actively combat systemic biases and foster a culture that celebrates diversity. We recognize that achieving equality requires intentional efforts to dismantle discriminatory practices, ensuring that our healthcare services are accessible and welcoming to everyone.

Our main objectives underscore our commitment to tangible progress. Addressing sensory loss, a vital but often overlooked aspect of healthcare, becomes a focal point in our journey toward inclusivity. Simultaneously, we take on the challenge of tackling public health inequalities head-on, striving to create a healthcare landscape that prioritizes the well-being of every individual, regardless of socio-economic factors.

Moreover, as we continue to roll out our *Better Together* model, our aim is to bring healthcare closer to people's homes. This approach not only enhances accessibility but also reinforces our commitment to providing patient-centred care, acknowledging the unique needs and circumstances of our diverse communities.

We also understand that a diverse and inclusive workforce is a cornerstone of delivering patient-centred care. Through this plan, we aspire to create an environment that attracts, retains, and nurtures talent from all walks of life.

Embracing diversity is not just a moral imperative; it is an integral part of our strategy to enhance innovation, resilience, and adaptability in the face of evolving healthcare challenges.

It is through these objectives, designed in consultation with our staff and patients, which we hope to address the challenges which face us in Powys.

Debra Wood-Lawson

Executive Director for Workforce and Organisational Development

Executive Lead for Welsh Language and Equality

Introduction

A cornerstone of the 2010 Equality Act is the Public Sector Equality Duty, which establishes the need to have *due regard* to meet the General Duty under the Act (see below). The Strategic Equality Plan is the means by which organisations, like PTHB, show what we are doing to meet the requirements of the Act.

The Act explains that having due regard for advancing equality involves removing or minimising disadvantages suffered by people due to their protected characteristics, taking steps to meet the needs of people different groups, and encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

The Equality Act describes fostering good relations as tackling prejudice and promoting understanding between people who share a protected characteristic and those who do not. Meeting the duty may involve treating some people more differently to others, as long as this does not contravene other provisions within the Act.

Under these Regulations, listed bodies must prepare and publish a Strategic Equality Plan (SEP) every four years. In developing their equality objectives, organisations must involve people who represent the interests of people who share one or more of the protected characteristics and have an interest in the way that the organisation carries out its functions.

We have prepared our Equality objectives with regard to the Equality Act and other national policies, as below:

This Strategic Equality Plan is divided into three parts, as follows:

- **Part 1** outlines the current situation vis-à-vis Diversity and the Equality Act Protected Characteristics in our Health Board, with regard to both the population we serve and our staff body.
- **Part 2** provides information on the consultation process we undertook to inform this plan.
- **Part 3** outlines our Equality Objectives for 2024-28.

Statutory and Policy Requirements:

Equality Act 2010

Section 149 of the Equality Act 2010 sets out the Public Sector Equality Duty (PSED) which, in summary, places a duty on public bodies to have due regard in exercising their functions to the need to:

- Eliminate discrimination, harassment, and victimisation.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The PSED was developed to harmonise the previous equality duties regarding race, disability and gender equality, and to extend across all of the protected characteristics under the Equality Act 2010.

The 9 protected characteristics are:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation
- marriage and civil partnership (in relation to being treated differently at work).

Socio-Economic Equality Duty (Wales)

This is an additional requirement in Wales. Under the socio-economic equality duty, we need to consider the impact of our strategic decisions on inequality related to socio-economic disadvantage. Although Socio-Economic disadvantage is not a protected characteristic under the equality act, nevertheless, it has been included.

LGBTQ+ Action Plan

Welsh Government's LGBTQ+ Action Plan aims to address issues faced by the LGBTQ+ community in Wales. It focuses on healthcare, education, and inclusive policies, aiming to eliminate discrimination and promote equality. The plan outlines measures to improve mental health support, enhance education on LGBTQ+ issues, and ensure inclusive practices in public services. There is not a requirement for PTHB to have a separate local plan under this strategy, however there are specific additional requirements for health boards which have been incorporated into this plan.

Anti-Racist Action Plan

The Welsh Government's anti-racist action plan, devised to combat racial inequality, emphasizes comprehensive measures across education, employment, healthcare and public services. It focuses on fostering an inclusive curriculum, promoting diversity in the workplace, and enhancing cultural competency training. The plan advocates for increased representation of ethnic minorities in decision-making roles, aiming to address systemic disparities. Additionally, it underscores the significance of proactive measures to counter discrimination and hate crimes. Under the requirements of the plan, PTHB are required to produce and maintain a local plan identifying specific aims and objectives set to us under the plan. The local PTHB plan is published on our website and is reported on alongside this SEP via the Equality Annual Report process. In order to avoid duplication these have not been repeated here except where they also address other areas of equality.

More than Just Words

Although language is not a protected characteristic under the Equality Act 2010, there are separate requirements under dedicated Welsh language legislation. It has long been recognised that the equality and Welsh language policies complement and inform each other and is further supported through the goal within the Wellbeing of Future Generations (Wales) Act 2015 'A Wales of vibrant culture and thriving Welsh language'. We have therefore integrated the More than Just Words framework into our thinking around equality.

Part 1: Powys Teaching Health Board: Our Patients and our Staff

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

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

A consequence of this is that the health board as an organisation is smaller than would be expected allowing for population alone, employing 2,539 staff (as of 31 March 2023), alongside volunteers. This total staff count represents fewer than a typical District General Hospital in other Welsh health boards. It reflects a very different mix of staff in terms of roles and specialisms, with a much greater proportion of allied healthcare professionals and correspondingly fewer medical and nursing staff. This needs to be borne in mind when comparing PTHB practice and performance with other health boards in Wales. Our operating model is different as it focuses on a mix of primary care, community / tertiary care and commissioned care. Due to the lack of centralised sites, the staff body is also quite disparate, and many staff live outside the county.

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

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

Diversity within Powys

PTHB appreciates the diversity of our population and the need to treat one another with dignity and respect. Alongside our values we have specific legal obligations as a service provider and employer. In line with the Public Sector Equality Duty, this plan focuses on the health board's activity in relation to promoting equality and tackling discrimination for our patients and wider population on the basis on the relevant protected characteristics of Age, Disability, Pregnancy and Maternity, Race and Ethnicity, Religion and Belief, Sex, Sexual Orientation and Gender Reassignment.

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

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

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

PTHB Staff Data

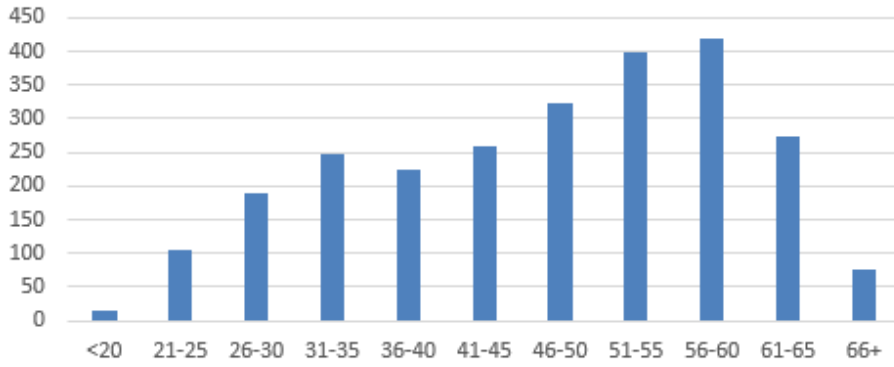
Note: All the information in this section reflects the situation as of 31st March 2023.

Powys Teaching Health Board employs 2,539 substantive members of staff (an increase of 45 since March 2022). In this section, these staff are broken down by Relevant Protected Characteristics. Some small groups may be merged or hidden in the following graphs to preserve anonymity.

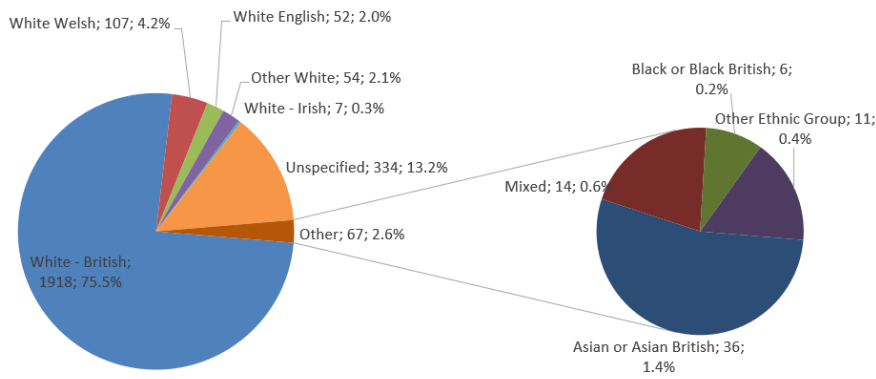
Of our 2,539 staff, 2,172 are women (**86%**) and 367 are men (**14%**). This is very similar to other NHS Wales organisations. Some staff also identify as other than male and female, however, the exact number is not known as this is not recorded by our current systems.

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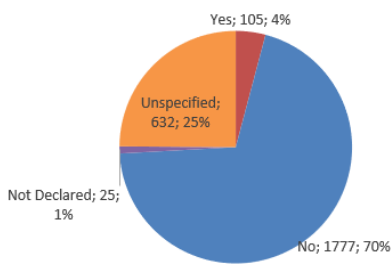
Age



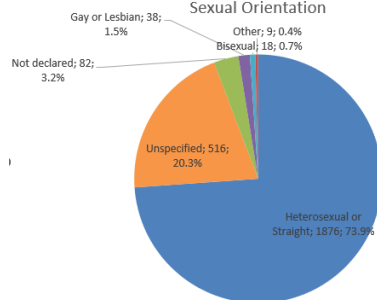
Ethnic Origin



Disability

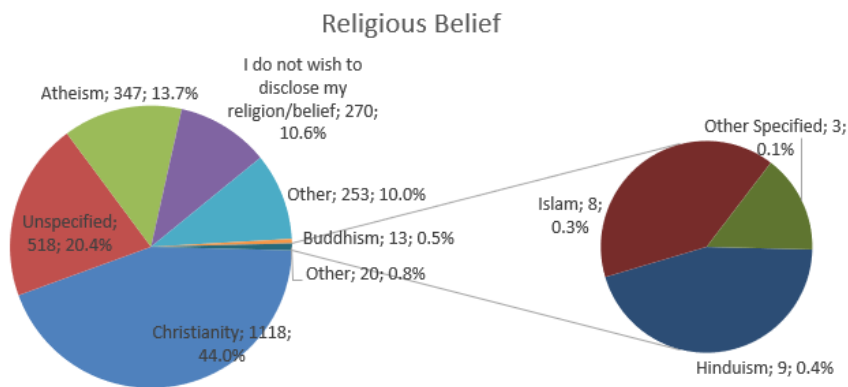


Sexual Orientation



Patterson, Liz
05/03/2024 10:20:41

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



In the above graph, *Unspecified* means that no information is held on that individual (they did not fill in that part of the form). *Other Religion* means that they chose to describe their religion as 'Other'. *Other (Specified)* means the individual chose a specific named religion, but too few individuals chose the same religion and so in order to preserve anonymity, these groups have been merged.

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

Patterson, Liz
05/03/2024 10:20:41

Part 2: Our Consultation Process

Public Survey

The public survey was conducted during May – July 2023 in collaboration with a range of other Public Sector organisations across mid Wales including Dyfed-Powys Police, Mid Wales Fire & Rescue, Banau Brycheiniog National Park, several local authorities (not including Powys) and various others.

The survey was widely shared online and promoted via our website and social media accounts; and it was shared on social media groups related to areas of equality. Flyers advertising the opportunity to take part were printed and distributed in events including the Brecon Ghurka Parade and Ystradgynlais, Brecon & Hay Pride events, as well as being distributed to PTHB sites, doctors' surgeries and council sites (e.g. libraries across the health board). Various PTHB Equality organisations were also directly contacted. The survey was available in 8 different languages and could be completed online or (on request) by filling in a paper form.

Participants were asked about their perception of whether the experience of people in different groups of various services were much worse, worse, the same, better or much better compared to the average. Due to its collaborative nature the survey asked many questions which are beyond the scope of the health board e.g. regarding participants' experience of housing or education.

When it came to *Experience of Health*, the highest three groups in terms of percentages indicating that individuals from the following groups were 'worse' or 'much worse' were as follows:

Group	% reporting worse or much worse
Disabled	78%
Older people	64%
Belonging to an Ethnic Minority	58%

Have your say on EQUALITY IN POWYS

Public bodies in Wales need to have a plan to make sure that our actions are **fair for all**. This is our **Strategic Equality Plan**. We have to refresh it every four years. We start by asking you what you think about equality in Powys.

We have worked with other organisations in our region to create this survey. Please help us by filling it in. All of the organisations on the list below will use your answers to help us to write our Strategic Equality Plans.

- > Powys Teaching Health Board
- > Bannau Brycheiniog National Park
- > Carmarthenshire County Council
- > Ceredigion County Council
- > Pembrokeshire County Council
- > Hywel Dda University Health Board
- > Dyfed Powys Police
- > Mid and West Wales Fire & Rescue Service

How to take part:

- > You can take part online by scanning the QR code.
- > You can email or write to us and ask for a paper copy to be posted to you.
- > The survey is available in other languages at request.

Contact us

Powys.equalityandwelsh@wales.nhs.uk
 Welsh Language and Equality Team,
 Powys Teaching Health Board,
 Hafren Ward, Bronllys Hospital,
 Brecon, Powys, LD3 6LR

This survey will close on 31st July 2023.
 Our Plans will be published after we have checked that you are happy with them.

Patterson, Liz
 05/03/2024 10:20:41

These groups were significantly higher than others (the next highest was 35% for LGB, Trans/non-binary, and young people).

Comments in these areas included:

- Healthcare professionals dismiss you if you are older - I have witnessed this in my capacity as a carer. Deaf people have huge barriers to accessing health services, the rural nature of the area makes this worse.
- Distances to appointments with no hope of public transport
- Does dim digon o wasanethau gofal Cymraeg ar gyfer pobl hŷn. [Insufficient care services in Welsh for older people]

On this basis, it is proposed to focus on these three areas in the SEP (N.B. best practice guidance advises that the SEP include an objective for all relevant protected characteristics, however it is proposed to focus on these in terms of ambition and scope).

Staff Survey

The survey was conducted during July and August 2023 and received a total of 44 responses from a wide range of staff members. The survey did not ask staff to comment on particular policy ideals or proposals, but rather asked them about the extent to which they believed particular groups (based on the Equality Act protected characteristics) and individuals experienced disadvantage or discrimination whilst working for PTHB compared to others. Participants were asked to score these staff out of 10, with 0 meaning staff experience no disadvantage compared to the average and 10 meaning that individuals from those groups experienced severe discrimination at work.

The staff survey asked participants to focus specifically on the experience of individuals as members of staff at PTHB, rather than in wider society.

According to the staff surveyed, the group which experiences the most disadvantage when employed by the organisation are disabled staff. Women and neurodivergent staff were also ranked fairly highly, as were older staff.

The group staff felt were most discriminated against was isability, with an average score of 4/10 (where 0 = no discrimination and 10 = severe discrimination).

Group	Average Score	Paraphrase of Commentary
Those with disabilities (incl. physical, mental health, long term health conditions & sensory loss)	4.0	Poor communication with disabled staff – not considered when changes are made. Negative comments and lack of compassion around mental health.
Women	3.2	Inappropriate sexual comments from patients. Difficulty reporting / seeking

Patterson, Liz
05/03/2024 10:20:41

		advice. Disadvantages due to social expectations. Support for breastfeeding.
Neurodivergent (such as ASD, ADHD, Dyslexia)	3.0	No training to support neurodivergent staff. Lack of consideration by managers.
Older working people	2.9	Jokes, comments, abuse and inappropriate behaviour made about being old, suitable for retirement, bald, etc.
Non-binary / gender non-conforming	2.7	Bathroom access, funny looks. Mostly unintentional. Pronouns in signatures should be normalised.
People of colour*	2.5	Lack of experience of different ethnicities. Many assume racism is an issue, but few had experienced or witnessed specific instances due to low numbers.
People who don't speak Welsh	2.3	Some felt Welsh language requirements for roles could discriminate against non-Welsh speakers.
Younger Working people	2.1	Assuming that younger staff may not have the 'experience' / knowledge base / seniority of role level to be significantly involved in meeting conversations / decision making etc
Trans men and trans women	2.0	Bathroom access. Staff have little experience of trans individuals.
English	1.8	Personal experiences of anti-English racism.
Organised religions (other than Christianity)	1.7	Religion was not raised as an issue by any individual respondent.
Men	1.5	Men's issues are not acknowledged compared to other genders.
Gay, lesbian & bisexual	1.4	No specific issues reported.
Welsh speakers	1.3	Health Board pays lip service to standards, but Welsh skills are not valued in practice.

White people from outside the UK	1.0	This group were not mentioned by individual respondents.
Christians	0.7	Religion was not raised as an issue by any individual respondent.
Atheists / non-religious	0.1	Religion was not raised as an issue by any individual respondent.

*The survey asked questions about different racial and national groups (South Asian, East Asian, Arab/middle eastern, Black British/African/Caribbean) however all were scored very similarly (between 2.3 and 2.5).

Based on this it is proposed that the 2024-27 SEP should focus on interventions for staff with disabilities / neurodivergent staff, women, and older staff.

Part 3: Our Equality Objectives for 2024-28

With reference to the EHRC guidance suggesting that organisations should include Equality Objectives which cover each of the Protected Characteristics In the following objectives, we have identified, under each of the following, the *primary* characteristics and *secondary* protected characteristics we believe that each objective will seek to impact. Each Equality Objective has been designed to mainly impact on its associated primary groups but is also expected to address inequality indirectly for its secondary groups. We have also identified where our Equality Objectives contribute to our Health & Care Strategy and its enabling objectives, the Health & Care Standards, and the additional policy strategies.

Objective	Protected Characteristic(s) & other groups impacted.	Proposed Actions / Fields of Work	Contributes to the following Health and Care Strategy Wellbeing/enabling objectives	Health & Care Standards & Additional Policy Strands
1. As part of <i>Better Together</i> (formerly the Accelerated Sustainable Model), we will design and develop our services according to the principle of providing services as close as possible to people's homes, decentralising services, using online technologies and other approaches to avoid needing to send patients out of county where possible.	Primary Age Disability Socio-Economic Status	<ul style="list-style-type: none"> - Effective frailty service in place including prevention, early identification through frailty scoring, community teams with the right mix of competencies, complex geriatric assessment, home support, effective virtual wards. This includes a joined-up approach to physical frailty and frailty of memory. - Improve the resilience of primary and community teams with the right mix of competencies which are the right size for the population and geographical. 	<p>Focus on Wellbeing</p> <ul style="list-style-type: none"> - Concentration on preventative healthcare <p>Digital First</p> <ul style="list-style-type: none"> - Utilising digital technologies and opportunities to improve access. <p>Innovative Environments</p> <ul style="list-style-type: none"> - Improving the environment of our sites with new technologies and approaches. 	<p>Dignified Care</p> <p>Timely Care</p> <p>Individual Care</p> <p>More than Just Words</p>

Patricia Liz
05/03/2024 10:20:41

		<ul style="list-style-type: none"> - area served. - Continued development of the North Powys Wellbeing hub. - As part of the work to develop a <i>Better Together</i> Model, PTHB will explore the potential to further develop Ambulatory Care in Powys, learning from how it is being used successfully in some rural areas in other countries. 	<p>Fully Joined Up Care:</p> <ul style="list-style-type: none"> - Ensuring a standard approach to accessibility across our services so that patients experience the same kinds of service from different areas of the health board. 	
2. Work to address known health inequalities within our population and take steps to identify and address others.	Primary Age	<ul style="list-style-type: none"> - Welsh Network of Healthy Schools - Help me Quit'. - JustB SmokeFree project in schools. - Healthy Weight, Healthy Wales - Health Protection teamwork: Care home visits, testing to support the elimination of Hepatitis B, C and HIV - Working collaboratively to address inequities in uptake for PHW screening programmes. - Making Every Contact Count - Addressing inequities in vaccination uptake. - Healthy Child Wales Programme - Designed to Smile - Fair Work for Fair Pay - Smoking prevention in schools 	<p>Focus on Wellbeing</p> <ul style="list-style-type: none"> - Work to address the underlying causes that lead to people needing to access healthcare services will reduce demand on those services at all levels. 	<p>Staying Healthy</p> <p>Individual Care</p> <p>LGBTQ+ Action Plan</p>

Patterson, Liz
05/03/2024 10:20:41

<p>3. Improve access to our services and sites for individuals whose needs are different from others.</p>	<p>Primary Disability Age Supplementary Sex Sexual Orientation Gender Reassignment</p>	<ul style="list-style-type: none"> - Review of existing patient documents for accessibility in terms of format and language. - Establish a Patient document panel and an accessible patient documents approach; continue to ensure accessibility of online content and documents is considered as a part of our wider online/communications strategy. - Carry out a review of our patient letters and our document procedures to ensure patient letters meet the needs of the More than Just Words Welsh Language and Sensory Loss review. - Offer new ways for patients to access the health board e.g. Sign Live. Hearing loops in reception areas. - Ensure new developments e.g. North Powys campus improve accessibility relative to existing provision. - Ensure that health board services such as SilverCloud and the Living Well service are appropriately targeted and differentiated for those with needs arising from disability. - Further roll out Gender Awareness training for staff. 	<p>Focus on Wellbeing</p> <ul style="list-style-type: none"> - Widening access to wellbeing services e.g. living well, SilverCloud <p>Digital First</p> <ul style="list-style-type: none"> - Utilising digital technologies and opportunities to improve access, improving the access of those with additional requirements to those digital services. <p>Innovative Environments</p> <ul style="list-style-type: none"> - Improving the environment of our sites with new technologies and approaches; this may enable patients to receive treatments within the county that might otherwise of <p>Fully Joined Up Care</p> <ul style="list-style-type: none"> - Ensuring a standard approach to accessibility across our services so that patients experience the same kinds of service from different areas of the health board. 	<p>Effective Care</p> <p>Dignified Care</p> <p>Individual Care</p> <p>More than Just Words</p>
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Patterson, LIZ
05/03/2024 10:20:41

		<ul style="list-style-type: none"> - Develop the way we engage with interest groups in our area. 		
4. In accordance with the <i>Better Together Model / Workforce Futures</i> , ensure that Powys Teaching Healthboard is an employer of choice for individuals with diverse needs.	<p>Primary Disability Age</p> <p>Supplementary Sex Pregnancy & Maternity</p>	<ul style="list-style-type: none"> - Participation in the Disability Confident Scheme (including targeted recruitment & apprenticeship opportunities for individuals with disabilities). - Make the Age-friendly employer pledge & become a signatory to the Hate Crime Charter. - In consultation with the staff Neurodiversity network, update Equality for Managers' training to include more content on working with neurodivergent staff. - Continue Menopause awareness and Anti-racist action plan work. - Explore options for a combined PTHB/PCC Disability network modelled on the existing Neurodivergence Network. 	<p>Workforce Futures</p> <ul style="list-style-type: none"> - Participation in workplace accreditation schemes may draw new applicants and improve retention of existing staff. <p>Transforming in Partnership</p> <ul style="list-style-type: none"> - Providing staff with the opportunity to contribute to workstreams which concern them increases investment and retention. 	<p>Staff & Resources</p> <p>Anti-Racist Action Plan</p> <p>More than Just Words</p> <p>LGBTQ+ Action Plan</p>
5. Improve the health board's ability to accommodate the religious needs of its staff and patients.	<p>Primary Religion & Belief</p> <p>Supplementary Race & Ethnicity</p>	<ul style="list-style-type: none"> - Explore potential capacity for providing designated wellbeing/quiet space provision, which could be used as a multi-faith room by staff and patients with religious needs, at the 9 main hospital sites; committing to 	<p>Workforce Futures</p> <ul style="list-style-type: none"> - Providing staff with the opportunity to contribute to workstreams which concern them increases investment and retention. 	<p>Dignified Care</p> <p>Individual Care</p> <p>Staff & Resources</p> <p>Anti-Racist Action Plan</p>

Patterson, Liz
05/03/2024 10:20:41

		<p>plan for this in new developments.</p> <ul style="list-style-type: none"> - Develop further our existing Chaplaincy models in order to improve our spiritual care offer. 	<p>Focus on Wellbeing</p> <ul style="list-style-type: none"> - Respecting the spiritual needs of our staff and patients. 	
6. We will enforce a zero-tolerance approach to the harassment of staff by patients, including sexual harassment.	<p>Primary Sex</p> <p>Supplementary Age Race & Ethnicity</p>	<ul style="list-style-type: none"> - Participate in a Sexual Safety Charter scheme modelled on that introduced by WAST. - Continued participation in the Speak Out Safely protocol to promote a culture of transparency and accountability. - The relaunch of the Chat to Change program to encourage staff to share their views. 	<p>Workforce Futures</p> <ul style="list-style-type: none"> - Ensuring PTHB is an employer of choice for staff locally and beyond. 	Staff & Resources
7. Ensure that our feedback mechanisms collect the views of staff and patients of all groups.	All PCs.	<ul style="list-style-type: none"> - Improve the rate of Civica feedback collection. Compare the feedback rates based on protected characteristics with expected proportions based on population and, where necessary, make changes to systems and processes to address these. - Develop and deploy an electronic platform for recording PROMs. - Following implementation in Musculoskeletal and Frailty services, expand the collection of Patient Reported Outcome Measures to other targeted clinical areas, as part 	<p>Transforming in Partnership</p> <ul style="list-style-type: none"> - Providing our service users and staff with the opportunity to impact on the direction of the health board on a micro and macro-level. <p>Digital First</p> <ul style="list-style-type: none"> - Using digital technologies to capture feedback from a range of stakeholders. 	Individual Care

Patterson, Liz
05/03/2024 10:20:41

		<p>of the organisational approach to the collection of PROMs.</p> <ul style="list-style-type: none"> - Develop opportunities to bring diverse experiences to our Board, via Patient and Staff Stories and mechanisms such as the proposed Aspiring Board Members program organised by Welsh Government. - The relaunch of the Chat to Change program to encourage staff to share their views. 		
8. Carry out the actions identified in the local PTHB Anti-Racist Action Plan.		<ul style="list-style-type: none"> - See PTHB Anti-Racist Action Plan. 	<p>Workforce Futures</p> <ul style="list-style-type: none"> - Ensuring PTHB is an employer of choice for staff locally and beyond. <p>Focus on Wellbeing</p> <ul style="list-style-type: none"> - Addresses health inequalities within these groups. 	<p>Staff & Resources</p> <p>Individual Care</p>
9. Implement our Welsh in Healthcare Strategy	Welsh Language / All PCs.	<ul style="list-style-type: none"> - Implement the strategies and actions outlined in the 2024-2029 PTHB Welsh in Health Care Strategy. 	<p>Focus on Wellbeing</p> <ul style="list-style-type: none"> - Improve Welsh speakers' access to Wellbeing services like SilverCloud and Powys Living Well. <p>Digital First</p> <ul style="list-style-type: none"> - Utilising digital technologies to provide services bilingually. <p>Workforce Futures</p> <ul style="list-style-type: none"> - Developing the bilingual skills of our current and future workforce. 	<p>Staff & Resources</p> <p>Individual Care</p> <p>Dignified Care</p>

Patterson, Liz
05/03/2024 10:20:41

10. Gender Pay Gap Continue to monitor the relative pay gap in PTHB and identify any issues arising.	Primary Sex Pregnancy & Maternity	<ul style="list-style-type: none"> - Continue to monitor and report on Gender Pay in our Workforce. Using existing reporting mechanisms such as the NHS Staff survey, identify any challenges which may impact on differences of pay between men and women. 	Workforce Futures <ul style="list-style-type: none"> - Ensuring PTHB is an employer of choice for staff locally and beyond. 	Staff & Resources
11. Ethnicity Pay Identify and mitigate or address any underlying issues contributing to unequal pay outcomes for staff from different ethnic backgrounds.	Primary Race & Ethnicity Supplementary Religion & Belief	<ul style="list-style-type: none"> - Carry out a detailed review of Ethnicity Pay within PTHB identifying any trends or tendencies, and, where necessary, take actions to improve any inequalities identified. 	Workforce Futures <ul style="list-style-type: none"> - Ensuring PTHB is an employer of choice for staff locally and beyond. 	Staff & Resources

Patterson, Liz
05/03/2024 10:20:41

Monitoring the 2024-28 Strategic Equality Plan

More information is available in the Equality Annual Reports published annually. The following table will summarise the content of these with reference to the Equality Objectives

Objective	2024-2025 Progress	2025-26 Progress	2026-27 Progress	2027-28 Progress
1. As part of <i>Better Together</i> (formerly the Accelerated Sustainable Model), we will design and develop our services according to the principle of providing services as close as possible to people's homes, decentralising services, using online technologies and other approaches to avoid needing to send patients out of				

Patterson, Liz
05/03/2024 10:20:41

county where possible.				
2. Work to address known health inequalities within our population and take steps to identify and address others.				
3. Improve access to our services and sites for individuals whose needs are different from others.				
4. In accordance with the <i>Better Together Model / Workforce Futures</i> , ensure that Powys Teaching Healthboard is an employer of choice for individuals with diverse needs.				
5. Improve the health board's ability to				

Patterson, Liz
05/03/2024 10:20:41

accommodate the religious needs of its staff and patients.				
6. We will enforce a zero-tolerance approach to the harassment of staff by patients, including sexual harassment.				
7. Ensure that our feedback mechanisms collect the views of patients of all groups.				
8. Carry out the actions identified in the local PTHB Anti-Racist Action Plan.				
Gender Pay Gap Continue to monitor the relative pay gap in PTHB and identify				

Patterson, Liz
05/03/2024 10:20:41

any issues arising.				
Ethnicity Pay Identify and mitigate or address any underlying issues contributing to unequal pay outcomes for staff from different ethnic backgrounds.				

Patterson, Liz
05/03/2024 10:20:41



Agenda item: 2.2

Workforce and Culture Committee		Date of Meeting: 5 March 2024
Subject:	Strategy for Welsh in Healthcare 2024-2029	
Approved and Presented by:	Debra Wood-Lawson, Executive Director for Workforce & OD	
Prepared by:	Adam Pearce, Service Lead for Equality and Welsh Language	
Other Committees and meetings considered at:	<ul style="list-style-type: none"> • Board Development Day 11th January • Executive Committee – 21 Feb 2024 who endorsed the plan to the Workforce & Culture Committee. 	

PURPOSE:

To review and discuss the draft Welsh in Healthcare Strategy and consider recommending to the Board for approval.

RECOMMENDATION:

The Executive Committee is asked to:

- **REVIEW AND RECOMMEND** the attached strategy to the Board for their consideration on the 20 March 2024.

Approval/Ratification/Decision¹	Discussion	Information
✓	✓	✓

Patterson, Liz
05/03/2024 10:21:47

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

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

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

EXECUTIVE SUMMARY:

This strategy will require review and be approved by Board, thereafter it will be published as per the requirements in the Welsh Language Standards. There is no defined statutory deadline for publication, but the period the plan relates to begins on April 1st 2024. Therefore, this is the target publication date.

The strategy is complete with the exception of data requirements, which need to reflect the situation at the end of the current financial year; placeholder data has used as required.

BACKGROUND AND ASSESSMENT:

Under Welsh Language Standard 110 (a statutory compliance requirement) the Health Board has to have a five year plan in place to outline the Health Board's ability to provide a clinical consultation in Welsh, and to show how we plan to improve that ability over a five year period (a review of the previous strategy must also be published under standard 110A; this is attached as an appendix to the strategy). The (non-statutory) *More than Just Words* framework for the Welsh language in Health and Social Care also asks providers to have a Welsh language workforce strategy.

The attached strategy has been designed to meet both requirements and developed in line with both *More than Just Words* and the Welsh Language Commissioner's advisory document on Standard 110.

The specifics of some targets will be developed in time and with further consultation, for example, the exact roles which would be advertised as Welsh essential is not specified by the plan (nor the Welsh Language Standards). These will be developed over the next couple of months in consultation with teams across the health board without missing any deadlines in the strategy. Other targets are awaiting developments beyond PTHB (e.g. the Welsh Government/ HEIW are developing the courtesy Welsh course).

The report will be due for publication on 1st April 2024. The attached strategy is complete with the exception of highlighted areas where data based on 31st March will be used as a baseline; this is necessary to ensure an accurate measure of progress; placeholder data from last year has been used to give an indicative idea (it is not anticipated the data will be radically different).

NEXT STEPS:

If the plan is supported, it will be presented to the Board on 20th March requesting full Board approval (with all appropriate data finalised) and then published in the new financial year.

There is no clearly defined statutory deadline for publication but the period the plan relates to begins on April 1st 2024. Therefore, this is the target publication date.

Patterson, Liz
05/03/2024 10:20:41

Strategy for Welsh in Healthcare 2024-2029

FINAL DRAFT – 5 MARCH 2024

Incorporating:

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

Mae'r ddogfen hon ar gael yn y Gymraeg.

Patterson, Liz
05/03/2024 10:20:41

Contents

Foreword	3
Introduction.....	5
Welsh Language Standard 110	6
The <i>More than Just Words</i> Framework	7
Part I. To what extent is PTHB currently able to offer a clinical consultation in Welsh?.....	8
The Welsh Language in Powys and PTHB: 2021 Census Results.....	11
Part II. Why might a clinical consultation not take place in Welsh: A solution-based model.....	12
.....	12
Part III. PTHB Strategy for Welsh in Health: Our Action Plan for 2024-29	15
Part IV. Monitoring the 2024-29 Action Plan	18
Appendix A: Equality Impact Assessment.....	23
Appendix B: Welsh Language Skills Matrix	34
Appendix C: Review of the 2019-24 Standard 110 Clinical Consultations Plan	35

Patterson, Liz
05/03/2024 10:20:41

Foreword

In a bilingual country it is imperative to recognise and celebrate the uniqueness of our linguistic heritage. Welsh isn't just a language; it's a vital part of who we are, our identity, and our culture.

Our language is a bridge that connects us to our past, our community, and each other. Providing healthcare services in Welsh is a testament to our commitment to preserving our linguistic heritage and ensuring that everyone, regardless of the language they speak, can access healthcare services with dignity and ease.

As a Welsh speaker myself I know how for many of us, accessing healthcare services in Welsh is not just about understanding medical information; it's about feeling heard, valued, and respected. It's about being able to express ourselves in our own language, which is deeply intertwined with our sense of belonging and identity.

By offering healthcare services in Welsh, we not only ensure effective health care but also strengthen the bonds that unite our bilingual community here in Powys. It's about creating a healthcare system that reflects our values of inclusivity, respect, and cultural self-confidence.

Hayley Thomas

Acting Chief Executive Officer

Providing healthcare services in Welsh is a crucial element in meeting our statutory compliance duties, but more importantly, it is a part of our wider commitment to communication, patient satisfaction, and overall healthcare outcomes. This strategy seeks to address the growing demand for Welsh language proficiency in healthcare settings, aligning with the Welsh Language Standards and the *More than Just Words* framework and fostering a more inclusive and patient-centred approach to care.

This strategy aims to improve Powys Teaching Health Board's ability to provide our healthcare services in Welsh in a strategic, holistic way. It emphasises the importance of bilingualism as a desirable attribute in recruitment and retention efforts: by reforming our approach to Welsh language competency in job descriptions and selection criteria and utilising new digital tools, we aim to improve our ability to actively recruit individuals with these vital skills.

Recognising also that language proficiency is a skill that can be developed over time, ongoing support and professional development opportunities will be provided to existing staff members seeking to enhance their Welsh language skills. Our training initiatives will cater to healthcare professionals at all levels, from frontline staff to senior management, employing a wide variety of learning methods tailored to accommodate diverse learning styles and schedules.

In addition to enhancing the linguistic capabilities of our workforce, our strategy recognises the importance of measuring patient outcomes as a key metric of success. By improving data collection on patient satisfaction, we can gauge the impact of improved Welsh language skills within our workforce on the wellbeing of our patients. These feedback mechanisms will capture the experiences of Welsh-speaking patients and assess their perceptions of care quality and accessibility, allowing us to identify areas for improvement and continuously enhance the delivery of Welsh language services in healthcare.

It will of course take time for this strategy to bear fruit. However, we are confident that the present strategy represents a significant step forward for PTHB in this area. By setting clearly defined targets we are ensuring a degree of accountability and transparency that the importance of our goal demands. We will know we have succeeded when, at the end of the period this strategy covers, we will be able to show that we have a workforce which can better meet the needs of our Welsh speaking population.

Debra Wood-Lawson

Executive Director for Workforce and Organisational Development

Executive Lead for Welsh Language and Equality.

Patterson, Liz
05/03/2024 10:20:41

Introduction

PTHB along with other Health Boards and Trusts in Wales must comply with a set of Standards as outlined in [The Welsh Language Standards \(No. 7\) Regulations 2018](#). Although it is the Welsh Ministers who specify the standards, it is for the Commissioner to determine which standards apply to a specific body. In November 2018, the Commissioner issued a compliance notice to PTHB which outlined the standards with which it must comply and the date by when it must be compliant. A copy of PTHB's compliance notice can be found [here](#).

One of the standards with which the health board must comply is to have in place a five-year plan outlining the health board's ability to carry out a clinical consultation in Welsh, and the steps it intends to take to improve its capacity in that regard.

Additionally, the government's *More than Just Words* strategy for the Welsh Language in Health and Social Care places various responsibilities on the health board, including the requirement that organisations to have a workforce plan to improve Welsh language skills.

The overlap between these two sets of requirements is clear, and clearly acknowledged in *More than Just Words*:

This action plan states that 'the enabling actions outlined in the interim action plan sits alongside the Welsh Language Standards and together they aim to deliver further improvements in Welsh language services'.

The aim is to ensure that future *More than just words* actions work hand in hand with the requirements of the standards 'and reinforce, not duplicate' them.

“[The Standards and the action plan] contribute to the overarching vision set out in the Cymraeg 2050 strategy and are different parts of the same jigsaw which together will help improve the quality of health and care services for Welsh speakers”.

The Active Offer is the key principle of *More than just words* and is also a crucial element in delivering standard 110.

The Welsh Commissioner's guidance document on Standard 110 also suggests that, when working to improve the organisation's ability to offer a Clinical Consultation, we should concentrate on those clinical areas identified in the *More than Just Words Framework*.

PTHB is therefore of the view that there are significant benefits to efficiency, reduced duplication and clarity achieved in having a single plan. This is particularly beneficial in a small organisation like PTHB, and in a context of

In addition, it is hoped that a combined *Strategy for Welsh in Healthcare* will increase the profile of work in these areas, comparable for example to the Health Board's Strategic Equality Plan.

This document is that plan. It sets out what Powys Teaching Health Board intends to do over the period 2024-2029 in order to improve its ability to deliver its services in Welsh, and to meet the requirements of both the standards and the *More than Just Words Framework*.

Welsh Language Standard 110

Standard 110 states that:

"You must publish a plan for each 5 year period setting out -

- (a) the extent to which you are able to offer to carry out a clinical consultation in Welsh.*
- (b) the actions you intend to take to increase your ability to offer to carry out a clinical consultation in Welsh.*
- (c) a timetable for the actions that you have detailed in (b).*

The primary function of this document is to meet this requirement.

This plan has been produced with reference to the Welsh Commissioner's *Standard 110 - Welsh Language Standards (No. 7) Regulations Good practice advice document*. This document explains that:

"Standard 110 sets the foundations for a health service in a bilingual country. It embodies the principle that offering clinical consultations through the medium of Welsh to patients is a matter of quality and patient safety, as well as ensuring consistency and creating more opportunities for people to use the Welsh language."

It further notes that

"The plan needs to include robust information on the body's capacity to undertake clinical consultations in Welsh, and concrete actions and a timetable to measure and report on progress."

The guidance on Standard 110 identifies the need to **establish a baseline** to measure the health board's current ability to offer a clinical consultation in Welsh by using available data sources.

Section (a) of Standard 110 is addressed in Part I of this document. Sections (b) and (c) are outlined in the Action Plan in Part III. Standard 110A, which requires PTHB to review its plans produced under Standard 110, is addressed in appendix C which constitutes a review of our previous Plan for the period 2019-2024.

Although the PTHB Strategy for Welsh in Healthcare does not relate to the other standards in the same way, the broad nature of the document's aims means that

the successful implementation of this plan will indirectly improve compliance with all the standards and directly impact on many. Where this is the case, it has been noted alongside the actions (See Part III: Our Action Plan for 2024-29).

The *More than Just Words* Framework

The [*More than Just Words*](#) framework represents the Welsh Government's strategy for the Welsh Language in health and social care. Whilst this is a Welsh Government plan it includes a number of objectives and actions for individual health boards; these are reported to WG on an annual basis using a reporting template.

Action 18 in the framework requires PTHB to have a 'targeted Welsh language training and workforce strategy' in place in order to improve the Welsh language skills of its workforce; this document can be considered to meet that requirement.

Where an action in this document feeds into one or more aspects of the *More than Just Words* framework, this has been identified below.

Patterson Liz
05/03/2024 10:20:41

Part I. To what extent is PTHB currently able to offer a clinical consultation in Welsh?

According to the Welsh Language Standards Regulations:

a “clinical consultation” (“ymgyngoriad clinigol”) means a health provision interaction between one or more individuals and a body;”
(No. 7 Regulations, 2018)

A clinical consultation could take place in person, over the telephone or online. As acknowledged by the Commissioner’s guidance on Standard 110, hundreds of thousands of clinical consultations take place in Welsh hospitals every day. An inpatient’s stay at a hospital (for example) might include a number of such interactions, the majority of which will not be recorded by the data systems currently available to health boards. Whilst systems like WPAS record the preferred language of a patient, they do not directly record whether or not clinical consultations took place in Welsh nor even how many clinical consultations took place. Radical change to these systems is not within PTHB’s power.

In setting a baseline for the Health Board’s ability to provide a clinical consultation in Welsh, it is therefore necessary to measure the health board’s ability to provide a consultation in Welsh via Patient Reported Outcome Measures and/or to use proxy indicators, such as staff language skills. Whilst these do not directly measure the number of clinical consultations carried out, between them they should provide an indication of the health board’s capacity in this area.

Patient Reported Outcome Measures

November 2022 saw the introduction of the CIVIA Patient feedback system to PTHB. This system invites patients to complete a survey on various aspects of their treatment. Since its introduction, the system has asked patients to answer the following question in relation to their treatment:

2 Were you able to speak in Welsh to staff if you needed to?

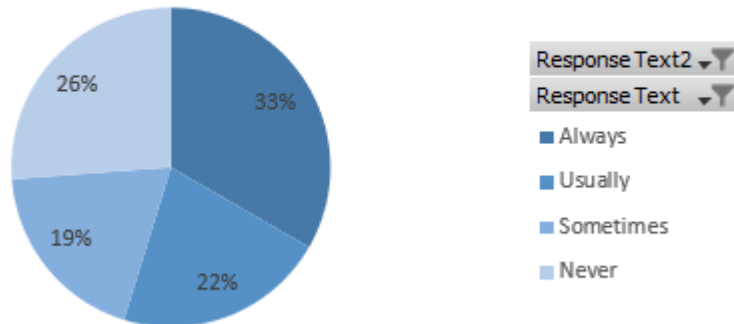
Always Usually Sometimes Never

Not applicable

There are some significant limitations to this measure: the surveys need to be offered to patients by staff and so capture only a small percentage of patients. They may be disproportionately answered by particular demographics, and patients undergoing particular kinds of treatment. Nevertheless, it is a direct measure of whether health board was able to provide clinical consultations in Welsh, and therefore forms a key part of the health board’s measure of its progress in achieving the aims of Standard 110.

In the year ending March 31st, 2024, the answers received for this question were as follows (after removing those who did not need or want to use Welsh):

Were you able to use Welsh with staff?



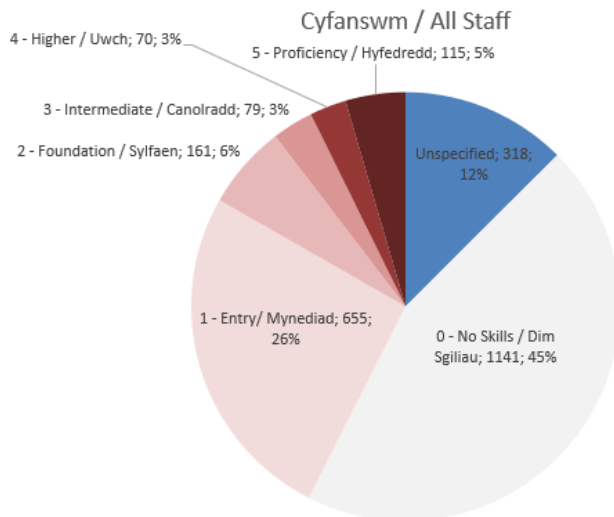
This provides a baseline for measuring success over the 2024-2029 period. This can be further broken down by site, although the rate of responses varies from site to site ([Use March 2024 data here and above](#)).

Staff Welsh Language Skills

As well as the Civica survey data described above, the health board collects information on staff Welsh language skills. This information is not a perfect measure of the health board's ability to provide clinical consultations in Welsh – Welsh speaking staff may be in non-patient-facing roles, or may not be providing consultations in Welsh (because they are unaware the patient wants it, they have not provided the Active Offer, they are unwilling to speak Welsh to the patient, or for some other reason). However, it is a reasonable proxy indicator: the ability to speak Welsh is a necessary pre-requisite to providing a service in Welsh, and improving the Welsh skills of our staff would reasonably be expected to increase our ability to provide clinical consultations in Welsh.

On 31st March 2024, the Welsh speaking skills of our staff were as follows:

Patterson, Liz
05/03/2024 10:20:41



This data can also be broken down by base (hospital):

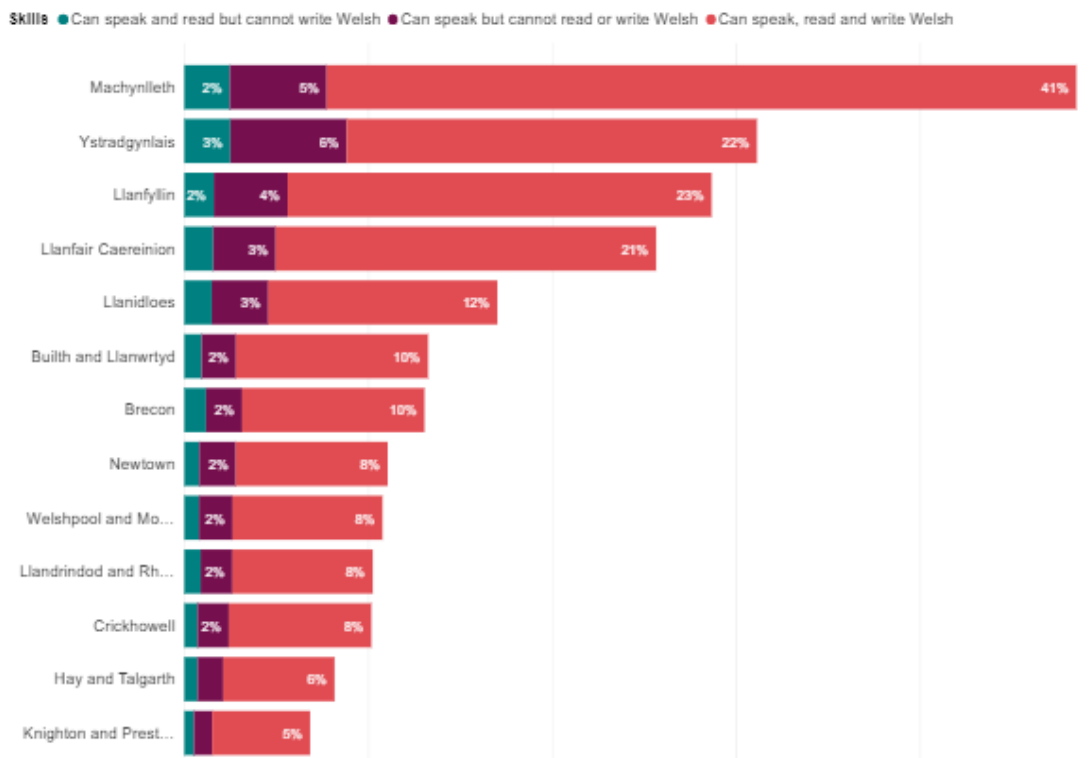
(Use March 2024 data)

(graphs for 9x individual sites)

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

Patterson, Liz
05/03/2024 10:20:41

The Welsh Language in Powys and PTHB: 2021 Census Results



Whilst not unique to Powys, this degree of variation is not reflected in most other Welsh health boards and represents both a challenge and opportunity for PTHB. Whilst neither the Standards nor *More than Just Words* call for geographic variation*, under standards 69-71 we must assess our policies for their impact on opportunities to use Welsh, as well as formulating them in such a way that they might have a positive impact.

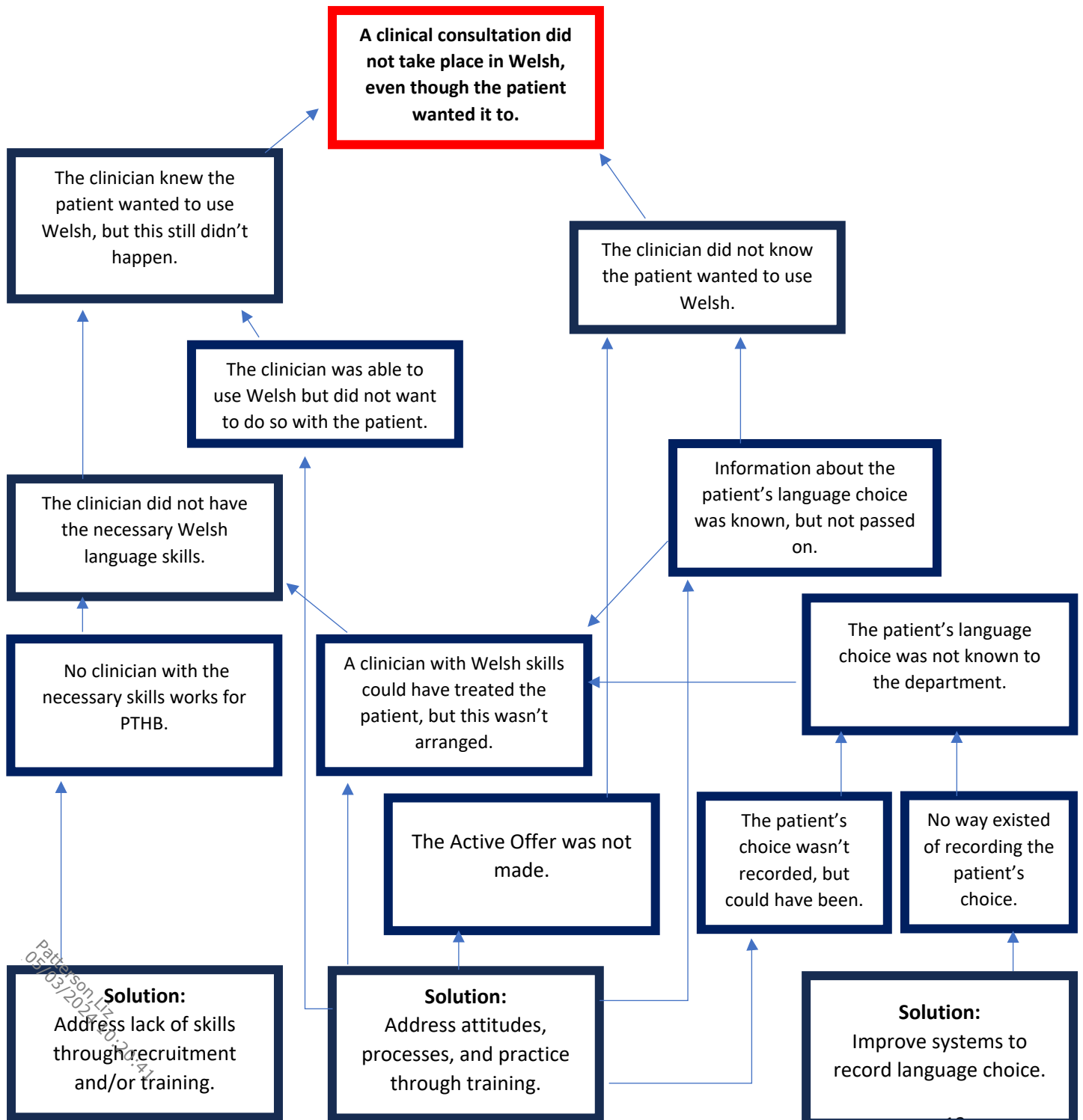
With this in mind, this strategy has incorporated a degree of geographical variation within Powys, with some interventions targeted at the two sites – Ystradgynlais and Machynlleth – located in the areas with the highest proportion of Welsh speaking residents. Our justification for this approach is outlined in the relevant section of the Impact Assessment (Appendix A).

Patterson, Liz
05/03/2024 10:20:44

* Though there was some geographical variation in the imposition dates of some standards.

Part II. Why might a clinical consultation not take place in Welsh: A solution-based model

The following diagram describes, in retrospective, the issues that need to be resolved in order to provide a patient who wishes to use Welsh with a clinical consultation in Welsh.



Three Fundamental Causes

The model outlined above identifies three fundamental causes as to why a clinical consultation might not be held in Welsh, despite the patient's wish.

- 1) Lack of Welsh skills in the workforce.
- 2) Patterns of staff behaviour and/or internal processes which do not enable consultations to take place in Welsh.
- 3) Systems which do not enable staff to record patient language choice.

Of the three causes outlined above, the current Strategy for Welsh in Healthcare focuses primarily on the first two. Although improving patient data collection systems could also improve PTHB's ability to carry out clinical consultations in Welsh, there are a number of reasons to put less emphasis on this area in 2024-29:

- Most systems in use within PTHB are developed on a Wales-wide level, and PTHB has little or no direct impact on their development. These requirements are similar across all Welsh health boards and are being widely promoted in all-Wales system development processes.
- Upcoming developments e.g. the NHS Wales App are likely to improve the consistency of patient language records even with no further action from PTHB.
- Many existing patient information systems in use by our clinical staff already enable the recording of language choice. This may not necessarily be being carried out consistently by staff in practice, and where this information exists it may not be being shared appropriately – but as the above diagram shows, where this is the case, it is a question of PTHB and/or departmental process and practice, rather than of the systems themselves.
- Even with a complete and accurate record of the language preferences of all patients, a clinical consultation cannot take place in Welsh if staff with the appropriate skills are not available. However, where the relevant staff have the necessary level of Welsh language skills and are consistently acting in line with best practice (especially the Active Offer), the *recording* of patient's preferences is not necessary for a clinical consultation to take place in Welsh. This represents the current situation for English, a language in which all clinicians are able to provide clinical consultations by default.

For this reason, the current strategy will concentrate on addressing the skills, attitudes and behaviour of our staff.

Interpretation (Simultaneous Translation)

The Welsh Language Standards and More than Just Words explicitly allow for the delivery of services in Welsh via the use of interpretation/simultaneous translation (i.e. interpretation from English into Welsh). PTHB makes widespread use of interpreters to deliver services in BSL and foreign languages.

Despite this, we have not incorporated interpretation into our Strategy for Welsh Welsh in Healthcare. This is due to the lack of evidence that Welsh speaking patients would rather receive a service through an interpreter than in English. We have also been told by Welsh interpreters that they would not be willing to provide this service, as they offer interpretation *from* Welsh only.

Even assuming that interpretation into Welsh were to be offered, if patients do not actually want this, we would be developing the theoretical *ability* to give a consultation in Welsh without increasing actual *delivery* of services in Welsh.

There therefore the risk that offering greater use of interpretation could come at the expense of more meaningful action to provide services in Welsh.

Future plans produced by PTHB may revisit this position if the situation changes.

Patterson, Liz
05/03/2024 10:20:41

Part III. PTHB Strategy for Welsh in Healthcare:

Our Action Plan for 2024-29

Action Ref	What is the action?	Rationale	Additional Relevant Welsh Language Standards	Relevant More than Just Words Actions
1	Increase the number of patients asked about their use of Welsh via Civica by encouraging staff to make wider use of the system.	These will not by themselves increase the health board's ability to provide clinical consultation in Welsh; however, they will improve the health board's ability to accurately measure its progress in this area. This is crucial to appropriate targeting of interventions.	23, 23A	5
2	Reduce the percentage of staff whose Welsh skills are unknown by directly contacting these staff and asking them to update their information.		96	8, 9
3	Increase the proportion of PTHB staff who have undertaken the Mandatory ESR Welsh Language Awareness Training course.	Welsh Language Awareness emphasises the importance of language in providing appropriate care and promotes awareness of the principle of the Active Offer. It may serve as a first step to further training.	102	14
4	Increase the number of staff who have undertaken Welsh Language for Managers training.	A course for PTHB managers can be included as part of the existing Managers' Development program; this provides a means of promoting PTHB-specific approaches as well as reinforcing aspects covered in the generic Awareness module.	102, 99	14, 18
4a	Target this training at managers based in Machynlleth and Ystradgynlais.	Targeting this training at priority areas will ensure efficient use of resources as well as increasing the overall uptake.	102, 99	14, 18
4b	Target this training at managers working in the MTJW priority professions.		102, 99	14, 18
5	Directly contact Welsh speaking staff to provide them with a 'Iaith Gwaith' Lanyard.	Current procedure provides these passively e.g. by request and in offer during induction; this relies on the staff themselves to actively seek them out. A more proactive approach should increase the prevalence of Iaith Gwaith throughout PTHB.	105	35
6	Deploy the <i>Academy Careers & Education Enterprise Scheme</i> in Powys secondary schools, including Welsh medium schools and streams, promoting careers in healthcare among those who can already speak Welsh and promoting the importance of Welsh language skills in careers in healthcare.	The Academy Careers & Education Enterprise Scheme will visit Welsh medium settings throughout Powys to emphasise the value of Welsh Language skills for careers in health care.		13, 18, 19
7	Review the way Welsh Language requirements are described in job	There is the potential that the language currently used in advertisements, job descriptions and	106, 107	6, 16

	advertisements and person specifications.	person specifications colours expectations in a way not optimal to recruitment (of Welsh speakers or otherwise). This is also an opportunity to market training.		
8	Ensure all vacancies are correctly assessed for their role requirements through a new assessment system and record the with named individual(s) associated against each individual assessment.	Existing process has limited accountability due to the absence of a record of assessments and their outcomes. A revised process will improve accountability and is likely to increase the number of Welsh essential roles advertised.	106	6, 13, 16
9	Offer Aspiring Nursing Program placements to applicants with Welsh Language skills.	This will entrench the principle that the health board values Welsh language skills and may increase the proportion of Welsh speakers in the staff body.	106, 107	6, 16
10	Begin advertising roles at the health board where Welsh is essential but with the option for non-Welsh speakers to commit to learn Welsh to a certain level on appointment.	This will entrench the principle that the health board values Welsh language skills and should increase the proportion of Welsh speakers in the staff body.	106	13, 16
11	Increase the number of health board roles which are advertised with Welsh language skills as essential and/or where learning to a particular level is required.	This will entrench the principle that the health board values Welsh language skills and should increase the proportion of Welsh speakers in the staff body.	106	13, 16, 18
12	Directly market careers in the health board at Welsh speakers, including via volunteering and work experience opportunities.	Currently the only marketing is the translation of generic materials and occasional individual vacancies. There are many other opportunities e.g. local Papurau Bro, online advertising directly marketed at Welsh speakers., which could increase applications and present the health board as an employer of choice for Welsh speakers.	6	13, 16, 18, 19
13	Roll out 'Courtesy Level' Welsh across the existing staff body (N.B. <i>subject to provision of appropriate training module from WG / HEIW</i>)	This is a MTJW objective. Whilst 'courtesy level' Welsh is not enough to provide a clinical consultation, training to this level may improve language awareness and empathy and can be a first step on a longer-term language journey.	99	17
13	Increase the total number of staff completing Welsh language training (above 'courtesy' level) each year.	Promoting training is a means of improving overall Welsh skills within the staff body and of directly improving our ability to offer clinical consultations in Welsh.	101	18
14	Deploy the confidence raising scheme amongst our staff and, as a minimum, maintain uptake over the five-year period, or as long as the scheme is supported.	Staff who already have Welsh skills but lack the confidence or the habit of using them professionally are 'low hanging fruit' that can be added to the numbers able to offer clinical consultations in Welsh for a fraction of the investment required to teach a clinician Welsh from scratch.	101	13, 18
15	Increase the proportion of PTHB staff reporting their	Improved Welsh skills among the staff body through a combination of	106	5

Patterson, Liz
05/03/2024 10:20:41

	Welsh Language skills at level 1+.	increases the prior probability that a consultation will be able to take place in Welsh. This can be achieved through a combination of training existing staff and recruiting new staff with Welsh skills.		
16	Increase the proportion of PTHB staff reporting their Welsh Language skills at level 2+.		106	5
17	Increase the proportion of PTHB staff reporting their Welsh Language skills at level 3+.		106	5
		Staff with low levels of Welsh skills are unlikely to be able to offer a full clinical consultation in Welsh. However, they may be able to provide a consultation in Welsh with assistance or provide a consultation partially in Welsh; and they are better placed to further develop their skills in the future. It is also plausible that Welsh skills correlate with a greater awareness of the language and that developing skills in the language itself will improve culture, practice, and behaviour around the language.		
18	Increase the proportion of Online CBT courses that can be offered in Welsh, and market this course in Welsh.	Increasing our online offer of healthcare in Welsh needs to be done independently of staff recruitment and retention.	60, 63	13
19	Maintain the health board's current Welsh language capacity on the 111 #2 service.	Existing capacity in this team is sufficient to meet the current level of demand, however this will need to be maintained over the lifetime of the plan.	8, 9, 10	13
20	Increase CIVICA returns of patients saying they were able to use Welsh at least <i>sometimes</i> .	Achieving these aims would show that the Health Board has improved its ability to provide clinical consultations in Welsh. Setting a target in all three measures will ensure genuine growth is achieved, rather than mere re-distribution.	23, 23A, 110	5
21	Increase CIVICA returns of patients saying they were able to use Welsh at least <i>usually</i> .		23, 23A, 110	5
22	Increase CIVICA returns of patients saying they were able to use Welsh <i>always</i> .		23, 23A, 110	5

Patterson, Liz
05/03/2024 10:20:41

Part IV. Monitoring the 2024-29 Action Plan

Action Ref	What is the action?	Baseline	3 year goal	3 year result	5 year goal	5 year result	Lead Responsibility
Objective 1: Improve local data collection around clinical consultations in Welsh							
1	Increase the number of patients asked about their use of Welsh via Civica by encouraging staff to make wider use of the system.	[March 2024 baseline: total asked in 2023-24] Total asked in 2022-23: 80	Increase		Increase		Assistant Director of Quality and Safety
2	Reduce the percentage of staff whose Welsh skills are unknown by directly contacting these staff and asking them to update their information.	[March 2024 baseline]	X% Reduce		X% Reduce		Service Lead for Welsh
Objective 2: Increased staff awareness and deployment of the Active Offer							
3	Increase the proportion of PTHB staff who have undertaken the Mandatory ESR Welsh Language Awareness Training course.	[March 2024 baseline] March 2023: 73% (likely to be 85%+ by 2024)	90%		90%		Head of Organisational Development
4	Increase the number of staff who have undertaken Welsh Language for Managers training.	Zero – Training has been developed but not yet delivered.	Cumulative total of 100 individuals.		Cumulative total of 200 individuals.		Service Lead for Welsh
4a	Target this training at managers based in Machynlleth and Ystradgynlais.	Training not yet developed or targeted.	Evidence of direct targeting.		Further evidence of direct targeting.		Service Lead for Welsh
4b	Target this training at managers working in the MTJW priority professions.	Training not yet developed or targeted.	Evidence of direct targeting.		Further evidence of direct targeting.		Service Lead for Welsh
5	Directly contact Welsh speaking staff to provide them with a 'Iaith Gwaith' Lanyard.	Current procedure provides these passively e.g. by request and in offer during induction.	Evidence of direct targeting.		Further evidence of direct targeting.		Service Lead for Welsh
Objective 3: Increase the emphasis on Welsh Language skills in our attraction and recruitment processes							
6	Deploy the <i>Dyfodol y Gweithlu</i> scheme in Powys secondary schools, including Welsh medium schools, promoting careers in healthcare among those who can already speak Welsh and promoting the importance of Welsh language skills in careers in healthcare.	The Academy Careers & Education Enterprise Scheme will visit Welsh medium settings throughout Powys to emphasise the value of Welsh Language skills for careers in health care.	X/Y sessions delivered to X/Y # of pupils in WM/EM schools.		X/Y sessions delivered to X/Y # of pupils in WM/EM schools.		Strategic Workforce Lead for Health, Care and Partnership

7	Review the way Welsh Language requirements are described in job advertisements and person specifications.	Current description: "The ability to speak Welsh is desirable for this post; English and/or Welsh speakers are equally welcome to apply."	Review carried out and approach changed.		Review carried out and approach changed.		Service Lead for Welsh
8	Ensure all vacancies are correctly assessed for their role requirements through a new assessment system and record the with named individual(s) associated against each individual assessment.	Existing process has limited accountability due to the absence of a record of assessments and their outcomes.	100% of vacancies assessed and recorded.		100% of vacancies assessed and recorded.		Service Lead for Welsh
9	Offer Aspiring Nursing Program placements to applicants with Welsh Language skills.	0 places on the 2023 program were specifically for individuals with Welsh speaking skills.	2 places each year		3 places each year		Head of Workforce Transformation
10	Begin advertising roles at the health board where Welsh is essential but with the option for non-Welsh speakers to commit to learn Welsh to a certain level on appointment.	0 roles advertised on this basis in 2023-24.	3 roles advertised on this basis in 2026-27.		5 roles advertised on this basis in 2028-29.		Deputy Director Workforce & Development
11	Increase the number of health board roles which are advertised with Welsh language skills as essential and/or where learning to a particular level is required.	1 role advertised on this basis in 2023-24.	10 roles advertised on this basis in 2026-27.		20 roles advertised on this basis in 2028-29.		Deputy Director Workforce & Development
12	Directly market careers in the health board at Welsh speakers.	The health board does not currently directly market its roles to Welsh speakers.	Evidence of direct marketing.		Further evidence of direct marketing.		Assistant Director: Communications & Engagement
Objective 4: Develop the Welsh skills of our existing staff through Training and Confidence Raising courses							
13	Roll out 'Courtesy Level' Welsh across the existing staff body (N.B. <i>subject to provision of appropriate training module from WG / HEIW</i>)	48% (it is assumed courtesy = < 1, so all staff at level 1+ currently meet this level)	75% of staff record at least courtesy level Welsh.		90% of staff record at least courtesy level Welsh.		Head of Organisational Development
14	Increase the total number of staff completing Welsh language training each year.	Baseline in 2023-24. [Number trained in 2022-23: 10]	2023-24 total +10		2023-24 total +15		Service Lead for Welsh
15	Deploy the confidence raising scheme amongst our staff and ensure that it is widely attended. (N.B. We have based our target on a diminishing cumulative total because it is anticipated that this is targeted to a	None trained; course is new.	Cumulative total of 100 staff		Cumulative total of 150 staff		Service Lead for Welsh

	relatively small proportion of the staff body; annual numbers are likely to reduce as a growing proportion of those staff have already attended the training).		completing the course.		completing the		
Additional Supplementary Targets in relation to Objectives 3 & 4:							
16	Increase the proportion of PTHB staff reporting their Welsh Language skills at level 1+.	Will use March 2024 data. March 2023: 48.63%	51.5%		55%		Service Lead for Welsh
17	Increase the proportion of PTHB staff reporting their Welsh Language skills at level 2+.	Will use March 2024 data. March 2023: 19.14%	21.5%		22.5%		Service Lead for Welsh
18	Increase the proportion of PTHB staff reporting their Welsh Language skills at level 3+.	Will use March 2024 data. March 2023: 11.89%	13%		14%		Service Lead for Welsh
Objective 5: Ensure new ways of providing healthcare services can be accessed in Welsh.							
19	Increase the proportion of Online CBT courses that can be offered in Welsh.	Current: 2 of 25 courses (?)	10 of 25		20 of 25		Director of Community & Mental Health Services
20	Maintain the health board's current Welsh language capacity on the 111 #2 service.	2 of 5 providers able to consult in Welsh.	2/5		2/5		Director of Community & Mental Health Services
Objective 6: Deliver more clinical consultations in Welsh							
21	Increase CIVICA returns of patients saying they were able to use Welsh at least <i>sometimes</i> .	Baseline (end 2023-24)	Year 1 (end 2024-25)	Year 2 (end 2025-26)	Year 3 (end 2026-27)	Year 4 (end 2027-28)	Year 5 (end 2028-29)
		(Will use March 2024 baseline of 2023-24). Current: 74%	(targets appropriate to baseline)	(targets appropriate to baseline)	(targets appropriate to baseline)	(targets appropriate to baseline)	(targets appropriate to baseline)
22	Increase CIVICA returns of patients saying they were able to use Welsh at least <i>usually</i> .	As above. Current 55%.	(targets appropriate to baseline)	(targets appropriate to baseline)	(targets appropriate to baseline)	(targets appropriate to baseline)	(targets appropriate to baseline)
23	Increase CIVICA returns of patients saying they were able to use Welsh <i>always</i> .	As above. Current 33%.	(targets appropriate to baseline)	(targets appropriate to baseline)	(targets appropriate to baseline)	(targets appropriate to baseline)	(targets appropriate to baseline)

Patterson, LIZ
05/03/2024 10:20:41

Patterson, Liz
05/03/2024 10:20:41

Patterson, Liz
05/03/2024 10:20:41

Appendix A: Equality Impact Assessment

Please indicate overleaf that you have considered the impact of the proposal on the protected characteristics for all those that might be impacted (service users, patients, staff, patients' relatives and carers etc.).

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken
<p>Age</p> <p>For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	<p>The More than Just Words framework identifies both older people (65+) and young children as priority areas for Welsh language provision.</p> <p>Staff analyses have suggested that younger staff members are more likely to report higher levels of Welsh language skills (both higher levels and lower levels of skills) when compared to their older colleagues. This is likely due to the greater emphasis on Welsh language skills in schools, and the expansion of Welsh medium education compared to the past.</p>	<p>Opportunities for learning and development are available to all staff irrespective of the protected characteristics.</p> <p>The plan does not mandate that staff undergo training (beyond the minimum 'courtesy' level) where this has not been agreed as part of an appointment process. Roles where Welsh is required to be learned could allow internal staff to develop their skills.</p>	<p>Make reference to where the mitigation is included in the document, as appropriate</p> <p>The plan does not mandate that staff undergo training (beyond the minimum 'courtesy' level) where this has not been agreed as part of an appointment process. Roles where Welsh is required to be learned could allow internal staff to develop their skills.</p>
<p>Persons with a disability as defined in the Equality Act 2010</p>	<p>Workforce data suggests staff with disabilities are slightly less likely than average to have Welsh language skills.</p>	<p>Opportunities for learning and development are available to</p>	<p>Monitor Annual Reports and other channels for changes in</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	However, it should be emphasised that the data for disability is very different from that in other sources e.g. census, so it is unclear how reliable this is.	all staff irrespective of the protected characteristics.	trends to identify any increased impacts.
<p>People of different genders:</p> <p>Consider men, women, people undergoing gender reassignment.</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender.</p>	No significant impact was identified for Gender reassignment.	Opportunities for learning and development are available to all staff irrespective of the protected characteristics.	
<p>People who are married or who have a civil partner.</p>	No impact identified.	None required.	None required.
<p>Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after</p>	Staff may reasonably be expected to pause any Welsh lessons whilst on maternity leave. This is already	None required.	None required.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
having a baby whether or not they are on maternity leave.	accounted for in existing PTHB policies.		
People of a minority race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	<p>The 2021 census shows that whilst individuals from ethnic backgrounds other than White are less likely to speak Welsh, the differences are relatively small once allowing for country of birth, with 22% of Welsh-born individuals reporting being able to speak Welsh within White ethnic groups compared to 15% in Asian and 14% in Black. Within our workforce there is a strong correlation between White ethnicities (particularly Welsh) and Welsh language skills; however as non-white staff are mainly in nursing and medical roles this strategy would not be anticipated to impact on them significantly at this stage.</p> <p>The 2021 census showed that, in Powys, individuals belonging to Gypsy and Irish</p>	Opportunities for learning and development are available to all staff irrespective of the protected characteristics.	Monitor Annual Reports and other channels for changes in trends to identify any increased impacts.

Patterson-Liz
05/03/2024 10:20:41

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
	Traveller ethnic groups were similarly likely to speak Welsh as the general population,		
<p>People with a religion or belief or with no religion or belief.</p> <p>The term 'religion' includes a religious or philosophical belief</p>	Workforce data suggests that adherents of minority religions such as Islam, Hinduism and Buddhism are significantly less likely than Christians or Atheists to have Welsh language skills. This is likely because these are mainly staff from overseas; as they are primarily in nursing and medical roles this strategy would not be anticipated to impact on them significantly at this stage.	Opportunities for learning and development are available to all staff irrespective of the protected characteristics.	Monitor Annual Reports and other channels for changes in trends to identify any increased impacts.
<p>People who are attracted to other people of:</p> <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	Workforce data does not show sexual orientation impacts on the ability to speak Welsh. However, it should be emphasised that only small numbers of staff identify as other than heterosexual, so a small number of individuals may significantly impact this.	Opportunities for learning and development are available to all staff irrespective of the protected characteristics.	Monitor Annual Reports and other channels for changes in trends to identify any increased impacts.

Patterson-Liz
05/03/2024 10:20:41

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken
<p>People who communicate using the Welsh language in terms of</p> <p>(a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language.</p> <p>Welsh Language Standards 69-71</p>	<p>The core purpose of this strategy is to improve the ability of the health board to carry out clinical consultations in Welsh, activity which represents an opportunity for persons to use the Welsh Language. Clinical consultations can currently be offered in English in all health board contexts; therefore, the actions in this plan therefore represent efforts to improve the provision for the Welsh language relative to English.</p>	<p>A focus on geographical priority areas where Welsh is more widely spoken will ensure that interventions have the highest possible positive impact. This is because the demand for services in Welsh is highest in these areas, meaning we are focusing resources where Welsh language services are most likely to be used. This will increase opportunities to use Welsh between staff and patients/visitors. It is also likely to be a more tractable way of achieving results in terms of training and recruitment due to the perception of a greater demand for Welsh in these areas, and thus a more efficient use of limited time and resources.</p> <p>Additionally, because a greater proportion of the workforce already present in these areas speaks Welsh, improving the</p>	<p>Make reference to where the mitigation is included in the document, as appropriate</p> <p>The action plan allows for differentiation based on different PTHB sites.</p>

Patterson-Liz
05/03/2024 10:20:41

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
		Welsh language skills of the remainder of the workforce will increase opportunities to use Welsh between staff whether these are newly recruited Welsh speakers or existing staff who develop their skills further through training.	
<p>People according to their income related group:</p> <p>Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	<p>An increased need to develop Welsh skills may disadvantage individuals who might struggle to afford training sessions. However, currently PTHB fully pays for any Welsh language training requested by its staff.</p>	<p>Opportunities for learning and development are provided free to all staff, so personal financial situation should not be a factor in accessing these opportunities.</p>	<p>Maintain the existing commitment to financially support all staff wishing to learn Welsh.</p>
<p>People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities. This also may include wifi poverty, travel poverty and fuel poverty.</p>	<p>The geographical differentiation in the plan could impact some areas e.g. Ystradgynlais which have higher than average levels of economic deprivation. However, these are also areas with higher levels of Welsh</p>	<p>Opportunities for learning and development are available to all staff irrespective of location. Many training opportunities are hosted online allowing for easy access across the health board.</p>	<p>Monitor Annual Reports and other channels for changes in trends to identify any increased impacts.</p>

Patricia 05/03/2024 10:20:41

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
	language skills among the background population.		
Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/ or service	None identified.	None identified.	None identified.

How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
People being able to access the service offered: Consider access for those living in areas of deprivation and/or	None identified.	None identified.	None identified.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
those experiencing health inequalities. Well-being Goal - A more equal Wales			
People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales	Research suggests that better health outcomes are achieved where healthcare is provided in accordance with the language preferences of the patient.	None identified.	None identified.

Patterson
 05/03/2024 11:20:41

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>People in terms of their income and employment status:</p> <p>Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions.</p> <p>Well-being Goal – A prosperous Wales</p>	<p>Adding Welsh language requirements may make it more difficult for individuals without Welsh language skills to apply for specific roles, though this would not be expected to materially impact local employment levels as a whole and there is no change in the number and kind of vacancies available. Under the current plan the number of vacancies advertised as Welsh essential is anticipated to be <5% of the total vacancies advertised by the health board, meaning that a lack of Welsh language skills should not be a meaningful barrier to employment at the health board.</p>	<p>None required.</p>	<p>Monitor Annual Reports and other channels for changes in trends to identify any increased impacts.</p>
<p>People in terms of their use of the physical environment:</p> <p>Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the</p>	<p>None anticipated.</p>	<p>None required.</p>	<p>None required.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			
<p>People in terms of social and community influences on their health:</p> <p>Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>A greater emphasis on bilingualism within the health board could foster a greater sense of community within the local area.</p>	<p>None required.</p>	<p>None required.</p>

Patterson
05/03/2024 11:20:41

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>None anticipated.</p>	<p>None required.</p>	<p>None required.</p>

Patterson, Liz
 05/03/2024 10:20:41

Appendix B: Welsh Language Skills Matrix

References to Levels of ability in Welsh are explained in the following NHS Wales matrix.

WELSH LANGUAGE SKILLS MATRIX			
	LISTENING / SPEAKING	READING / UNDERSTANDING	WRITING
LEVEL 0	<ul style="list-style-type: none"> No appreciable ability 	<ul style="list-style-type: none"> No appreciable ability 	<ul style="list-style-type: none"> No appreciable ability
LEVEL 1	<p>I Can:</p> <ul style="list-style-type: none"> Pronounce Welsh words, place names, department names, etc. Greet and understand a greeting. Use basic every day words and phrases, e.g. thank you, please, excuse me, etc. Understand / pass on simple verbal requests of a routine / familiar / predictable kind using simple language, e.g. 'May I speak to...' State simple requests and follow up with extra questions / requests in a limited way 	<p>I Can:</p> <ul style="list-style-type: none"> Understand simple key words and sentences on familiar / predictable matters relating to my own job area, e.g. on signs, in letters. 	<p>I Can:</p> <ul style="list-style-type: none"> Fill in simple forms, note down simple information, e.g. date and venue of a meeting, Welsh address, etc.
LEVEL 2	<p>I Can:</p> <ul style="list-style-type: none"> Understand the gist of Welsh conversations in work Respond to simple job-related requests and requests for factual information Ask simple questions and understand simple responses Express opinions in a limited way as long as the topic is familiar Understand instructions when simple language is used 	<p>I Can:</p> <ul style="list-style-type: none"> Understand factual, routine information and the gist of non-routine information on familiar matters related to my own job area, e.g. in standard letters, leaflets, etc. 	<p>I Can:</p> <ul style="list-style-type: none"> Write short simple notes / letters / messages on a limited range of predictable topics related to my personal experiences or my own job area
LEVEL 3	<p>I Can:</p> <ul style="list-style-type: none"> Understand much of what is said in an office, meeting, etc. Keep up a simple conversation on a work related topic, but may need to revert to English to discuss / report on complex or technical information Answer predictable or factual questions Take and pass on most messages that are likely to require attention Offer advice on simple job-related matters 	<p>I Can:</p> <ul style="list-style-type: none"> Scan texts for relevant information Understand a fair range of job-related routine and non-routine correspondence, factual literature, etc. when standard language is used. 	<p>I Can:</p> <ul style="list-style-type: none"> Write a detailed / descriptive letter relating to my own job area, but will need to have it checked by a Welsh speaker Make reasonably accurate notes while someone is talking

Patterson-Liz
05/03/2024 10:20:41

	LISTENING / SPEAKING	READING / UNDERSTANDING	WRITING
LEVEL 4	<p>I Can:</p> <ul style="list-style-type: none"> ● Keep up an extended casual work related conversation or give a presentation with a good degree of fluency and range of expression but may need to revert to English to answer unpredictable questions or explain complex points or technical information ● Contribute effectively to meetings and seminars within own area of work ● Argue for/against a case 	<p>I Can:</p> <ul style="list-style-type: none"> ● Read and understand information fairly quickly as long as no unusual vocabulary is used and no particularly complex or technical information is involved 	<p>I Can:</p> <ul style="list-style-type: none"> ● Prepare formal letters of many familiar types such as enquiry, complaint, request and application ● Take reasonably accurate notes in meetings or straightforward dictation ● Write a report / document relating to my own job area, but will need to have it checked by a Welsh speaker
LEVEL 5	<p>I Can:</p> <ul style="list-style-type: none"> ● Advise on / talk about routine, non-routine, complex, contentious or sensitive issues related to own experiences ● Give a presentation/demonstration ● Deal confidently with hostile or unpredictable questions ● Carry out negotiations using complex / technical terms ● Give media interviews 	<p>I Can:</p> <ul style="list-style-type: none"> ● Understand complex ideas and information expressed in complex or specialist language in documents, reports correspondence and articles, etc. 	<p>I Can:</p> <ul style="list-style-type: none"> ● Write letters on any subject ● Write full / accurate notes of meetings while continuing to follow discussions and participate in them ● Write reports / documents with confidence but they may need to be checked for minor errors in terms of spelling and grammar

Patterson, Liz
05/03/2024 10:20:41

Appendix C: Review of the 2019-24 Standard 110 Clinical Consultations Plan

Staff Welsh Language Skills

Objective	Increase the number of staff with Welsh language skills able to offer clinical consultations in Welsh.
Actions	Progress
Monitor the number of staff able to deal with the public in Welsh.	<p>January 2021 - This information is available on ESR. Service Leads and Managers are also regularly advised to learn who the Welsh speakers are within their teams in order to help plan services and identify any gaps.</p> <p>March 2022</p> <ul style="list-style-type: none"> Working Welsh lanyards and badges have been distributed to staff across departments in the Health Board and in Primary Care locations to make it clear to patients where they can receive a Welsh language service. These have been distributed to GP Practices, wards and departments across Powys. Teams backgrounds which include the Iaith Gwaith logo and the Dysgu Cymraeg logo are now available on the intranet for all staff to use. This can help identify a Welsh speaker in an online meeting or consultation. The importance of assessing the Welsh language skills needed for posts is reiterated at the quarterly Welsh language service leads meetings and departments have been reminded to assess the Welsh language skills of posts when advertising. <p>January 2023</p> <ul style="list-style-type: none"> Our ESR data (as of October 2022) show that 245 members of PTHB staff have Welsh skills between level 3 -5. These staff will work across the health board however, and not all will be clinical staff treating patients. Iaith Gwaith merchandise continue to be distributed across all sites and the availability of them are promoted in the corporate induction session and on the Welsh language SharePoint pages.

Patterson-Liz
05/03/2024 10:20:41

- We have developed a new toolkit for managers to use to monitor the language skills needed when recruiting to new and replacement posts in order to increase the number of roles advertised as needing Welsh skills.

March 2024 Review

This action does not commit the health board to do anything other than monitor Welsh language skills, and it should be noted that having recorded the ability to use Welsh does not mean that that staff member is necessarily able or willing to offer a clinical service in Welsh.

	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Unknown	333	911*	408	360	318	
Level 0	1023	1077	1134	1136	1141	
Level 1	506	565	574	598	655	
Level 2	126	151	153	162	161	
Level 3	58	65	73	66	79	
Level 4	48	58	62	64	70	
Level 5	87	107	102	108	115	

**Note: The temporary increase in the figures for 'unknown' during 2019-20 can be explained by the short-term recruitment of staff in response to Covid-19.*

	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Level 0	55.36%	53.24%	54.05%	53.23%	51.37%	
Level 1	27.38%	27.93%	27.36%	28.02%	29.49%	
Level 2	6.82%	7.46%	7.29%	7.59%	7.25%	
Level 3	3.14%	3.21%	3.48%	3.09%	3.56%	

Patterns 05/03/2024 10:41

Level 4	2.60%	2.87%	2.96%	3.00%	3.15%	
Level 5	4.71%	5.29%	4.86%	5.06%	5.18%	

The above statistics suggest that the health board has made progress over time in terms of recording the skills of its staff, and that over the five-year period of the plan there has been some growth in the Welsh language skills of the workforce.

Record staff with speaking and listening skills at levels 3 and 4 and offer them opportunities to attend training courses with the aim of increasing confidence whilst using Welsh in the workplace, and improving skills which already exist.

January 2021 – Training opportunities, including “gloywi iaith” have been regularly promoted to all staff across PTHB via the Service Leads and Powys Announcements. Email sent to ESR Lead to find out if we can direct information to staff with Welsh language skills via ESR or whether this will need to be done via the Service Leads and Managers due to GDPR restrictions in providing PII data obtained from ESR.

March 2022

- The Welsh Language Team completed a scoping exercise on ESR in October 2021 to identify staff with level 3 and above Welsh language skills. A questionnaire was sent out to staff with those Welsh language skills to gauge interest in attending Gloywi Iaith courses and to offer the opportunity to join a Welsh speaker’s network on teams, where information on courses and opportunities to use and practice Welsh skills are provided.
- Opportunities to learn Welsh are still shared on Powys Announcements and we have begun discussions with Powys County Council regarding holding Welsh language training jointly.
- A member of clinical staff has attended an intense Welsh language course at Nant Gwrtheyrn.

January 2023

- The Welsh speaker’s network on Teams has been replaced with a Yammer network. Yammer is a more engaging platform than Teams, where members of staff can post information and films in Welsh. The Welsh language team also post information on opportunities to attend Gloywi Iaith courses via the National Learn Welsh Centre or HEIW.
- Opportunities to hear and practice Welsh in the community across Powys are also shared via SharePoint news and these can be featured on big screens in the canteen from time to time.
- A Welsh newsletter is published every quarter which includes latest updates and reminders with the Welsh language standards, socialising opportunities and ‘top tips’ of the month for learners.
- The Welsh language teamwork in partnership with the other NHS organisations across Wales to hold bilingual events for staff. So far, a quiz has been held for Diwrnod Shw’mae / S’umae and a session on the Fari Lwyd. On March 1st the first NHS Eisteddfod will be held.

Patterson, Liz
05/03/2024 10:20:41

<p>Record staff with Welsh speaking and listening skills at levels 1 and 2 and offering them training opportunities to improve levels that already exist.</p>	<p>Jan 2021 – See above</p> <p>March 2022</p> <ul style="list-style-type: none"> • The Welsh Language team completed a scoping exercise on ESR in October 2021 to identify staff with level 0 – 3 Welsh language skills. A questionnaire was sent out to staff with those Welsh language skills to gauge interest in learning Welsh and to ask what was their preferred learning method. The opportunity to join a Welsh learners teams chat to learn more about opportunities in Powys to learn and practice their Welsh was also offered. • Opportunities to learn Welsh are shared on Powys Announcements and we have begun discussions with Powys County Council to look at holding Welsh language training at Entry level jointly. • On March 1st Menter Iaith Maldwyn held a St David’s Quiz for Health Board and Powys County Council staff who are either learning Welsh or want to improve their skills. We hope to hold more activities like this over the next year. <p>January 2023</p> <ul style="list-style-type: none"> • The Welsh learner’s network on Teams has been replaced with a Yammer network. Yammer is a more engaging platform than Teams, where members of staff can post information and questions about learning Welsh. The Welsh language team also post information on opportunities to attend Welsh courses via the National Learn Welsh Centre or HEIW. • Opportunities to hear and practice Welsh in the community across Powys are also shared via SharePoint news and these can be featured on big screens in the canteen from time to time. • Posters to encourage use of Welsh in the workplace ‘Rho gynnig arni’ have been offered and distributed to staff across all health board sites. • A Welsh newsletter is published every quarter which includes latest updates and reminders with the Welsh language standards, socialising opportunities and ‘top tips’ of the month for learners. • The Welsh language team work in partnership with the other NHS organisations across Wales to hold bilingual events for staff. So far, a quiz has been held for Diwrnod Shw’mae / S’umae and a session on the Fari Lwyd. On March 1st the first NHS Eisteddfod will be held.
<p>Encourage all staff to complete the Level 1 Welsh Language Training, online 10 hour course provided by the National Centre for Learning Welsh.</p>	<p>Jan 2021 – The Work Welsh courses have been promoted to staff throughout the pandemic. Information on staff who have completed the modules is fed through to the health board. Uptake</p>

Patterson
 05/03/2024

	<p>remains low but this may be due to the current pressure of the pandemic. Need to conduct staff survey on accessing Welsh language training.</p> <p>March 2022</p> <ul style="list-style-type: none"> • Staff questionnaire on Welsh courses was sent out in October 2021 to gauge interest in Welsh courses and learning opportunities are shared on Powys Announcements and in meetings with staff. • Information on staff who have completed the 10 hr online modules is fed through to the Welsh language team. Reminder emails are sent out to staff who have only completed a part of a course and congratulations emails are sent out to staff who have received a certificate. Staff uptake still remains quite low, but we have seen a small increase in numbers recently and we will continue to promote learning opportunities. <p>January 2023</p> <ul style="list-style-type: none"> • Opportunities to learn Welsh, including the 10hr online courses, are promoted to all new staff in monthly corporate inductions sessions and in all Welsh Language Awareness training. • We have a dedicated page on SharePoint on opportunities to learn Welsh, which includes direct links to the 10 hr online courses.
<p><u>March 2024 Review</u></p> <p>Courses to improve confidence and ability are available however there are a number of difficulties in relation to promoting Welsh training; even when staff wish to attend there are often difficulties in releasing them from their duties to attend training courses.</p> <p>An online confidence raising course was offered on 16th September 2022 yet despite a number of expressions of interest there were no registrations amongst PTHB staff. A second course offered during 2023-24 received 46 expressions of interest, however. Training will remain to be a focus of future planning.</p>	
<p>Promote and use translation and interpretation techniques appropriately to support Welsh speaking service users during clinical consultations.</p>	<p>Jan 2021 – a quick guide to accessing interpretation and translation services is available on the Welsh language and equality resources page on the intranet. This is also discussed with the Service Leads. Need to develop more detailed guidelines on when to access interpretation and translation services.</p> <p>Many teams have informal systems in place to utilise Welsh speaking members of staff to support Welsh speakers during clinical consultations. Need to gather examples from service managers and formalise procedures.</p> <p>March 2022</p>

Patterson, Liz
05/03/2024 10:20:41

	<ul style="list-style-type: none"> • Staff continue to have access to the guide for accessing translation and interpretation and continue to ask the Welsh language team for support and advice when needed. • Our Welsh Language Awareness training and resources have been updated to include clear information on the Active Offer and the clinical need for Welsh. <p>January 2023</p> <ul style="list-style-type: none"> • We have a comprehensive Welsh language section on SharePoint which all staff have access to, and which includes details on how to access translation in clinical consultations. • We have contracts in place with WITS (The Wales Interpretation and Translation Service) and, since December 2022, all staff have access to LanguageLine via a smart phone or tablet. Both of these can ensure Welsh translation is available for clinical consultations. • Information is available on using Interpretation on Teams on our SharePoint pages and noting that it is available for clinical consultations. A recent staff briefing included a demonstration on the use of the Teams translation system.
<p>March 2024 Review Following the introduction of the LanguageLine Insight app, staff throughout the health board now have access to interpretation into Welsh on-demand, including at short notice. There is no record of the system being used for Welsh however, nor in fact any record that Welsh interpretation was used or requested for a clinical consultation. Anecdotally, it is not clear that Welsh speaking patients wish to receive services through interpretation (that is, that they would rather do so than receive them in English).</p>	
<p>Develop guidelines for managers to ensure that Welsh Language requirements for vacancies are appropriately assessed and considered during the recruitment process.</p>	<p>Jan 2021 – Recruitment guidelines have been amended to reflect this information. Further work is planned to include example assessments as part of the managers’ recruitment training programme.</p> <p>March 2022</p> <ul style="list-style-type: none"> • Welsh language skills assessment toolkit is used as part of the recruitment process for managers to consider what Welsh language skills are needed for posts. • The importance of assessing the Welsh language skills needed for posts was reiterated at a Welsh language leads meeting and departments were asked to audit the number of Welsh speakers already in their team when recruiting. • The language skills toolkit has been discussed at a service leads meeting and will be revisited to ensure its fit for purpose over the next year. <p>January 2023</p> <ul style="list-style-type: none"> • The Welsh language guidance for managers was updated in August 2022, in line with the launch of the new SharePoint Welsh language pages. • Welsh language advice for Managers is offered in the monthly corporate induction sessions. • The recruitment policy has been updated to improve this element.

Patterson, Liz
05/03/2024 10:20:41

	<p>Our aim over the next year is to develop training specifically for managers on their responsibility in meeting the Welsh language standards which will cover recruitment and the need to increase the number of staff we have that can offer clinical consultations in Welsh.</p>																			
<p>Monitor Welsh language requirements when advertising new and vacant positions.</p>	<p>Jan 2021 – This has been actioned via the WOD Welsh language recruitment sub-group. Procedures are in place to ensure bilingual JDs and job adverts are published. The cost implication of this is currently being monitored.</p> <p>March 2022</p> <ul style="list-style-type: none"> All job adverts and JD’s are published in Welsh and English as part of a new recruitment process which came into force in 2021. Job Descriptions are translated by an external translator and all other recruitment documents are translated by our in house full time Translator. The Welsh language skills assessment toolkit is also used as part of the recruitment process for all roles advertised (as detailed above) The toolkit was discussed at a service leads meeting and will be revisited to ensure it’s fit for purpose over the next year. <p>January 2023</p> <ul style="list-style-type: none"> In September 2022, our corporate recruitment policy was updated to include information on the need for managers to consider the Welsh skills needed when recruiting and to contact the Welsh language team for further guidance. In December 2022, a new toolkit was developed for managers to assess the Welsh skills needed for new and replacement posts. The training mentioned in the above action, will include guidance for managers to how to properly assess the language skills needed when recruiting. 																			
<p>March 2024 Review</p>																				
<table border="1"> <thead> <tr> <th>Year</th> <th>2018-19</th> <th>2019-20</th> <th>2020-21</th> <th>2021-22</th> <th>2022-23</th> <th>2023-24</th> </tr> </thead> <tbody> <tr> <td>Number of 'Welsh Essential' roles advertised</td> <td>2</td> <td>0</td> <td>2</td> <td>3</td> <td>2</td> <td style="background-color: yellow;">?</td> </tr> </tbody> </table>	Year	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	Number of 'Welsh Essential' roles advertised	2	0	2	3	2	?	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Year	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24														
Number of 'Welsh Essential' roles advertised	2	0	2	3	2	?														
Number of 'Welsh Essential' roles advertised	2	0	2	3	2	?														
<p>In practice, all roles other than the above were advertised with Welsh language skills as 'desirable'; this has been a policy for a number of years.</p>																				

Patterson, L.
05/03/2024 10:20:41

Although making every role 'Welsh Desirable' is recognition of the value of these skills within the health board, in reality there is little evidence that this policy has made a practical difference to staff skills (consider the statistics above on PTHB skill levels).

It is clear from the lack of increase in the number of 'Welsh Essential' roles being advertised by the health board that the steps taken since January 2021 have not made a significant difference as the number of 'Welsh Essential' roles advertised remains very low as a percentage of the total. This issue was highlighted in the 2021-22 Annual Report which recognised the need to act anew to change internal practices and increase the number of roles which are advertised. The health board's Recruitment Policy was re-published during December 2022 with the sections on the Welsh Language having been strengthened; sadly, this has not led to an increase which has led to plan to introduce more stringent vacancy approval requirements around Welsh language skills in the 2024-29 strategy

Work with Welsh speaking school pupils and students interested in joining NHS Wales in order to promote the Welsh language as a skill and promote the use of Welsh in the workplace

Jan 2021 – Plans are in place for a Welsh Language Awareness session to be delivered to secondary school pupils in a virtual Careers Wales event. CTMUHB leading on this initiative.

March 2022

- Update from the Jan 2021 – a session was delivered in Welsh for the Virtual Careers event 2021 looking at Apprenticeship opportunities in the health board. The session was filmed and can be shown again at other career events.
- An online career session was held with the Welsh language pupils in one of Powys's high schools to encourage them to consider a career in the NHS and to emphasise how important their Welsh skills are to the sector. We hope to role this session out further to other Powys schools.

January 2023

- Links have been made with the Careers Wales Officers in Powys and the Health & Care Academy within the health board to ensure sessions on the Welsh language can be included where possible and suitable.
- The Welsh Language Team have sessions on the Welsh language scheduled with 3 high schools in Powys between January – March 2023 and will also be taking part in a Powys wide school event to promote the importance of Welsh in the workplace.

March 2024 Review

To the extent that this objective relates only to promotion and facilitation, PTHB has continued to work on this successfully and effectively. The 2023 Academy Careers Enterprise scheme has been designed to be fully bilingual and include an emphasis on Welsh language skills in the NHS workforce.

Find Welsh speaking mentors across PTHB who are able to support others and promote the use of Welsh in the workplace.

March 2022

- In our questionnaire to Welsh speaking members of staff in October 2021, we asked if they were willing to support colleagues who are learning Welsh and act as 'buddies' if we were to launch a buddy scheme. A total of 17 members of staff noted that they were happy to take part in such an initiative.

Patricia Jones
05/03/2024 10:20:41

	<ul style="list-style-type: none"> Initial discussions have taken place regarding taking part in the national 'Siarad' scheme and we will look at this further. <p>January 2023 – no further update on this</p>
<p><u>May 2024 Review</u></p> <p>It was not possible to introduce the Siarad scheme due to difficulties relating to allowing staff to take time off work to take part in mentoring sessions.</p> <p>This objective is very difficult to achieve due to the above, as well as other factors such as the geographically dispersed nature of PTHB as an employer, a lack of clear duties / role profile for a mentor and lack of resources within the Welsh team to establish such a system. However, more success has been achieved in promoting learners and learning on-line e.g. through the Welsh Learners Yammer group, one of the most active of staff groups. The 2024 plan will concentrate on these less formal techniques.</p>	

Recording Patient Language Choice

Objective	Improve mechanisms for recording patient language choice in order to provide a bilingual service to those who need it.
Actions	Progress
<p>Welsh Language Service Leads to monitor existing procedures for recording patient language preference and work with key staff within their fields to record any improvements.</p>	<p>Jan 2021 – Advice has been provided to individual Service Leads to implement and monitor local mechanism for recording patient language choice. Example – Physiotherapy self-referral form amended to reflect this.</p> <p>January 2023</p> <ul style="list-style-type: none"> MSK Physiotherapy self-referral form was recently updated to make it clearer for patients and for staff that a consultation in Welsh (and other languages) is offered and provided, so that we can ensure language needs are met. Memory Assessment appointment letters have been updated to ensure patients and family members know how to tell us of their language choice. We will continue to work with departments on updating patient correspondence to ensure language choice for clinical consultations are clear. In January 2023 CIVICA was launched across the health board which will give us data and feedback on when a Welsh service was requested and provided.

Patterson-Liz
05/03/2024 10:20:41

<p>Monitor patient administration systems within Patient Services to ensure that patient language choice is recorded and that clinical teams' attention is drawn to this when arranging appointments.</p>	<p>Jan 2021 – WPAS can record language choice and communication needs. Need to explore further options for flagging information to clinical departments.</p> <p>January 2023</p> <ul style="list-style-type: none"> • Patients' language choice can be recorded on WPAS and WCCIS • There is more work to do to ensure patient letters and referral forms across all services include a question on preferred language so that data is available to record.
<p>Working with other Trusts and Health Boards to share examples of best practice when recording language choice and using this information to provide clinical consultations in Welsh.</p>	<p>January 2023</p> <ul style="list-style-type: none"> • As our systems that record this type of information is procured and managed centrally on behalf of health boards, it is out of our hands to make the developments needed to record the data on number of clinical consultations undertaken in Welsh at present. • We hope a system will be put in place nationally to support this work. • As we work closely with the other health organisations to promote opportunities to use Welsh across NHS Wales, we are similarly working closely and collaborating on compliance with the Welsh language standards. • In January 2023 CIVICA was launched across the health board which will give us data and feedback on when a Welsh service was requested and provided.
<p>Review staff rotas to record when Welsh speaking staff are available and can carry out or support clinical consultations in Welsh.</p>	<p>Jan 2021 – policy on e-rostering reviewed in September 2019 to include advice and information on rostering staff with Welsh language skills to evenly cover shift patterns, where possible.</p> <p>January 2023</p> <ul style="list-style-type: none"> • Staff are encouraged and advised to 'match' Welsh speaking patients and staff, where this is possible. • Non-Welsh speaking staff are encouraged in corporate induction sessions and in general Welsh language awareness sessions to ask who in their team does speak Welsh so that they can refer patients to them for correspondence and 'match' patients and staff for consultations. • We have requested 'Cymraeg' stickers for our ward staff to use for patients beds or records, but are waiting to receive a stock from Welsh Government.
<p><u>March 2024 Review</u></p> <p>The steps above which have been completed have significantly improved the health board's procedures for asking and recording patient language choice. This should make it easier for clinicians to identify Welsh speakers and improve their ability to provide the Active Offer.</p> <p>The introduction of CIVICA has meant that for the first time patients are being asked systematically and over a period of time whether they were able to use Welsh in the course of their treatment by PTHB. This has provided a baseline and a method of measuring the health board's ability to provide consultations in Welsh; CIVICA surveys are therefore a core part of the 2024-2029 plan.</p>	

Cultural Awareness

Objective	Improve awareness of Welsh at work
Actions	Progress
Raising awareness of the principle of the 'Active Offer' in order to encourage clinical consultations in Welsh	<p>Jan 2021 – this is covered in the Welsh Language Awareness session delivered to staff groups, and within the Managers' Resource and Guidance Documents.</p> <p>March 2022</p> <ul style="list-style-type: none"> • Welsh language awareness training slides have been updated in 2022 to be rolled out to staff teams. • Working Welsh lanyards and badges offered and delivered to staff in various departments within the health board and Primary Care to ensure that patients know where a Welsh service is available. • PTHB Teams backgrounds now include the 'Cymraeg' logo and 'Dwi'n Dysgu Cymraeg' for staff to use in meetings. <p>January 2023</p> <ul style="list-style-type: none"> • More Than Just Words and the importance of giving the Active Offer are included in our Welsh language session as part of the corporate induction as well as in general and departmental Welsh Language awareness sessions. • Staff are encouraged to wear the Working Welsh logo and details of where to get these, including the uniforms with the sewn-on logo for clinical staff, is shared in staff sessions and on SharePoint. • Working Welsh merchandise has been promoted to primary care providers also and many GP's and Dentist have requested these for their Welsh speaking clinical staff. • We are currently working closely with the primary care team to meet Standards 65 so that primary care providers such as GP's, who can hold clinical consultations in Welsh with patients, are promoted on our website.
Promote the use of Welsh at work and increase cultural awareness of the language amongst staff and service users	<p>January 2021 - Continually promote Welsh events e.g. Eisteddfod, Welsh Language Rights Day, St David's Day, Welsh language phrases for the workplace, etc.</p> <p>March 2022</p>

Patient Support
05/03/2024 10:20:41

	<ul style="list-style-type: none"> • Welsh language events and days such as Welsh Language Rights Day, Welsh language Music Day, St David’s Day are promoted via Powys Announcements and on both the Teams networks for Welsh speakers and learners. • On March 1st Menter Iaith Maldwyn held a St David’s Quiz for Health Board and PCC staff who are either learning Welsh or want to improve their skills and we hope to hold more activities like this over the next year. • Additional slides have been included within the corporate induction session to increase Welsh language and cultural awareness for new staff. • Welsh Words of the month are included in Powys Announcements. • Staff reminded about the need to answer the phone bilingually and bespoke phonetic cards offered to support this. <p>January 2023</p> <ul style="list-style-type: none"> • Welsh language culture is promoted across the organisation and national days such as Diwrnod Shw’mae, Su’mae are promoted and celebrated. • Welsh language is included in the monthly corporate induction sessions for all new staff. • Welsh language awareness training is given to staff across the organisation. • Welsh newsletter is published every quarter. • We have 2 Yammer pages, 1 for Welsh speakers and 1 for Welsh learners where general information about Welsh, local activities and ‘top tips’ are shared. • Events are being held in partnership with other health organisations to promote the use of Welsh naturally and Welsh culture e.g. a quiz was held to celebrate Diwrnod Shw’mae, Su’mae and an information session on the ‘Fari Lwyd’, which is a uniquely Welsh tradition was held before Christmas. • On March 1st the first NHS Eisteddfod for staff will be held online
<p>Encourage people to take place in Welsh language initiatives to promote an inclusive attitude towards providing bilingual services</p>	<p>March 2022</p> <ul style="list-style-type: none"> • On March 1st Menter Iaith Maldwyn held a St David’s Quiz for Health Board and PCC staff who are either learning Welsh or want to improve their skills. The event was open for all members of staff and advertised on Powys Announcements. • Local opportunities to use Welsh socially across Powys (such as activities held by the Mentrau Iaith) are shared on Powys Announcements. • We have encouraged our staff to attend events on the Welsh language, such as Welsh language and dementia, Welsh and Deaf Culture, that are held by other health boards and organisations. <p>January 2023</p>

Patterson, Liz
05/03/2024 10:20:41

	<ul style="list-style-type: none"> All events to promote the use of Welsh, held either by NHS Wales organisations or by community organisations, such as the Mentrau Iaith and the Urdd, are promoted on our SharePoint news page, on Yammer and on our staff Facebook page
<p>March 2024 Review</p> <p>To the degree that these aims are all regarding promotion and encouragement, they can be considered a success. The NHS Wales mandatory Welsh Language Awareness ESR Online module was introduced in 2022 and has makes it mandatory for all staff to complete this course; the course includes raising awareness of the Active Offer and developing participants’ cultural understanding. Reporting on completion rates for this course is a part of the 2024-29 plan.</p>	

Monitoring Procedures

Objective	Monitor the provision of bilingual consultations
Actions	Progress
<p>Develop a mechanism for recording the number of clinical consultations which take place in Welsh (including those supported by Welsh speaking staff).</p>	<p>March 2022</p> <ul style="list-style-type: none"> As our systems that record this type of information is procured and managed centrally on behalf of health boards, it is out of our hands to make the developments needed to record the data on number of clinical consultations undertaken in Welsh at present. We hope a system will be put in place nationally to support this work. <p>January 2023</p> <ul style="list-style-type: none"> In January 2023, the health board launched its patient experience feedback platform CIVICA. CIVICA allows us to upload questionnaires onto the system that can be either sent out to patients following a consultation or can be filled in during an appointment or while on a ward. One of the standard questions for all questionnaire is regarding whether a Welsh service was provided if it was wanted / needed. <div data-bbox="869 1134 1675 1305" style="border: 1px solid #ccc; padding: 5px; background-color: #f9f9f9;"> <p>2 Were you able to speak in Welsh to staff if you needed to?</p> <p> <input type="radio"/> Always <input type="radio"/> Usually <input type="radio"/> Sometimes <input type="radio"/> Never </p> <p> <input type="radio"/> Not applicable </p> </div> <ul style="list-style-type: none"> Over time, CIVICA will give us the data we need on how many clinical consultations take place in Welsh

Patterson-Liz
05/03/2024 10:20:41

<p>Analyse the data which is available about clinical consultations taking place in Welsh and include these details in the Annual Monitoring reports.</p>	<p>March 2022</p> <ul style="list-style-type: none"> As our systems that record this type of information is procured and managed centrally on behalf of health boards, it is out of our hands to make the developments needed to record the data on number of clinical consultations undertaken in Welsh at present. We hope a system will be put in place nationally to support this work. <p>January 2023</p> <ul style="list-style-type: none"> In January 2023, the health board launched its patient experience feedback platform CIVICA. CIVICA allows us to upload questionnaires onto the system that can be either sent out to patients following a consultation or can be filled in during an appointment or while on a ward. One of the standard questions for all questionnaire is regarding whether a Welsh service was provided if it was wanted / needed. <div data-bbox="869 788 1675 954" style="border: 1px solid #ccc; padding: 5px; background-color: #f9f9f9;"> <p>2 Were you able to speak in Welsh to staff if you needed to?</p> <p> <input type="radio"/> Always <input type="radio"/> Usually <input type="radio"/> Sometimes <input type="radio"/> Never </p> <p> <input type="radio"/> Not applicable </p> </div> <ul style="list-style-type: none"> Over time, CIVICA will give us the data we need on how many clinical consultations take place in Welsh.
<p>Welsh Language Service Leads to monitor compliance with Standard 110</p>	<p>March 2022</p> <ul style="list-style-type: none"> Welsh Language Service Leads are aware of the need to comply with Standard 110 and take actions, where possible, to increase the number of clinical consultations carried out in Welsh. <p>January 2023</p>

Patterson, Liz
05/03/2024 10:20:41

	<ul style="list-style-type: none"> As above. The Welsh language team will work with Welsh Language Service Leads over the next year to publish a new 5 year plan for Powys between 2024-2029, that will include mechanism for monitoring progress.
<p>Collect and analyse Welsh speaking service users' feedback regarding their experience as patients.</p>	<p>March 2022</p> <ul style="list-style-type: none"> Since late 2021, the Welsh language and Equality team now lead on patient experience and patient story work across the health board and are actively seeking Welsh speaking patients to share their experiences. The team are working with departments across the health board to identify potential patient stories and are developing a library of documents that will be used for this work. We are working with external organisations such as PAVO and the CHC to ensure that the voice of Welsh speaking patients are heard. <p>January 2023</p> <ul style="list-style-type: none"> We have actively promoted our patient story work within the Welsh language team to Welsh communities across Powys by publishing information about the work in the local Papurau Bro and in PAVO's Health and Well Being newsletter. We have also shared information with local organisations such as the Mentrau Iaith. Our first bilingual patient story went to the Board meeting in December in the form of a poem written by a patient.
<p>Work with other Trusts and Health Boards to share best practice around clinical consultations and endeavour to achieve consistency in compliance with standard 110.</p>	<p>January 2023</p> <ul style="list-style-type: none"> As our systems that record this type of information is procured and managed centrally on behalf of health boards, it is out of our hands to make the developments needed to record the data on number of clinical consultations undertaken in Welsh at present. We hope a system will be put in place nationally to support this work. As we work closely with the other health organisations to promote opportunities to use Welsh across NHS Wales, we are similarly working closely and collaborating on compliance with the Welsh language standards.
<p><u>March 2024 Review</u></p> <p>The CIVICA system means that PTHB is now able to record whether patients who wanted to be were able to use Welsh during their interaction with PTHB.</p>	

Patricia 05/03/2024 10:20:41

Patterson, Liz
05/03/2024 10:20:41

Agenda item: 3.1

Workforce and Culture Committee		Date of Meeting: 5 March 2024
Subject:	Executive Director of Workforce and OD Summary Report for Workforce and Culture Committee	
Approved and presented by:	Debra Wood-Lawson, Executive Director of Workforce & OD	
Prepared by:	Sarah Powell Assistant Director OD	
Other Committees and meetings considered at:	N/A	

PURPOSE:		
<p>The purpose of this paper is for the Committee to RECEIVE the report as an update on priorities within the Workforce section of the Integrated Plan for 2023/24 that are not part of the committee’s agenda and take ASSURANCE against delivery of those priorities.</p> <p>The paper also provides an update on any workforce areas identified nationally.</p>		
RECOMMENDATION(S):		
<p>This Workforce and Culture Committee is asked to:</p> <ul style="list-style-type: none"> • RECEIVE the report as an update on priorities within the Workforce section of the Integrated Plan for 2023/24 that are not part of the committee’s agenda; and • take ASSURANCE against delivery of those priorities. 		
Approval/Ratification/Decision¹	Discussion	Information
x	✓	✓

Patterson, L.
05/03/2024 11:20 AM

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

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

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

EXECUTIVE SUMMARY:

This paper provides an update on priorities within the Workforce section of the Integrated Plan for 2023/24 since October 2023 that are not part of the committee’s agenda. The report also includes updates on other aspects of workforce matters both local and national.

- Transformation and Sustainability of Our Workforce (separate agenda item)
- A Great Place to Work (separate agenda item)
- Employee Health and Wellbeing
- Workforce Futures Programme/ Partnership
- Health Care Support Workers Induction
- Employee Relations Activity
- Welsh Language and Equalities

National updates:

- All Wales Flexible Working Policy
- Consent Training – ESR
- Non Pay Element update
- Developing the Profession
- Industrial Action –Speciality Doctors and Consultants

DETAILED BACKGROUND AND ASSESSMENT:

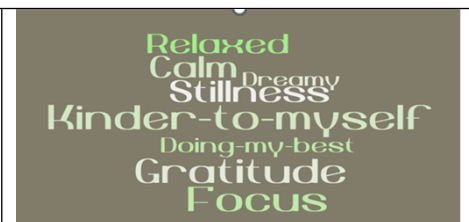
Employee Health and Wellbeing

Critical to having a sustainable workforce is ensuring that staff health and wellbeing needs are met, especially since the cost-of-living crisis has compounded the effect of the challenges we still face with Covid-19. Acknowledging that not all employees manage their wellbeing in the same way, the implementation of the wellbeing plan / framework will offer a range of initiatives and activities to help prevent burnout, reduce anxiety, and improve overall mental wellbeing’.

Key activities since October 2023:

- PTHB’s internal Wellbeing at Work Group (WBAWG) has been reinstated as a task and finish group, reporting into the Health and Safety Group meetings. Three meetings have been held to date, with good organisational representation. Initial sessions have enabled the sharing of knowledge, initiatives and aspects of health and wellbeing currently happening within the organisation.
- A calendar of National Health and Wellbeing ‘focus/ promotion days is in draft, ready to launch from April. Whilst there could be a ‘campaign’ most weeks we will seek to focus on one main campaign each month for which we can have a sustained focus across a period of days.
- During November the Occupational Health (OH) team went live with the new All Wales OPASG2 OH management system. This system once bedded in, will enable the OH service to provide data informed dashboards and performance measures. It will also enable the reporting of themes that will be used to inform where the OH can provide managers with greater support and or training. As it is an all Wales system, we will over time, be able to benchmark our performance data with other Health Boards.
- Occupational Health waiting times remain within a 3 – 4 week window for an Occupational Health Physician. The ViVup employee support portal and telephone triage continue to provide timely access, advice and support for our staff and managers.
- We are in the process of becoming a menopause friendly employer and are seeking accreditation through Henpicked. A series of information sharing events are planned.
- Our Powys Balance (resilience, mindfulness and self-care) short courses remain popular, with 16 people participating in the 8 session course between October and December. Here is some course feedback:

- ✓ *The course helped me at a time when I really needed it – thank you.*
- ✓ *I think it was good. Online worked for me, the duration of each session was about right. The participants were open and honest, and I felt a safe space was created. You have been a wonderful throughout the course and I would highly recommend the course to everyone.*



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✓ *I can't thank you enough for your kindness and compassion over the last eight weeks*

- The findings and feedback of the Internal Wellbeing staff survey is being feedback to staff via a 'You said – We Will/ Did' approach over with a number of releases every month until the end of February. The latest can be found here on SharePoint [You said, We did - Update #3 \(sharepoint.com\)](#)
- As part of the HEIW national retention programme of work, each Health Board has been funded to appoint a retention lead. Our appointed lead will commence in mid-February. Nationally their initial focus will be on Nurse retention followed by the wider professions.
- Wagestream – A process for bank staff to draw on their pay weekly has seen a number of bank staff make use of the draw down of pay for a small fee. To date there are 15 bank staff signed up to Wagestream.
- The first two sessions on 'planning ahead', looking at bereavement and how to cope and prepare for one's own death have been well received. The Planning Ahead sessions focuses on what matters most for us and those that matter in our lives. It provides comfort when putting our house in order and makes life easier for our loved ones. Discussing issues relating to dying & death can also mitigate the bereavement experience and allows us to reduce the stigma often associated with the subject. Each session will be evaluated, utilising Microsoft forms and the findings/feedback will be provided in the next update report.

Joint Workforce Futures (WFF) programme

'Workforce Futures is a key enabler for partnership working, which is more important than ever in the context of the challenges faced by our communities and all partner organisations, to recover from the impacts of the pandemic. The programme is overseen by the Regional Partnership Board and has had significant success, in establishing a Health and Care Academy and working jointly across sectors'.

The five WFF themes are:

- Designing, Planning and Attracting The Workforce
- Leading The Workforce
- Engagement and Wellbeing
- Education, Training and Development
- Partnership and Citizenship

Key activities since Oct 2023

A number of the theme areas above are also covered in the agenda items but below are some additional updates.

As part of the approved WFF reset. The renaming and rebranding of the Health and Care Academy has taken place. It will now be known as The

Health, Care and Social Care Academy. All partners were in agreement that the renaming provided a more inclusive approach.

- Each of the above themes now have leads and a detailed project plan, which in turn reports on progress to the Oversight Group and then through to formal WFF Programme Board.
- Members of the team were invited to share our exemplar 'grow our own work' at a recent Welsh Government hosted event. This provided us with an opportunity to showcase our apprenticeship, aspiring nurse and schools' projects with colleagues from across Wales.
- Our schools project phase 1 - 4 (Sept - Dec) has seen us reach approximately 3,500 school pupils. The evaluation analysis of this interaction with the pupils will take place early spring to inform our future offer. For pupils in Phase 5, we have held 6 simulation sessions at the Academy, which has been well received by both pupils and teachers.
- In partnership with Neath Port Talbot College Group, our multiple projects funded via a UK share prosperity went live in December and runs through until end Dec 2024. This project solely focuses on numeracy and includes a range of upskilling offers for staff in Health and Social Care, and our Carers. The project commenced with a bite size learning offer around household budgeting. To date we have had 48 responses across the partnership (1 of these through the medium of Welsh) to sign up to our first course.
- We have been working on a proposal to increase our volunteer numbers and are in the process of developing a toolkit for staff and volunteers to use. We have been successful in obtaining Powys Health Charity support for the funding of volunteer expenses. We aim to encourage the phase 5 school pupils to take up a volunteering opportunity from April onwards.
- Our colleagues in the Research and Innovation hub are working closely with the University of South Wales, to test and trial a number of tech / robotics that could be used in a Health and Care setting. By way of example, the use of HoloLens in the community linking back to a GP practice, Pepper the robot and how it could be deployed within a care home to support recreational activities.

Health Care Support Workers (HCSW) Induction

All Wales NHS HCSW Induction programme is for all staff that join the Health Board without a level 2 HCSW qualification or a previous NHS HCSW induction.

- The induction is delivered and assessed internally by our Clinical Education team and equips staff to deliver evidence-based care to patients. Learning is initially classroom and online, along with Registered Practitioners/ Line Managers observing practical demonstrations in the workplace. A skills portfolio/ workbook is required to be completed and sign off prior to obtaining Agored Cymru certification.

Since April through to December 2023 a total of 38 HCSWs have enrolled on the induction programme. 15 staff have fully completed their skills

portfolio/workbook and have been certificated, with 10 recently submitting and 13 are in the progress stage.

Joint Health and Social Care Induction (JHSCI)

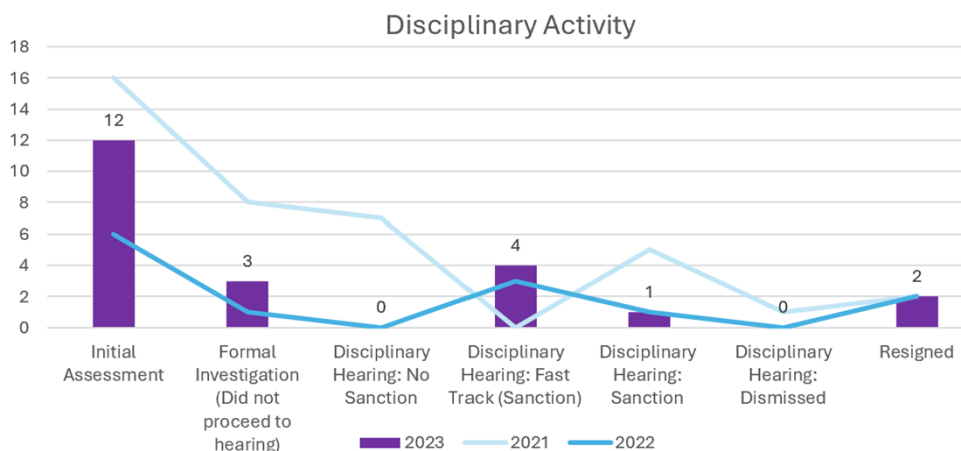
- The JHSCI has been piloted with a total of 19 staff taking part: 8 PCC Social Care staff, 11 PTHB HCSW's (3 of which work in PTHB care home). Since the pilots the Powys Health and Care Academy staff have been working closely with HEIW and Hywel Dda staff with input from Social Care Wales to further reduce duplication and produce a refined and refreshed joint induction workbook that can be used across Wales.

Employee Relations Activity

- A review of formal respect and resolution cases in 2023 identified that, overall, there has been little change in the number of formal respect and resolution cases in 2023 (13) when compared to 2022 (15). In 2023, approximately 80% of respect and resolution requests related to (broadly) the way a process was initiated/managed: -
- 30% of these were linked to the management of absence.
- 20% were linked to job evaluation/job descriptions.

As a result of a reflective review undertaken in partnership in Q 2 in 2023, enhanced reviews of requests relating to bullying / behaviour have been implemented to ensure any allegations which could be considered as conduct are considered under the correct policy. This has resulted in an increase in initial assessment activity under the disciplinary policy but has not transpired to increased levels of formal disciplinary investigations.

- Over the last 12 months, employee relations casework relating to disciplinary issues increased by around 69%. However, remains significantly lower than activity in 2021 as demonstrated in the chart below:



Patterson, Liz
05/03/2024 10:20:41

The increased level of activity in 2023 can be (mostly) attributed to increased levels of initial assessments (informal stages of the policy). This was an anticipated increase due to a review of the respect and resolution process (outlined above). Excluding initial assessment activity, the level of activity in 2023 when compared to 2022 has not significantly changed.

Absence Management

- The Workforce & OD Business Partner team continue to work proactively to provide solutions focussed advice to managers. In line with the recently approved operating model, the team are monitoring levels of long-term absence with contact being made with managers of staff who have been absent for 6 months (or longer) to ensure interventions are being explored by managers to facilitate a return to work where appropriate. Where a return to work is unlikely, advice and support at final review meetings is provided in order for a decision regarding longer term employment to be made.
 - 16 individuals have been absent for 6 months and over.
 - 5 final review meetings are to be scheduled during February.
 - 27 individuals have been absent over 28 days but less than 6 months and are being monitored at a high level.
 - 122 out of 199 individuals have been able to return to work from long term sickness.

In addition, a monthly report on frequent absence is produced and monitored by the business partner team. Managers with staff that have a high level of frequent absence are contacted to ensure policy is applied appropriately. The team continue to offer training on the All Wales Managing attendance at work policy via senior management teams and the managers training programme.

Welsh Language

- Following the Board Development session in January 2024, we are carrying out further consultation to finalise the details of the Welsh in Healthcare Strategy. A final draft is tabled at the March Workforce & Culture Committee prior to board approval.
- NWSSP have been provided with evidence for our actions following the audit carried out in September 2022. This audit had initially provided limited assurance against a range of indicators within the area. The follow up-audit has been carried out (January 2024) and strong evidence has been provided against all the indicators with the exception of one (the requirement for all departments to provide an action plan), where a few outstanding areas have not yet provided an updated plan.

- Investigations: work continues on the two outstanding investigations in collaboration with Patient Services and Communications. We would like to note the exemplary response of the communications team in addressing the issues identified.
- The Commissioner has also drawn our attention to two forms which did not appear to be available bilingually. This has been addressed locally and we do not anticipate further action from the Commissioner.
- The Strategic Equality Plan was also discussed at a recent Board Development session and will be presented to the March Committee W&C committee
- Work continues in collaboration with ICT and IG to set up SignLive for use by patients. This will allow sign language users to access Health Board telephone numbers via a relay with a BSL interpreter, enabling them to use our telephone lines just as hearing patients can.
- Members of the team have been busy providing training courses across the Health Board and Primary Care, with the PTHB Gender Awareness session now delivered to approximately 90 members of staff and many more booked onto future sessions. Other modules in the diary for the team include Welsh language Awareness and basic Welsh in Primary Care, and Welsh Standards training for Reception and Telephony staff.

National updates

All Wales Flexible Working Policy

- As part of the non-pay elements of the 2022 pay award, a flexible working policy was developed nationally. The policy increases the emphasis on the principle of flexible working being accepted but includes the requirement to ensure that managers provide strong business justification where requests cannot be supported. Locally, the previously policy already included the requirement to provide business justification where requests could not be supported, however, there is now a greater emphasis on the principle of acceptance. The nationally policy has been reviewed by the local Workforce Policy Review Group and ratified by the Executive team. Supporting toolkits are also being developed in partnership to support the implementation of the policy alongside a review of how flexible working requests can be monitored.

Consent Training

- Training is required to be undertaken by all clinicians who routinely take consent as part of their role. Each Health Body in NHS Wales was required to identify by December through its ESR record, the relevant members of staff who are required to undertake the e-learning on consent in Wales. All members of staff performing a procedure/

treatment or consenting to a procedure/ treatment must be included” This includes the following categories of staff: Medical & Dental; Nursing & Midwifery Registered; Allied Health Professionals, a total of just over 900 staff have been identified. We are currently working with Welsh Risk Pool and ESR colleagues to assign the requirement to the defined staff groups. This will then enable each Health board to report both internally and on an all Wales Basis back to the risk pool with a target of 85% compliance.

Non-Pay Elements of the 2022/23 Pay Award

- The National Pay Award agreed for 2022/23 set out a range of areas in addition to pay that were to be explored or implemented as part of the National Pay Award, these included:
 - Partnership Agreement Hub
 - Ensuring safe and effective care for our service users
 - Unsocial Hours Allowance
 - Flexible Working
 - Working hours
 - Reduction in the use of Agency
 - Retention Strategy
 - Retire & Return
 - Health & Wellbeing
 - Continuing Professional Development
 - Career Progression

- A number of these areas of work are already aligned to activity being undertaken locally. It is anticipated that whilst national work on these areas progresses, these will enhance approaches which are undertaken at a local level. An implementation plan has been drafted and actions developed in partnership through the local partnership forum to capture essential areas of work, this includes policy and toolkit development, reflective reviews and continued support to workforce planning.

Developing the Profession

- Through HPMA, HEIW and NHS Wales work is taking place on the development of the Workforce and OD Profession in NHS Wales.
- Through facilitating a range of opportunities to grow professional practice across Health in Wales, the development of the People Profession will support professional and career development.
 - Developing the knowledge, skills and capabilities
Creating a future-fit community of practice

Patterson, Liz
05/03/2024 10:20:41

- Growing our own talented professionals
Providing robust career pathways and opportunities to fulfil career aspirations
- Collaborative and connected network of people professions across NHS Wales organisations
- Attached is the latest highlight report on the programmes of work which includes updates on:
 - Progressed CIPD profession map discussion with NHS England and CIPD
 - Established key job families and commenced digital career pathway mapping
 - Initiated engagement with the profession on Coaching and Mentoring Network and Peer-to-Peer Networks
 - Established detailed timelines for programmes of work for 2024/25



Developing the
People Profession Mc

Industrial Action

- The Health Board is engaged nationally on the developing situation with the BMA and their recent ballots for Industrial Action. So far this has delivered a mandate for strike action by Junior Doctors who have recently announced more industrial action in February and March 2024. The ballot for the British Dental Association closes on 21st February, with the ballots for the Speciality Doctors and Consultants closing on the 4th March. Advanced scenario planning is already in place for impact and alternative considerations for health board services.

NEXT STEPS:

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

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Workforce & Culture Committee

5th March 2024 (for assurance)

Transformation and Sustainability of our Workforce

Prepared by: Katelyn Falvey - Head of Workforce Transformation, Planning and Resourcing

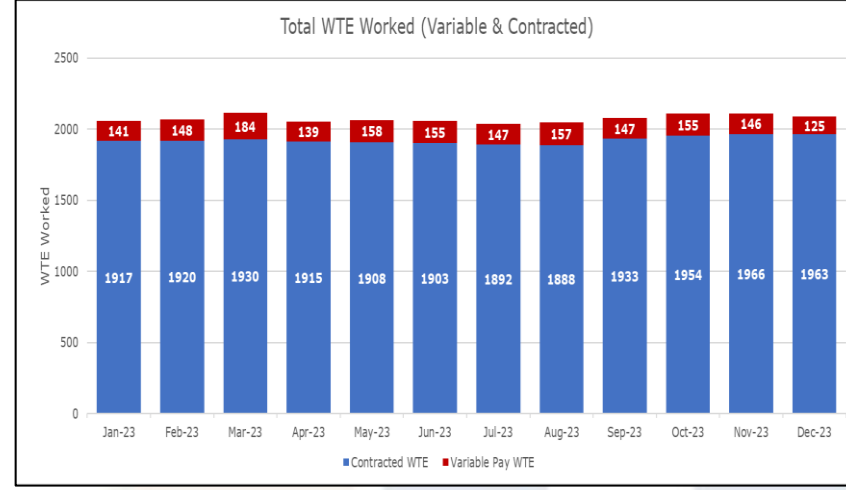
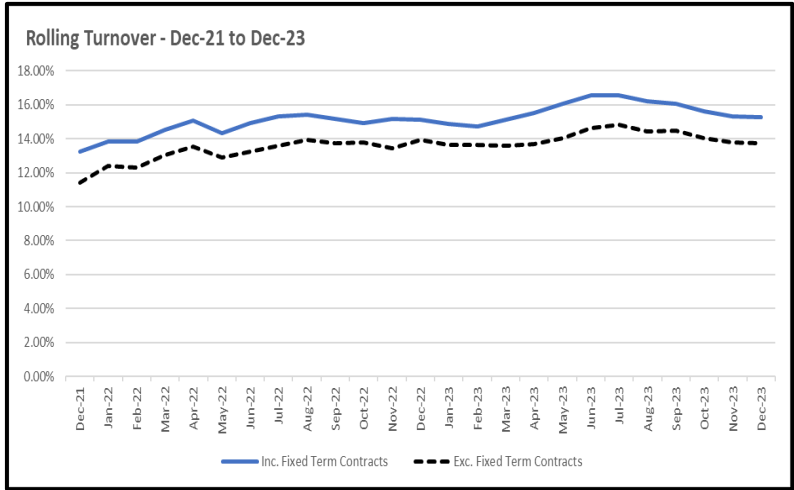
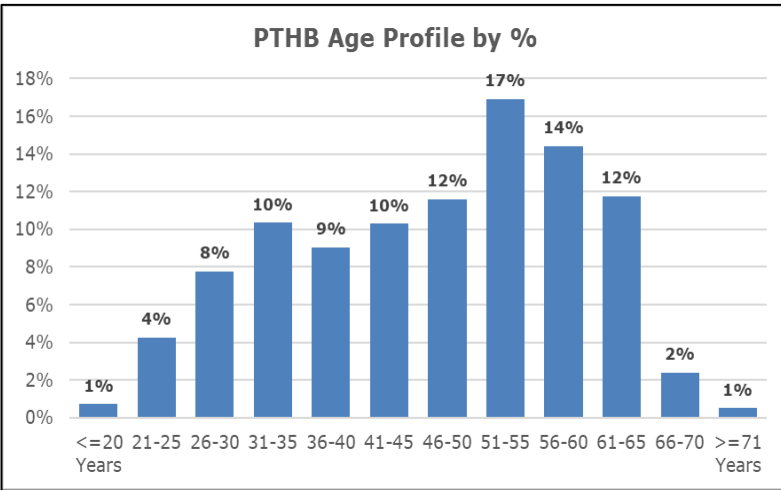
Presented by: Debra Wood-Lawson - Executive Director Workforce & OD

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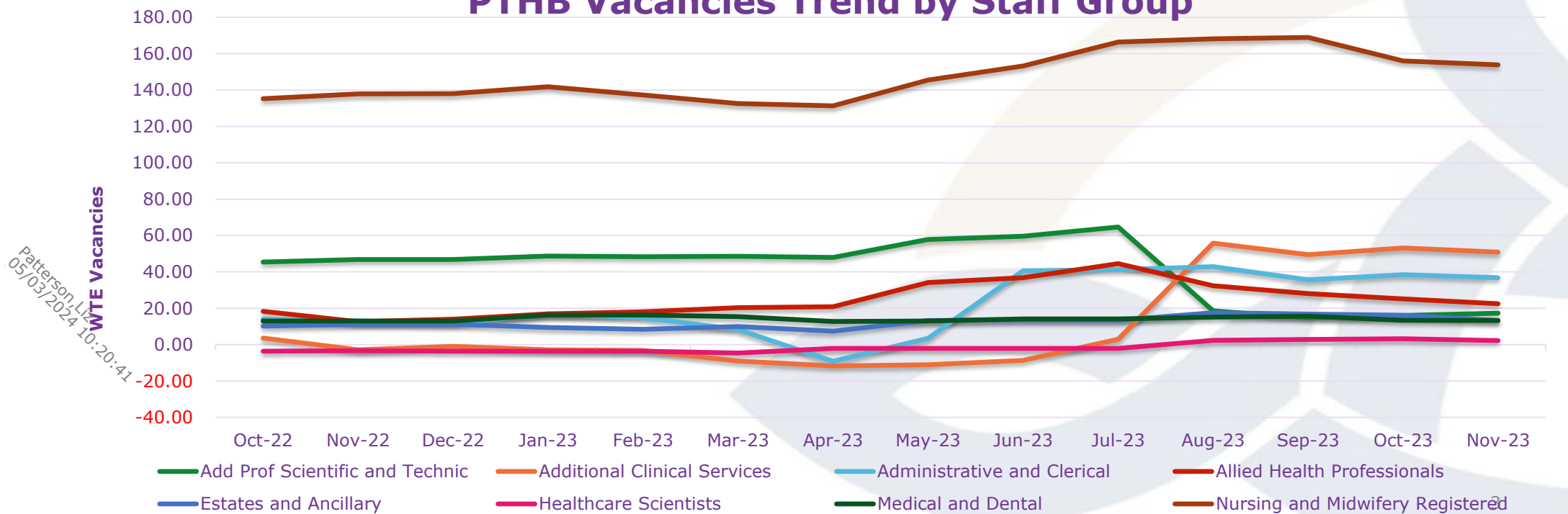
Subject:	Update against the 'Transformation and Sustainability of our Workforce' priority in the integrated plan.
Approved and Presented by:	Debra Wood-Lawson, Executive Director of Workforce and OD
Author:	Head of Workforce Transformation, Planning & Resourcing
Purpose:	This presentation is to provide an update against the Integrated plan for the Workforce Transformation and Sustainability priority, before going on to Workforce and Culture Committee for assurance.
Recommendations:	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • REVIEW the information provided in the update; • Take ASSURANCE of delivery against the plan; and • NOTE the report being provided for Workforce and Culture Committee on the 5 March 2024.
Executive Summary:	<p>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 'Transformation and Sustainability of the Workforce' priority. The Executive Committee are asked to review the update and take assurance against delivery prior to submission to Workforce & Culture Committee on the 5 March 2024.</p>

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Key Workforce Challenges – Metrics



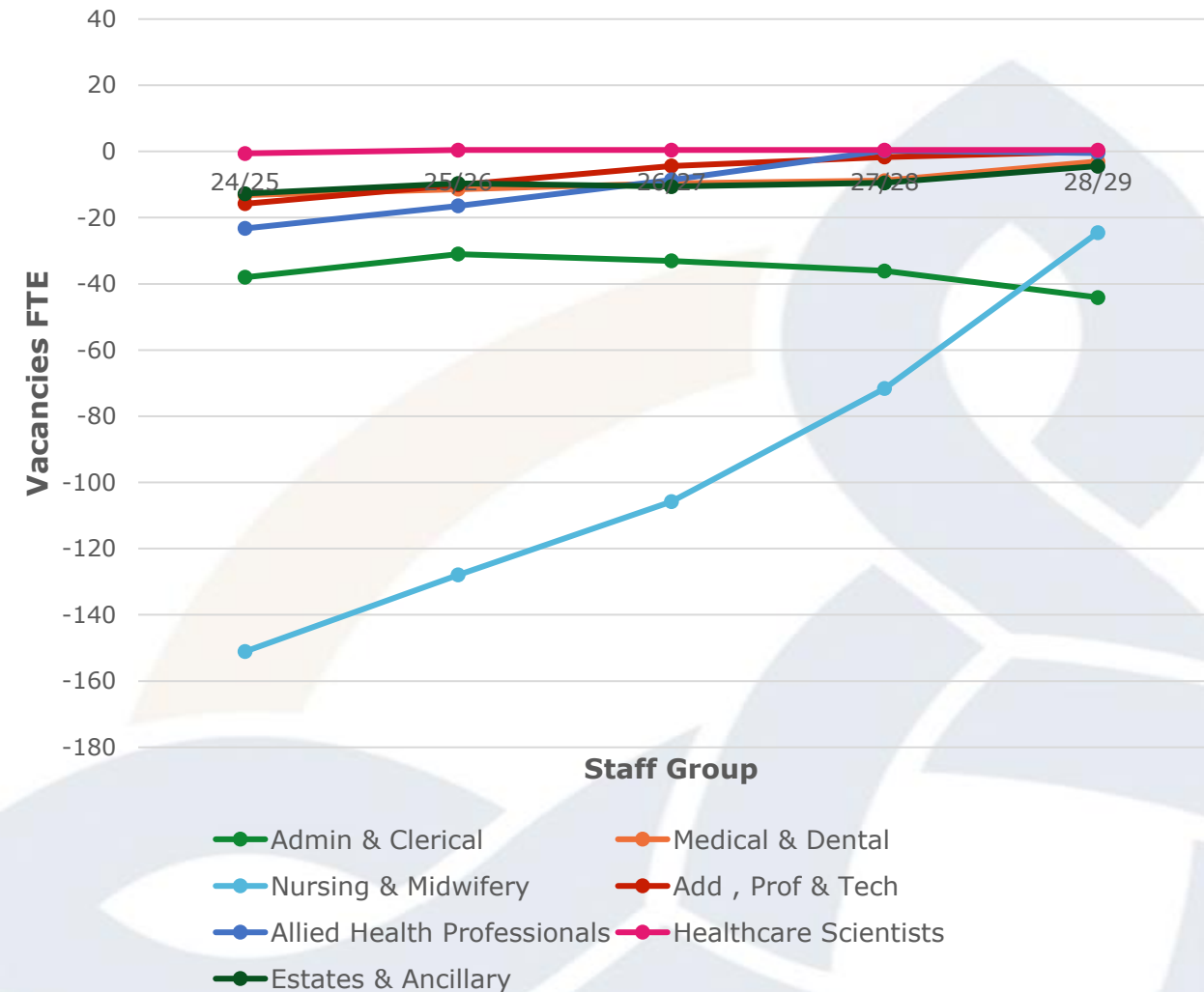
PTHB Vacancies Trend by Staff Group



Strategic Workforce Planning & Projections

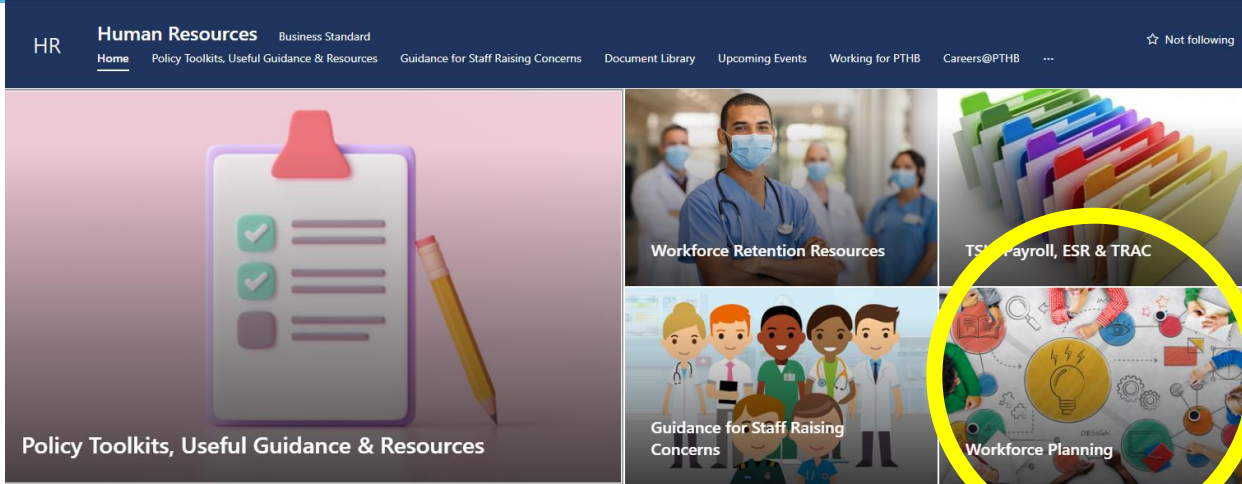
- ❖ Supporting the development of a 5-Year MDS / Plan
 - ❖ Workforce data modelling to project our potential workforce vacancy position over 5-year period across all staff groups
- ❖ Modelling based on a defined set of planning assumptions
 - ❖ Can be used as a baseline to overlay with scenario planning i.e. future transformation such as ASM/NPWP
- ❖ 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

5-Year Workforce Projections 23/24 - 27/28



Developing Organisational Workforce Planning Capability

- ❖ WFP Awareness sessions delivered in SMT meetings by Business Partnering Team
- ❖ Online ESR WFP Training available as a pre-requisite to classroom-based training
- ❖ Monthly, 2-day, classroom-based training available to staff, based on the organisationally agreed approach (All-Wales HEIW Toolkit)
 - ❖ 35 have completed the training to date
- ❖ Targeted approach taken towards staff within areas of variable pay spend
- ❖ Development of online resources for managers to access via WFP Intranet page
- ❖ Workforce Planning Teams channel set up for timely support and sharing between peers for those who have attended training
- ❖ Monthly WFP focussed meetings between key service leads and WOD Business Partner to review development and progress of WFPs.
- ❖ Workforce Deep Dive for Community Wards (undertaken and shared with service leads to support WFPs
- ❖ Aiming to have draft WFPs produced for areas of variable pay spend by end Q4

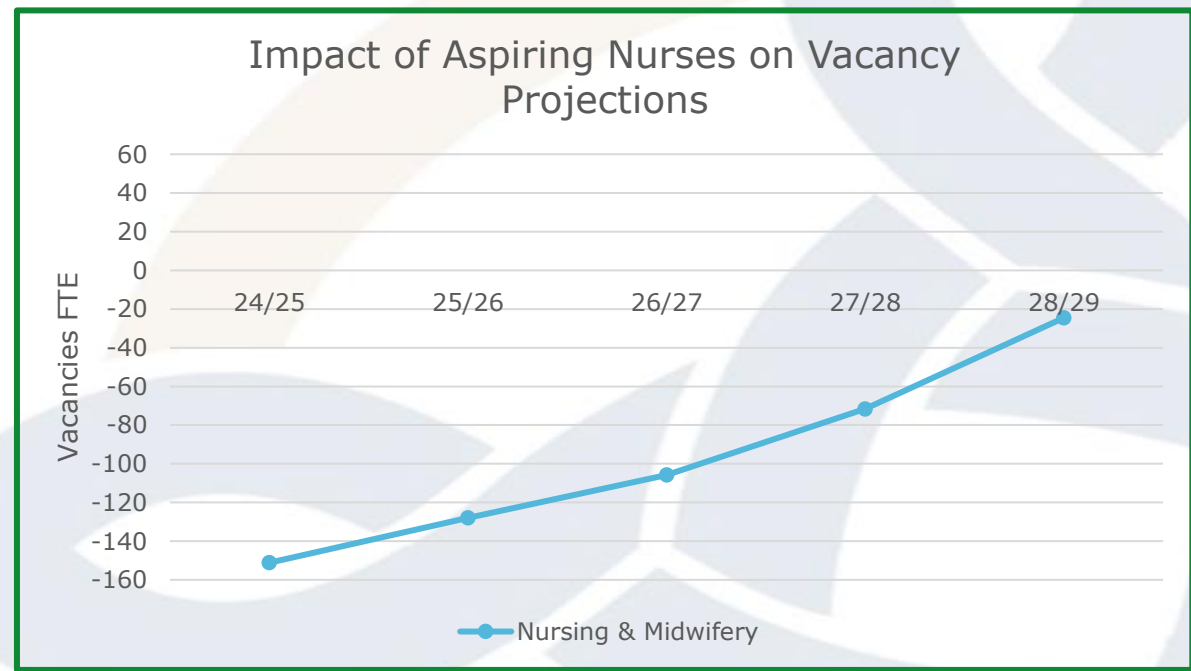
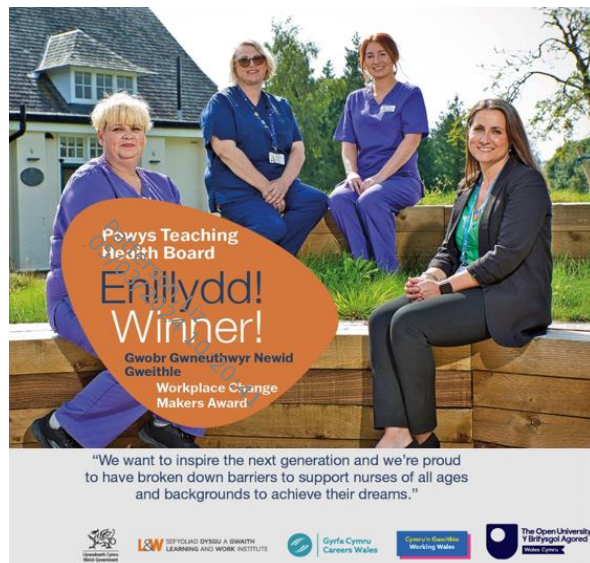


Workforce Planning - Future Registrant Pipelines

Aspiring Nurses

- Sept 2023 saw the successful recruitment and deployment of 22 new, externally recruited, Aspiring Nurses to our Award-winning Aspiring Nurses Programme.
 - All have been deployed in our Community Adult & Mental Health wards.
- We have a total of 67 staff being supported through one of our Aspiring Nurse degree pathways at various stages, with a further 36 studying the Level 4 Programme (equivalent to Year 1 of the nursing degree programme)
- 6 Aspiring Nurses have recently qualified and are now deployed as RNs within the services. There are a further 7 expected to qualify in 2024, 4 in 2025, 24 in 2026, 30 in 2027 and 2 in 2028.

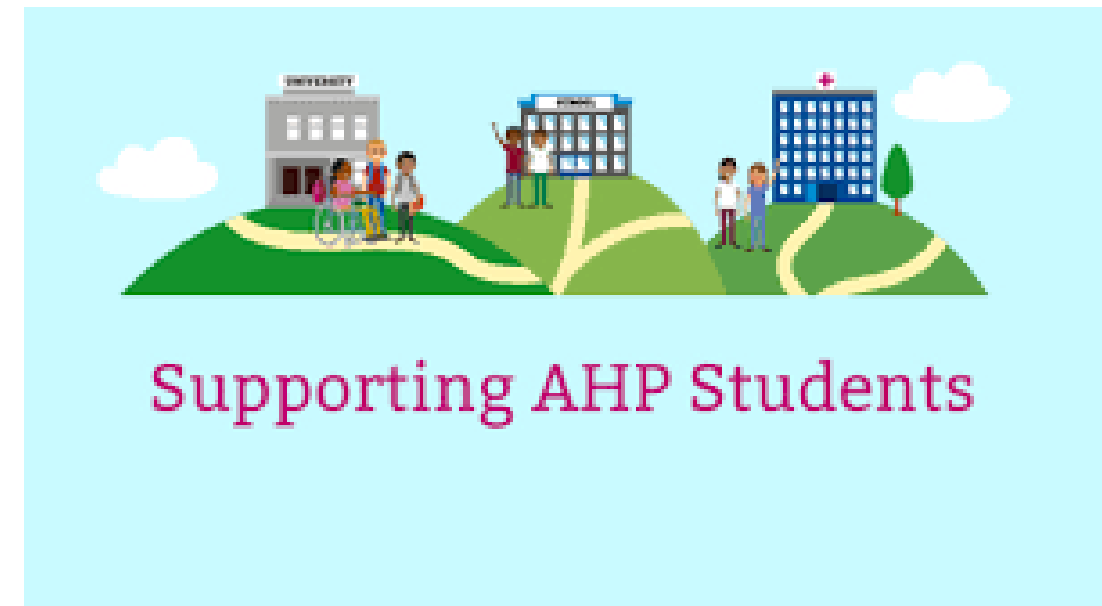
- The Aspiring Nurse programme won the National Adult Learning Award for 'Workplace Change Makers' and was recently part of a Sky news broadcast focusing in on helping keep young people in rural communities.
- The Health Board was also invited to speak at an RCN national conference on its work to develop local solutions to the nursing workforce.
- **Early conversations with HEIW indicate that the financial support from them will be provided again for another cohort of up to 35 to start in Sept 2024.**



Workforce Planning - Future Registrant Pipelines

Allied Health Professionals

- ❖ Aspiring Physiotherapist
 - ❖ 2 x internal employees supported on a part-time degree route for output in 2026 and 2027
- ❖ Aspiring Occupational Therapist
 - ❖ 1 x internal employee supported on a part-time degree route for output in 2026
- ❖ Aspiring Radiographer
 - ❖ 1 x externally recruited employee supported in a newly created trainee role, on a full-time degree route with salary backfill from HEIW – a pilot project and a first in Wales. Due to qualify 2026.



Plans are in place for further cohorts in future years...



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Internationally Educated Nurses (IENs)

- ❖ 11 IENs recruited to date, across 3 community hospital ward settings (Brecon, Welshpool, Llandrindod)
- ❖ April 2023 – arrival of 4 IENs to join the team on Maldwyn Ward, Welshpool.
 - ❖ All successfully passed OSCEs and gained NMC registration; now working as Band 5 Registered Nurses
- ❖ October 2023 - formal 'Project Group' was established, chaired by the Assistant Director for Community services group (CSG), providing a more robust and coordinated approach to the IEN recruitment and settlement process.
- ❖ October 2023 – arrival of 5 IENs to join the team on Claerwen Ward, Llandrindod.
 - ❖ All successfully passed OSCEs and awaiting their NMC registration to allow them to work as Band 5 Registered Nurses
- ❖ November 2023 - Corporate Nursing colleagues joined a trip to Kerala, India, resulting in 4 IENs recruited for February cohort.
- ❖ February 2024 – arrival of 4 IENs, due to land in country 27th February 2024 to join the team on Graham Davies Ward, Llanidloes
 - ❖ All will be supported through the OSCE Preparation Programme with a view to sitting OSCEs in April/May 2024.
- ❖ June 2024 - Future cohort of 4 IENs planned for Twymyn Ward, Machynlleth
- ❖ Plans to continue with a further 2 cohorts per year of IENs (Adult Nursing)
- ❖ Early conversations have started with NWSSP to explore the potential for recruitment of Mental Health IENs – All Wales approach is on the horizon



- ❖ Fully engaged with the All-Wales Recruitment Modernisation Programme
 - ❖ Focus on Reducing Time to Hire
 - ❖ Digital Applications Introduced – IDVT
 - ❖ Shortened application form for entry level roles
- ❖ Calendar of recruitment events planned across the year ahead
- ❖ International Medical Recruitment
 - ❖ Trip to Kerala January 2024 – very successful
 - ❖ Potential to fill all 3 Mental Health Medical vacancies
- ❖ Targeted recruitment events for bank workers at hospital sites
- ❖ Support the Powys Health and Social Care Careers Festivals to provide insights into the opportunities and career pathways available at the Health Board



Trac Report Code	Trac Recruitment Health Check	Average Time in Working Days		
		Target	Dec-23	Jan-24
T1a	Time to Approve Vacancy Request	10	7.2	6.5
T4	Time to Shortlist	3	6.6	6.3
T5b	Time to Update Interview Outcomes	3	1.7	2.3
T9b	Time to Approve References	2	2.4	2.2
T13	Vacancy Creation to Conditional Offer	44	43.0	49.9
T14	Vacancy Creation to Ready for Start date notification	71	69.2	71.8
T23	Conditional Offer to Ready for Start date notification	27	23.2	27.6

❖ Recruitment Success to Substantive Roles

- ❖ 5 Deputy Ward Managers
- ❖ 4 Registered Adult Nurses
- ❖ 2 Registered Mental Health Nurses
- ❖ 17 Healthcare Support Workers
- ❖ 37 AHP/HCS registrant roles recruited
- ❖ 6 Medics

❖ Recruitment Success to Bank

- ❖ 7 Registered Nurses recruited
- ❖ An additional 3 RNs currently in onboarding phase (both were agency workers who have opted to join Bank)
- ❖ 30 HCSWs recruited
- ❖ An additional 11 currently in onboarding phase

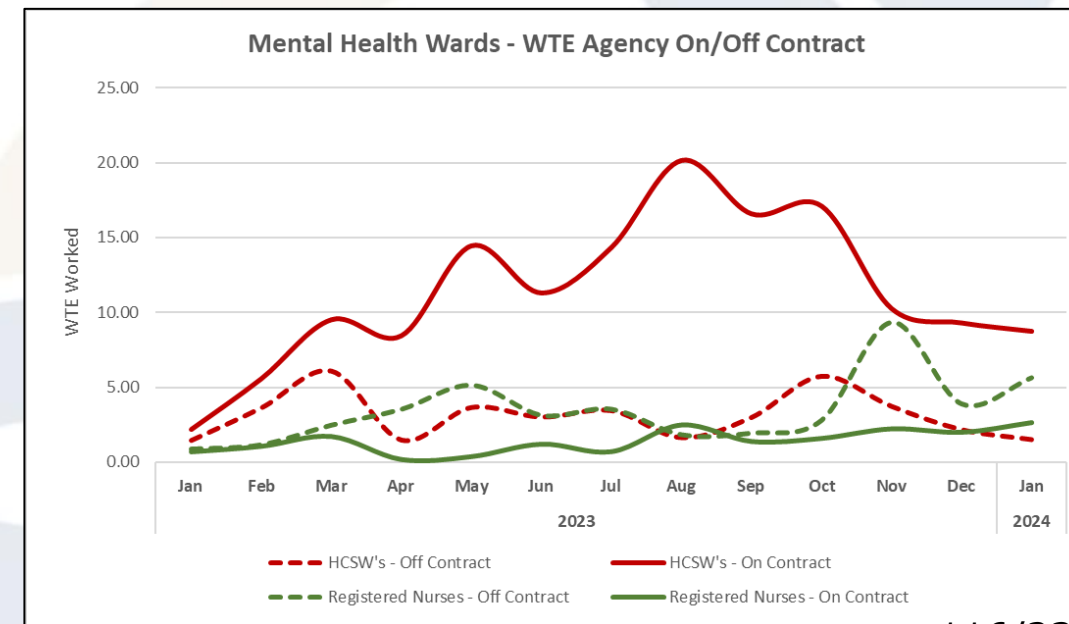
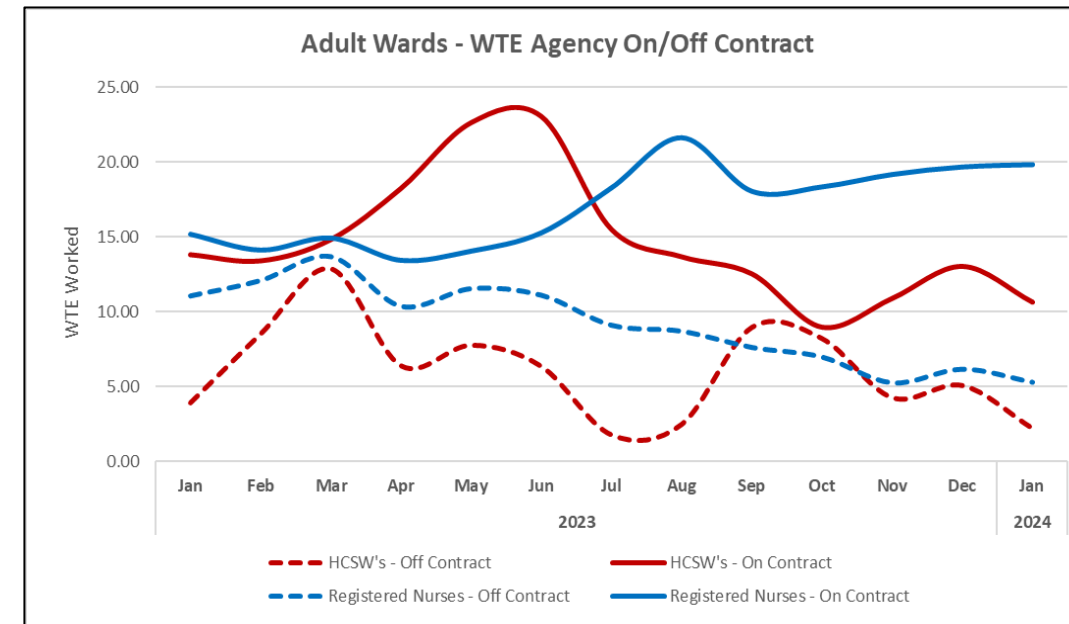


- ❖ Workforce Transformation / New Roles for the Health Board
 - ❖ Advanced Practice Cardiac Physiologist
 - ❖ FCP Audiologist in Primary Care
 - ❖ AHP Frailty Lead Roles pan Powys
 - ❖ Perinatal OT
 - ❖ CAAPS (Clinical Associates in Applied Psychology)
 - ❖ Multi-professional PEF (AHPs)

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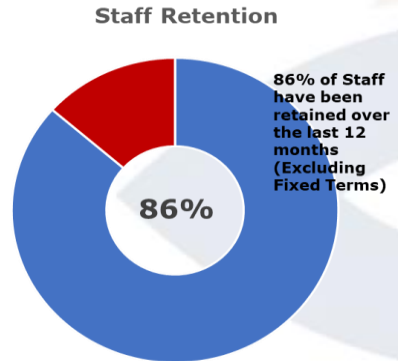
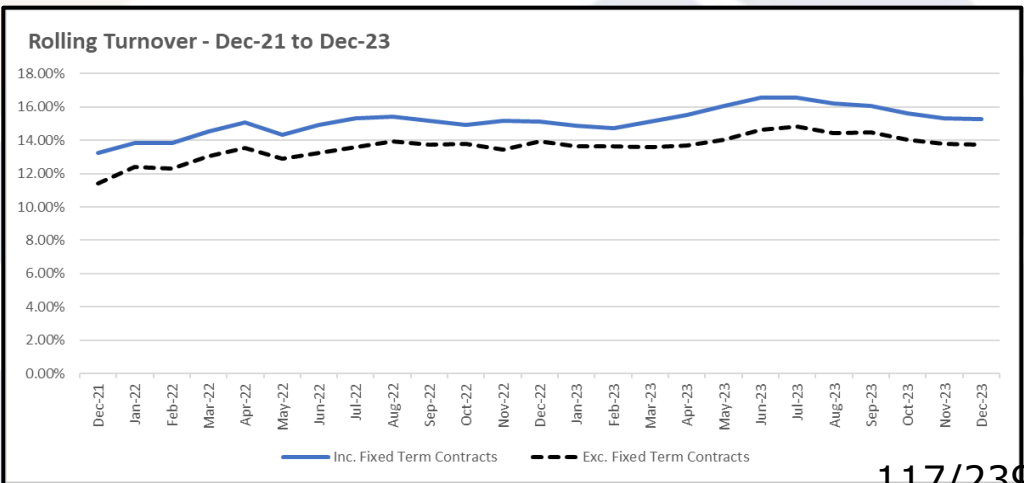
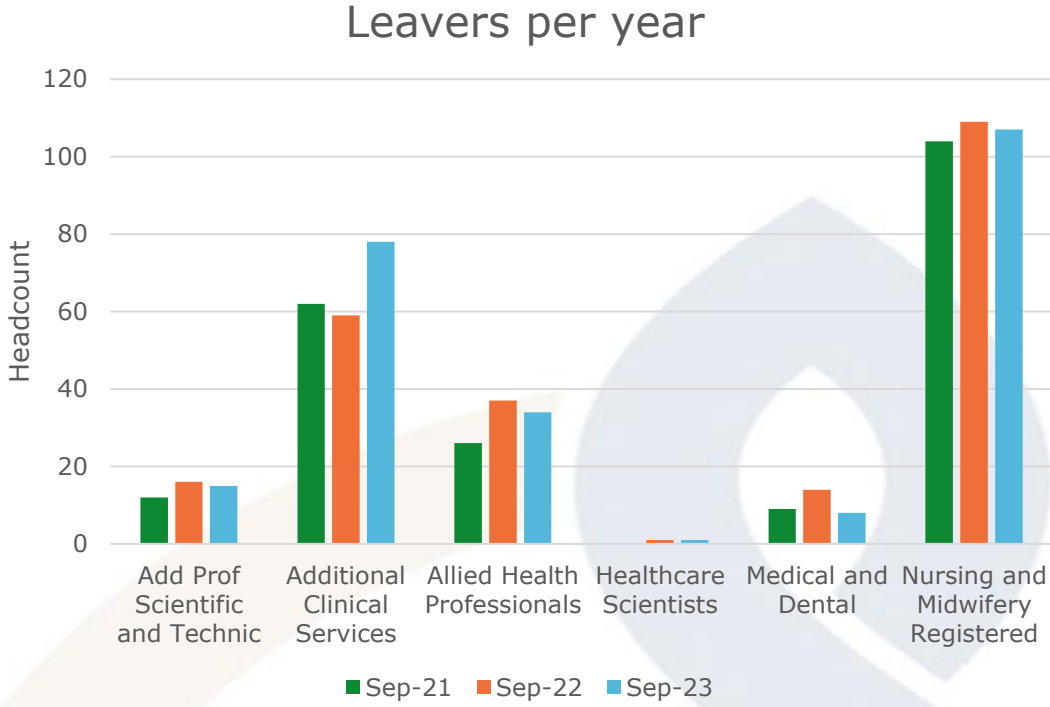
Variable Pay Reduction

- ❖ Variable pay reduction plan in place and group meets bi-weekly
- ❖ Heavy focus on WFP, recruitment and roster practices
- ❖ New Aspiring Nurses recruited are working 0.8 FTE on wards equivalent to 17.6WTE (in addition to budgeted establishment)
- ❖ Already impacting off contract agency use
- ❖ Currently undertaking an Engagement Exercise with RN Bank Workers
- ❖ Aim to understand experience and areas for improvement
- ❖ Exploring 12-week rostering
- ❖ Weekly Huddle meetings with services to plan temporary cover
- ❖ Halo system introduced to improve efficiency and effectiveness of Bank CRM
- ❖ Wagestream now available for Bank Workers to draw down a percentage of their pay, weekly.
 - ❖ 15 signed up so far and actively using it
- ❖ Plans to discuss extending Wagestream facility internally to incentivise our substantive staff to consider taking up a second post as a Bank Worker
 - ❖ Staff will be unable to draw down on their basic salary but will have the option to draw down on any additional shifts worked.



Workforce Retention

- Workforce Retention Lead started in post February 2024 (2-year fixed term)
 - Focus on Nurse Retention Plan initially
 - Organisation wide Retention plan
- Currently undertaking a deep dive and wider analysis of the data and intelligence we have to better inform our understanding of our retention issues
- Wide range of staff benefits with info made available on PTHB intranet – Car Lease, Home Electronics, Cycle to Work, Wagestream
- PTHB Intranet Retention page developed in Q3 with resources available for staff on-line





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Workforce and Culture Committee 5th of March 2024 'A Great Place to Work'

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

Patterson, Liz
05/03/2024 10:20:41

Subject:	Update against the 'Workforce Futures' priority in the integrated plan.
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 update against the Integrated plan for the Great Place to work priority, before going on to Workforce and Culture Committee for assurance.
Recommendations:	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • REVIEW the information provided in the update; • Take ASSURANCE of delivery against the plan.
Executive Summary:	Updates are provided to Workforce and Culture Committee for assurance against delivery within the integrated plan. The information in the slide deck has been developed to provide a detailed update against the 'A Great Place to Work' priority.

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05/03/2024 10:20:41



Temperature Checks and Analytics Capability

National Staff Survey

- ❖ PTHB had 673 responses, or 28% of staff, the highest response rate of the Health Boards. The 2020 survey had 701 responses (29%).
- ❖ Top level data due to be released Feb 2024
- ❖ Full data report available Apr 2024

Team Climate Survey

- ❖ Surveys have been undertaken with:
 - WOD
 - Transformation and Value
 - HCRW
 - Women and Childrens
 - Mental Health
 - Finance and ICT
 - Currently out to Support Services
- ❖ 498 respondents in 2023

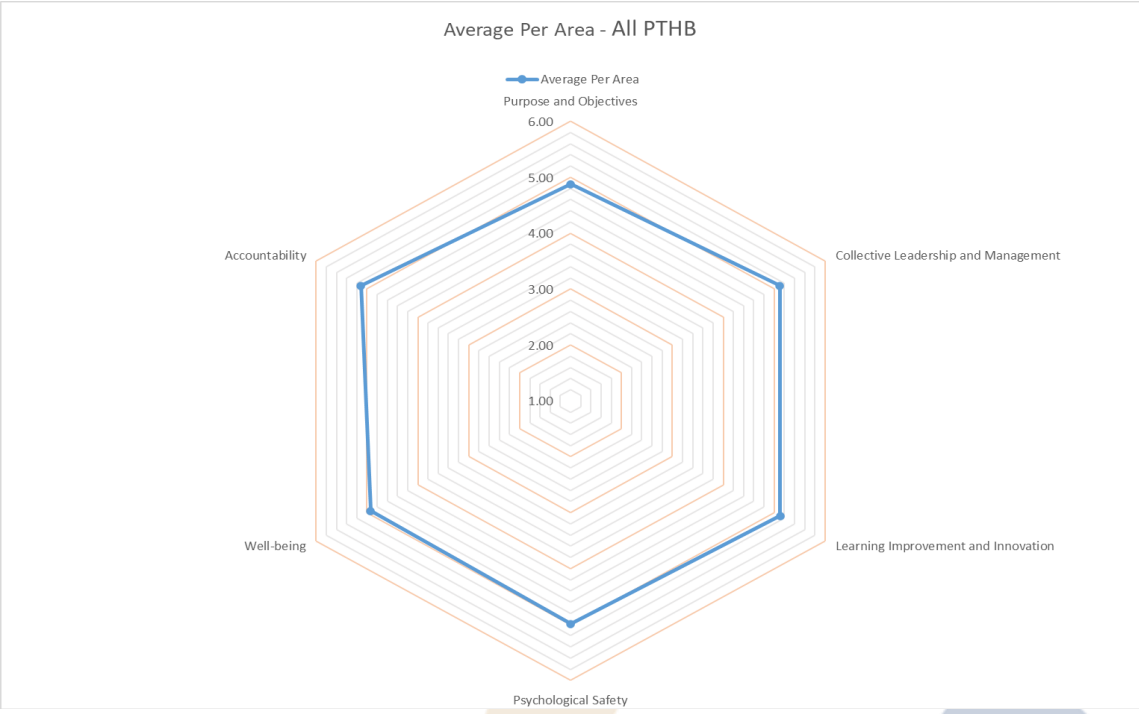
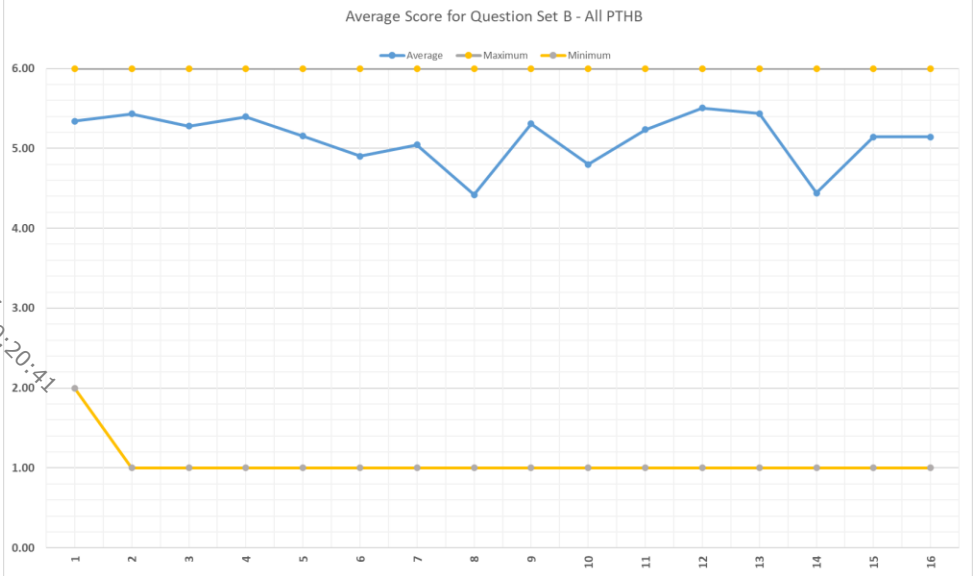
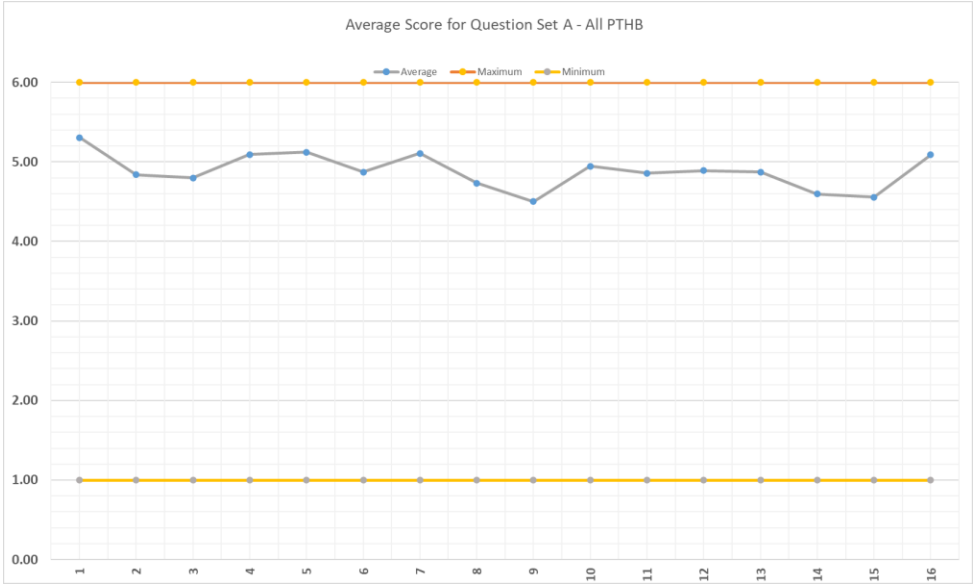
Health Board	Response Rate
All-Wales	20.7%
PTHB	28%
CAVUHB	21.4%
BCUHB	20%
SBUHB	18.8%
CTMUHB	18.1%
HDUHB	12%
HDUHB	12%

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05/03/2024 10:20:41

Temperature Checks and Analytics Capability

Team Climate Survey PTHB Results

Patterson, Liz
05/03/2024 10:20:41



Sense of Purpose and Objectives slightly lower than other themes. Questions that relate to this include:

- I have meaningful one to ones and annual PADR with my line manager
- Our team has clear objectives to achieve
- We know how our team is performing
- My work tasks and objectives are clearly defined

Chat2Change Refresh

- ❖ Refresh paper discussed in Executive Committee Feb 2024 setting clear direction of activities important to Executive team
- ❖ Chat2Change remains an important barometer within the organisation, checking and challenging implementation of initiatives and flow of communication
- ❖ Through Q1 and 2 2024/25 an approach to engagement and revitalisation of C2C will be rolled out

Key future Chat2Change Activity
Alignment to Integrated Plan Workforce Themes
Supporting Speaking Up Safely
Signposting for Respect and Resolution
Supporting the Wellbeing at Work Group
Acting as champions of 15-minute Wellbeing Breaks
Checking cascade of information and question of the month

Date	Refresh Activity
Apr 2024	C2C engagement to discuss Executive Team activity needs
Apr 2024	Development of annual activity plan and refresh of Terms of Reference
May 2024	Recruitment drive for new C2C members
Jun/Jul 2024	C2C Seminar and awareness training
Q2/Q3	Specific awareness sessions as required to support priorities

Leadership Development

Course	Staff Group	Funding
Intensive Learning Academy(ILA) – University South Wales and Powys RPB : Professional Qualifications and CPD Programmes	All staff – Individual criteria depending on programme	CPD awareness sessions funded Professional courses 10% discount Master’s 25-50% funded
Powys Manager’s Programme	First line managers to middle managers (indicative bands 3-7)	Internal funded and delivered
Introduction to Compassionate Leadership (Awareness session)	All Staff	Internal Funding/Workforce Futures
The Compassionate Leadership Programme (Modular programme)	All Staff	Internal funding/Workforce Futures
Institute for Leadership and Management courses (ILM) <ul style="list-style-type: none"> Level 3/4 in Leadership & Management Level 5 in Leadership & Management 	First line managers and supervisors Middle managers (band 6 and above indicative)	Apprenticeship funding or Personal Learning Account depending on individual employment status
Clinical Leadership Immersive Programme (CLiP) Will include Social Care and Third Sector in the future	Tier 1 - Clinicians Band 6-8a Tier 2 – Clinicians Band 8a-8b in development for 2024	Internal/WFF funding
Coaching - https://forms.office.com/r/yBZLrjGOW2	Anyone who feels that they would benefit from being coached	Internal funding Joint service with PCC
HEIW Programmes – <ul style="list-style-type: none"> Advanced Clinical Leadership Aspiring Directors Other Team Manager programmes being planned Access to Institute of Health and Social Care Management opportunities 	Generally senior leadership Band 8b and above	HEIW Funded
Academi Wales Summer and Winter Schools	Generally middle to senior leaders	Service funded

Leadership Development

Delivery Update

Course	Total Participants	Comments
ILA Professional Qualifications (Since Nov 2021)	45 (PTHB 31 / PCC 14)	E.g. Agile Project Management, Prince 2, Managing Successful Programmes, Change Management.
ILA CPD Programmes (Since Nov 2021)	236 (PTHB 196 /PCC 40)	41 PTHB staff attended Learning Lunches since Oct 2023 which help promote CPD course options available. Project Management, Data Visualisation and Change Management courses being most popular.
ILA MSc in Leading Digital Transformation (Since Nov 2021)	8 (PTHB 3 /PCC 5)	New cohorts for March/Sept 2024 currently being signed up via information sessions, etc.
Powys Manager's Programme	166 all PTHB	New cohort started in February with a further 14 participants
Introduction to Compassionate Leadership	349 (266 PTHB/ 83 PCC&PAVO)	Delivered at a rate of 1 per month
The Compassionate Leadership Programme	33 (PTHB 19)	Joint programme across health and care sector. 4 pilot programmes have been delivered with intention to roll out 2 per month from April (Pending HEIW)
Institute for Leadership and Management courses (ILM) <ul style="list-style-type: none"> Level 3/4 in Leadership & Management Level 5 in Leadership & Management 	39 (PTHB 34) 92 (PTHB 74)	Currently registering future cohorts for ILM 3/5 & 5 and ILM 7
Clinical Leadership Immersive Programme (CLiP) Will include Social Care and Third Sector in the future	13	Initial pilot for Tier 1 with small numbers, once evaluation has taken place, plan to roll out at 1 course per month Tier 2 programme (for 8as/8bs) in planning for trial roll out in 2024

Workforce Futures Theme 2 – Leading the Workforce reset undertaken with a focus on joint approach to leadership

Leadership Development

Clinical Leadership immersive Programme (CLIP)

- ❖ Development of a 2-tier model
 - ❖ Tier 1, initially Band 6 and 7 Clinicians
 - ❖ Tier 2 Band 8a/8b Clinicians
- ❖ Aim to develop individual leadership capability (not management) and professional 'voice'
- ❖ Where possible, delivered through experiential learning and review, not chalk and talk
- ❖ Focus on:
 - ❖ Risk Management
 - ❖ Decision Making
 - ❖ Accountability
- ❖ Two 3-day tier 1 pilot programmes have been delivered
- ❖ Following evaluation, plan to roll out at one course per month (12 participants)

Patterson, Liz
05/03/2024 11:20:41

Leadership Development-

Evaluation of the Clinical Leadership Immersive Programme (CLIP) Tier One



- ❖ Pilot one and two have completed all in-person training sessions and are currently undertaking action learning sets alongside delivering a presentation on the impact of the course on their practice
- ❖ Organisational impact will be reviewed by Quarter two 2024
- ❖ On a scale of 1-6 (6 being the highest) 10/11 participants rated the course 5 and above for the course usefulness.
- ❖ Consensus of activities being immersive and engaging
- ❖ Simulation to be reviewed due to feedback regarding it being too complex
- ❖ Most individuals' evaluations reflect a holistic development in their approach to clinical leadership, encompassing accountability, risk-taking, decision-making, and personal growth.

When asked to describe the course for other potential participants, the individuals wrote the following:

Pilot One				
Participant A	Participant B	Participant C	Participant D	Participant E
The course will teach you to test your boundaries to become a more inciteful leader for yourself and others.	This course will encourage thinking and strategies for improving leadership. Will help you to discover yourself and how you work together in a team.	If you want to develop yourself, not only as a leader, but as an individual- this course is for you!	This course is both terrifying and amazing. Participate to become the best you can be.	Interactive and participative mode of learning. Creative Learning Inspiring Professional.

Pilot Two					
Participant A	Participant B	Participant C	Participant D	Participant E	Participant F
To discover what strengths and weaknesses you have as a clinical leader	Helps you to think about your impact in the work and your personal effectiveness in leading change and working with others to develop good standards in practice.	Excellent trainers, useful skills learnt for improving on quality.	Enables you to find out how to improve on your skills in a supportive, kind and friendly environment. Amazing opportunity to link with other professionals who you wouldn't normally meet. Able to see that your issues aren't just being felt by you but also how to evaluate and learn to focus on what you can control not what you cant!	If you don't ask you don't get !!! You will love it !!	This course is an excellent way to learn how we can all become more compassionate leaders

Professional Development

Simulated Learning in the Health and Care Academy

New bookings include:

- Joint Induction
- School's Initiative Simulation Day
- Preceptorship Training
- Clinical Leadership Training

Feedback:

- "Role play beneficial because it was thought provoking"
- "Excellent! Thrilling and terrifying all rolled into one. An amazing day which left me feeling like I could conquer the world"
- Insights have confirmed my interest in being a Social Worker



Professional Development

Spotlight on ACEES Simulated Learning in the Health and Care Academy

- ❖ 6 school simulation sessions for years 12 and 13 students delivered
- ❖ **Feedback**
 - ❖ Useful in terms of understanding multi-disciplinary working and roles of different professions
 - ❖ Confirmed interest in social work as a future career
 - ❖ Influenced a decision to pursue a course in paediatric nursing
 - ❖ One school had subsequently used the simulation case study to enhance their teaching
- ❖ Simulation case study will be utilised at the Health and Social Care Careers Festival
- ❖ Further simulations sessions with schools are planned with an evaluation being undertaken in the spring

Patterson, Liz
05/03/2024 10:20:41

Professional Development

Spotlight on ACEES Simulated Learning in the Health and Care Academy



Above:
Year 12 and 13 students at Ysgol Uwchradd Llanidloes High School engaging in a sensory loss experience as part of the Academy Careers Education Enterprise Scheme visit to their school in December 2023.

Left:
Social media post by Ysgol Maesydderwen following their simulation experience.

Employee Support

Employers for Carers

- ❖ 5 workshop held on Carers Rights Day (Nov 2023) but with limited uptake
- ❖ Carers network to support staff is in development and information about support to working carers added to Corporate Induction
- ❖ Employers for Carers offering dedicated support session to HR around the Carers Leave act in Feb 2024
- ❖ Working Carers workshop to be held 5th Feb 2024

Patterson, Liz
05/03/2024 10:20:41



Working Carers Workshops

Juggling work with caring for a loved can be exhausting. **1 in 4** working people are looking after an older, ill or disabled loved one, and the number is rising. Without the right support, more than **600 people a day** are forced to give up work to care.

When people need help with their day-to-day living they turn most often to their family and friends. Looking after each other is something that we do as part of our everyday lives, and most often do willingly. Yet many unpaid carers remain hidden and without support. This workshop will help carers identify themselves or others at work and learn how to get support. It will also help line managers or other teams with employee wellbeing responsibilities to understand what carers may need in the workplace and what support there is available through Carers Wales.

There will be an opportunity to interact, ask questions and chat, so it would be lovely to hear from you on what support you would like to see for working carers.

**MONDAY
5TH FEBRUARY
11.30 - 12.30**

For a teams invite or for any more information, please contact
Victoria.sharpe@wales.nhs.uk

This workshop will help you:

- understand what we mean by a working carer and the challenges faced
- understand why carers need support in the workplace
- explore different types of support, whether that be in the workplace or externally

ec
employers for
carers
wales

CIG
NHS
Wales
Bristol School
Address: Princes
Princess
Health

Employee Support

Speaking Up Safely

- ❖ NHS Wales Speaking Up Safely Framework launched Autumn 2023
- ❖ Action plan returned to Welsh Government detailing how PTHB will implement the framework
- ❖ Exec Director for WOD appointed as Executive Lead
- ❖ Working group has met monthly to work on delivery of the plan
- ❖ Procedure for staff to raise concerns is published on the front page of the intranet. Currently developing 'Your Voice Hub'



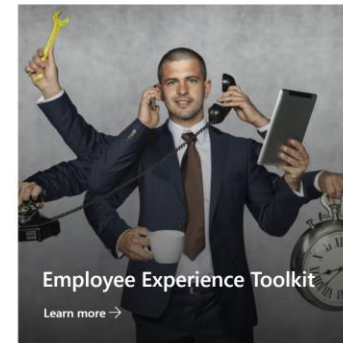
Employee Support

Online Staff Retention Guide

- ❖ Employee experience toolkit developed through Workforce Futures Programme and hosted on RPB site for use across Health and Social Care Sector
- ❖ PTHB Retention Resources and Managers Hub site developed as part of WOD pages on the intranet
- ❖ HEIW funded PTHB Retention lead commences in role February 2024

Patterson, Liz
05/02/2024 10:20:41

Powys Regional Partnership Board Employee Experience Toolkit



Subject:

PTHB Engagement and Communication Team Q3 Impact and Delivery Assurance Report

Approved and Presented by:

Director of Corporate Governance

Author:

Deputy Director (Engagement, Communication and Corporate Governance)

Purpose:

This paper provides assurance to the Workforce and Culture Committee on the work programme delivery by the Engagement and Communication Team including alignment with the health board’s strategic priorities and principal risks. This quarterly assurance report has a special focus on workforce and culture issues for presentation to Workforce & Culture Committee on 5 March 2024.

Recommendations:

WORKFORCE AND CULTURE COMMITTEE is asked to:

- NOTE, DISCUSS and TAKE ASSURANCE from the PTHB Engagement and Communication Team Q3 Impact and Delivery Assurance Report

Executive Summary:

The health board’s engagement and communication team provides a vital role to connect the organisation with the public, our staff, and our wider stakeholders.

This document provides an overview of the team's delivery during Q3 2023/24 and a look forward to 2024/25. Key highlights during Q3 include the delivery of a revised approach to the Staff Excellence Awards, engagement on key service change & development programmes and striking graphic design (Section 1). Work programme delivery continues to be driven by the organisation’s principal priorities, risks and reputational impact issues (Section 2). Work is under way to agree the key campaigns focus for 2024/25 (Section 3) as well as wider horizon scanning for the year ahead (Section 4). Whilst team compliance remains high, there is a challenging year ahead as half of the team’s capacity is from fixed term funding ending by March 2025 and decisions will be needed on the future operating model (Section 5).

This report has been considered by the Executive Committee.

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PTHB Engagement and Communication Team Q3 Impact and Delivery Assurance Report

Last Updated 1 February 2024

**Author: Adrian Osborne, Deputy Director (Engagement, Communication and Corporate Governance) -
adrian.osborne@wales.nhs.uk**

Contributors:

Carlene Berry, Communications Assistant

John Thomas, North Powys Wellbeing Engagement and Communication Specialist

Rebecca Jones, Digital Communications Officer

Robin Eveleigh, SilverCloud Communications Officer

Steve Haslam, Graphic Design Officer

Sue Ling, Engagement Manager

Tab Wheeler, Communications Manager

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05/03/2024 10:20:41*

Introduction and Overview

The health board's engagement and communication team provides a vital role to connect the organisation with the public, our staff, and our wider stakeholders. This includes:

- Leadership and execution of engagement and insight to support key decisions and developments (e.g. service change consultations, North Powys Wellbeing programme)
- Development and management key channels (e.g. website, social media, intranet, staff newsletters, digital screens)
- Design and delivery of campaigns (e.g. SilverCloud, vaccine preventable respiratory infections)
- Support for, or fulfilment of, key projects and priorities (e.g. GovDelivery project)
- Consultancy and expertise on reputation management, media relations and stakeholder involvement
- Creation and innovation in design and print (e.g. wide format printing, document design)

This document provides an overview of the team's delivery during Q3 and a look forward to 2024/25:

- Section 1: Special focus on Workforce and Culture (pages 4-7)
- Section 2: Q3 Case Studies (pages 8-14)
- Section 3: Q3 Programme Delivery and Forward Look to Q4 (pages 15-25)
- Section 4: High Level Plan of 2023/24 Campaigns (pages 26-27)
- Section 5: Horizon Scanning to 2024/25 (pages 28-32)

We welcome any comments and feedback on this document, which can be directed to Adrian Osborne, Deputy Director (Engagement, Communication and Corporate Governance) at

adrian.osborne@wales.nhs.uk

Meet The Team who deliver this wide-ranging programme of support to PTHB and to the people of Powys (as at 1 February 2024) :

Adrian Osborne, Deputy Director

Carlene Berry, Communications Assistant

John Thomas, North Powys Wellbeing Engagement and Communication Specialist

Rebecca Jones, Digital Communications Officer

Robin Eveleigh, SilverCloud Communications Officer

Steve Haslam, Graphic Design Officer

Sue Ling, Engagement Manager

Tab Wheeler, Communications Manager

Section 1: Special Focus

**Strengthening internal communications and staff engagement
special focus for WORKFORCE AND CULTURE COMMITTEE**

Patterson, Liz
05/03/2024 10:20:41

Overview

Each quarter we review our engagement and communication approach through a different committee lens. Our Q3 report is focused on Workforce and Culture.

The Workforce Futures Strategic Framework has been created to help support the delivery of the health and care strategy. The ambition is to develop Powys as a region that offers exemplary health and care in a rural setting, delivered by an engaged and valued workforce, working seamlessly across organisational boundaries. The strategic framework sets out the high-level strategic priorities needed to deliver A Healthy, Caring Powys through our workforce and is based on needs, evidence and the views of people gained through engagement. To achieve the ambition, the workforce model is designed to deliver new models of care, value the contribution of everyone and supports access to high-quality education, learning and development.

A Staff Engagement touchpoint group has been established, comprising the Assistant Director (Engagement and Communication), Assistant Director (Workforce and Organisational Development), Head of Organisational Development, Communications Manager, Occupational Health and Wellbeing Service Improvement Manager and Workforce Development Facilitator. This group helps to provide a co-ordinated focus for a range of activity across the organisation:

- **LEADERSHIP:** Support the Compassionate and Collective Leadership Model to support the Executive, Board and senior leader's visibility and two-way communications opportunities with and between employees of the health board over the course of the IMTP delivery period.
- **RECOGNITION & VOICE:** Celebrate staff achievements and successes, building a credible employer, leadership and employee voice and a supportive environment over the course of the IMTP delivery period.
- **WELLBEING:** Promote and support the wellbeing offer to staff, to improve working lives.
- **CHANNELS:** Enable benefits from key platforms and digital technologies in order to maximise the communications reach and support staff engagement opportunities



Internal Communication and Staff Engagement Work Plan 23/24

Theme	Work Focus	Status	Current Position	Next Steps
Leadership	Maintain and develop CEO briefings		Regular CEO briefings have continued to take place through the year, most recently on 6 February 2024.	Review approach in the context of substantive CEO recruitment.
Leadership	Support continuity of messaging during interim arrangements		Shortly after the start of 23/24 the secondment of the health board's previous CEO to BCUHB was announced. We have ensured regular messaging to support continuity of leadership, including for interim Executive portfolios.	Organisational messaging about CEO recruitment and next steps on Executive Director recruitment
Leadership	Chair, vice chair and executive visits		A regular programme of Chair and Vice Chair visits in place	Regular meetings in place to plan further visits
Leadership	"You Said, We Did" messages		A programme of "You Said, We Did" messages has been established to share key messages with colleagues about how we are responding to their feedback.	Continue programme of action and messages aligned with wellbeing survey, Team Climate, and Staff Survey
Recognition & Voice	Implement Speaking Up Safely		A self-assessment has been undertaken, action plan in place, and task group established to co-ordinate the health board's implementation of Speaking Up Safely	Conclude implementation of Speaking Up Safely and embed across the organisation
Recognition & Voice	Support and strengthen appreciation events		Certificate of Appreciation events have continued.	Review Appreciation events for 2024/25.
Recognition & Voice	Implement Staff Awards		Staff Excellence Awards were relaunched in Q1 with a plan for an in-person event. Over 180 nominations were received. With rising respiratory infections and financial challenges a decision was made to move to on-line celebration events delivered in Q3.	Final in-person presentations of awards takes place during Q4. Review and plan for future awards. More detail is available in Section 1.1
Recognition & Voice	Establish and deliver Team Climate surveys		Team Climate has been completed in Womens & Children's and Mental Health & Learning Disabilities. A total of 456 PTHB staff have completed it to date.	Questionnaires have also been sent to Finance Colleagues to complete and January 2024 will also see the Team Climate being utilised with Support Services.
Recognition & Voice	Plan and deliver NHS Wales Staff Survey		NHS Wales Staff Survey delivered in Q3	Staff survey results expected in Q4. Planning under way to engage organisation in a conversation about the results
Recognition & Voice	Engage with staff to develop and delivery options for celebrating NHS75 during 2023		A comprehensive programme of activity as delivered to support NHS 75, focused around the NHS birthday in July 2023. Activity was supported through a small grants scheme co-ordinated by the Powys Health Charity.	Closed – the NHS birthday is normally a core focus for milestone birthdays (e.g. NHS80 in 2028)

Internal Communication and Staff Engagement Work Plan 23/24

Theme	Work Focus	Status	Current Position	Next Steps
Wellbeing	Maintain staff health and wellbeing roadshows		Staff wellbeing roadshows continue to be well attended with just over 100 staff attending to date. Charitable Funds have provided £26k to supply refreshments to all wellbeing hubs and provide refreshments on training courses.	Plan in place for outreach programme to clinics and offices away from main hospital sites
Wellbeing	Deliver programme of health and wellbeing campaigns through internal channels		Wellbeing at Work Group reconvened for first meeting since Covid-19, as a subgroup of the Health and Safety Group. Aim of the group is to shape the direction of wellbeing activity and provide assurance to the Health and Safety Group	During Q4 the Staff Engagement Touchpoint group will identify a programme of priority health and wellbeing campaigns, with information and support available through health board channels
Wellbeing	Plan and deliver programme of wellbeing workshops		A number of workshops have taken place including Powys Balance Programme, Mindful Based Living, Managing Anxiety and Wellbeing, Working Carers, Focus on Your Finances & Pre-Retirement	Dying to Work Awareness Forum has met and is planning for a services of in-house workshops for staff and managers
Wellbeing	Review of Stay Well intranet site		Stay Well intranet site has been successfully transferred from separate platform and is now fully integrated in PTHB intranet which provides staff with more integrated access, search functionality etc.	Finalisation and publication of Occupational Health Sharepoint site
Channels	Continue development of SharePoint based intranet with interactive presence for individual services and departments		Recent work includes expansion to 40 Service Area sites now live (Recent additions: Clinical Issues, Public Health, Temporary Staffing, Staff Awards, Financial Sustainability), Development of A-Z pages, and development of process for sharing new and draft policies	Chase up sites that are in development including Occupational Health, Womens & Childrens Services, Data & Business Intelligence, Patient Services. Expand self-service advice and guidance for SharePoint admins
Channels	Relaunch of Viva Engage subject to national direction of travel		Work is under way nationally to plan for the migration of NHS Wales Viva Engage content to new servers. Decisions are being made at a national level about the level of structure and content that will be migrated but we currently assume migration of all communities with one year of content.	Subject to national agreement, re-launch VivaEngage as integrated staff engagement platform.

Section 2: Q3 Case Studies

The first section of this report provides highlights from Engagement and Communication programme delivery during Q3 2023/24

Patterson, Liz
05/03/2024 10:20:41

1.1 Throughout Q3: Staff Excellence Awards

The Engagement and Communication Team led a revised approach to the Staff Excellence Awards 2023.

A key priority for 2023/24 was the reintroduction of the Staff Excellence Awards. A comprehensive plan was developed through engagement with staff-side, Chat To Change, Executive Committee and wider staff

Given the growing risk of acute respiratory infections (e.g. reintroduction of mask-wearing in clinical areas) as well as the financial challenges facing the NHS, a decision was made in September to stand down the face-to-face event. Staff engagement took place to design an alternative means of recognising and celebrating our finalists and winners through virtual awards ceremonies.

Nominees in our eight categories were announced from 21 September 2023 to 29 September 2023. Finalists were announced from 13 October 2023 to 29 October 2023.

All finalists (between 4 and 10 per category) were invited to virtual award ceremonies, which took place from 14 November 2023 to 8 December 2023. Finalists received a special cake package by post which also contained a commemorative NHS75 coin for every finalists. Individual finalists received a package for one person, whilst team finalists received a package for four people.

The awards events included: welcome and introductions, a citation for each of our finalists, an opportunity for each finalist to say a few words about the achievements and personal qualities that led to their nomination, and finally the winner's reveal. The opportunity for all finalists to speak and share their pride felt particularly valuing and would not have been possible in a face-to-face event.

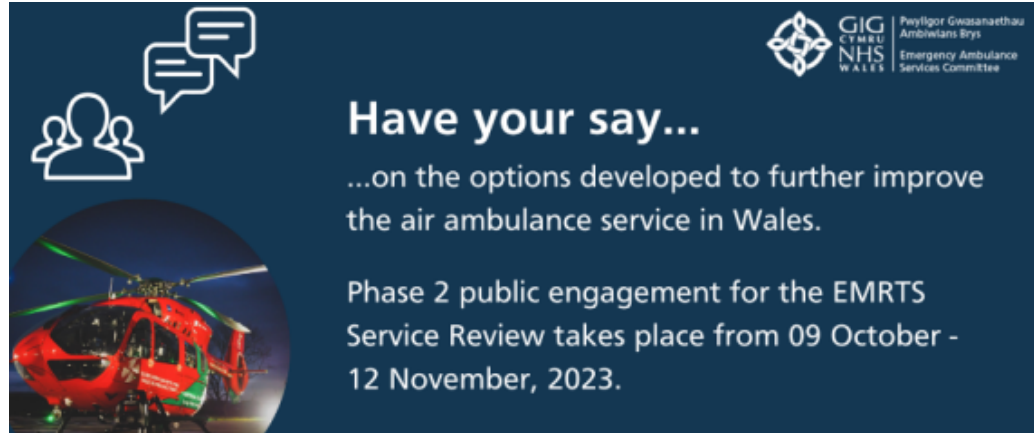
The celebration of our winners does not end with the virtual awards event. Each winner receives an in-person visit from the Chair or Vice Chair to receive their trophy and framed certificate. These face-to-face presentations to the winners are taking place from 7 December 2023 to February 2024. Each presentation provides an opportunity for PR opportunities to celebrate the success of PTHB staff and partnerships.

Work is now under way to review our experience of the Staff Excellence Awards 2023 to plan for future programmes.



PTHB Supportive Colleague	Tracey Spooner , Health Care Support Worker Michelle Mitchell , Community Palliative Care Nurse (sponsored by UNISON)	PTHB Team of the Year	PTHB Support Services North Powys Community Therapy Team
Great Place to Work	Staff Engagement and Wellbeing Programme	Rising Star	Lloyd Morgan , Capital Projects Manager Carys Jones , Welsh Language Translator Alice Chappell , Trainee ENP (special recognition)
Improving Health and Wellbeing	Learning Disability Liaison Team	Partnership and Working Together	Powys Living Well Service Digital Facilitators
Leadership and Taking Responsibility	Kate Prothero , Service Development Manager for Immunisation and Vaccination	Quality and Excellence in Practice	Occupational Health and Wellbeing Team

1.2 Throughout Q3: Supporting national and regional engagement



Have your say...
...on the options developed to further improve the air ambulance service in Wales.

Phase 2 public engagement for the EMRTS Service Review takes place from 09 October - 12 November, 2023.

The PTHB Engagement and Communication Team continues to provide active support to the national EMRTS Review.

Phase 2 engagement took place during Q3 which included digital engagement and a series of face to face events across Wales organised by EASC.

PTHB ensured that information was cascaded through our channels to support local residents and stakeholders to have their say, with senior representation at local meetings to listen to the issues raised.

Planning is now under way for Phase 3 engagement which is expected in Q4 2023/24.

At the end of Q2, ABUHB launched a period of engagement on the future model of their minor injury unit services. This included a proposal to close the MIU at Nevill Hall Hospital in Abergavenny overnight from 1am to 7am. This is the main MIU for residents of the Crickhowell area in Powys, and until 2020 provided consultant-led A&E services until changes took place as part of the Clinical Futures review accelerated by AHUHB's response to the COVID pandemic.

Particularly given this sensitive context, the PTHB Engagement and Communication Team acted quickly to ensure that information about this engagement was distributed widely to communities and stakeholders in South Powys to support them to find out more and have their say. The original eight week engagement period was extended to 12 weeks ending on 1 December 2023.

The outcome and next steps are expected during Q4.



HAVE YOUR SAY ON THE FUTURE MODEL OF OUR MINOR INJURY UNIT SERVICES

1.3 A Focus on Prevention, Wellbeing and Early Help and Support

Supporting the people of Powys to maintain their health and wellbeing, and to take steps to reduce the risk of ill-health, remains a key priority for the health board.

We have provided marketing and design support to a wide range of programmes that help us deliver our wellbeing objectives and strategic priorities.

This page provides examples of design support including a BMI Chart to support Healthy Weights Healthy You, Making Every Contact Count materials, updated and localised materials to support Help Me Quit, our "eyes open" campaign to encourage people to see their high street optometrist if they have worries about their sight, support to people affected by suicide, falls awareness, and reinforcing the IPC measures for visitors.

Poeni am hunan-niwed?
Worried about self harm?
Find help now

Meddwl am hunanladdiad?
Thinking about suicide?
Find help now

Profedigaeth oherwydd hunanladdiad
Bereaved by suicide
Find help now

Am gymorth iechyd meddwl brys ffoniwch 111 a phwyswch opsiwn 2
For urgent mental health support call 111 and press option 2

Ydych chi'n 65 oed neu'n hŷn?
Are you 65 or over?
Have you fallen over in the last year or are you worried you might fall?

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

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

Visitors
Ymwelwyr

All Staff
Pob Aelod o Staff

Before entering the room
Cyn mynd i mewn i ystafell

Before leaving the room
Cyn gadael yr ystafell

Outside room
Tu allan i'r ystafell

ARE YOU WORRIED ABOUT SOMEONE'S SIGHT?

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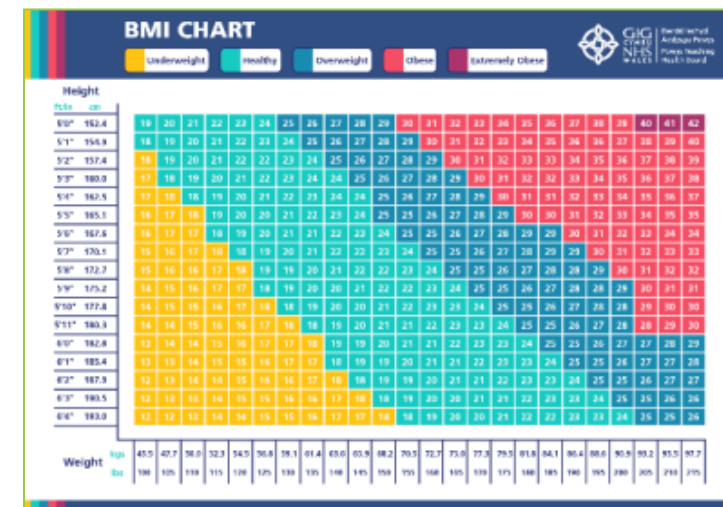
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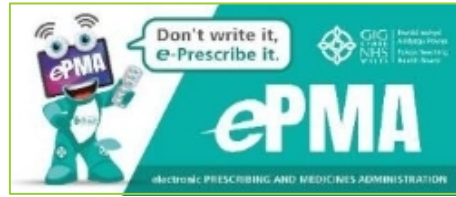


1.4 Projects: ePMA and Eirlys

The engagement and communication team provides targeted support to the health board's principal programmes.

A key priority during Q3 has been support to the Electronic Prescribing and Medicines Administration including the design and fulfilment of the "digi" persona to support staff engagement in this vital programme.

At a recent national ePMA meeting, the Powys programme was viewed as leading the way in stakeholder engagement in Wales, with the strong visual identity developed with our team seen as pivotal to the success of the Powys approach.



We have worked with the Eirlys project to develop a carefully considered visual brand to support people coping with grief and loss.

A PTHB Charity supported end of life project, it was important to establish a name that worked well bilingually and a graphic design to the brand that was respectful of the subject matter.

After working with stakeholders and service users, the Eirlys brand was established.

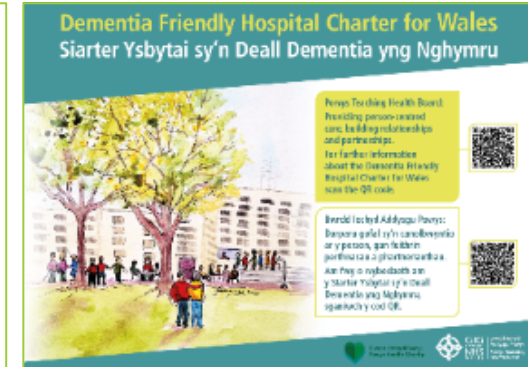
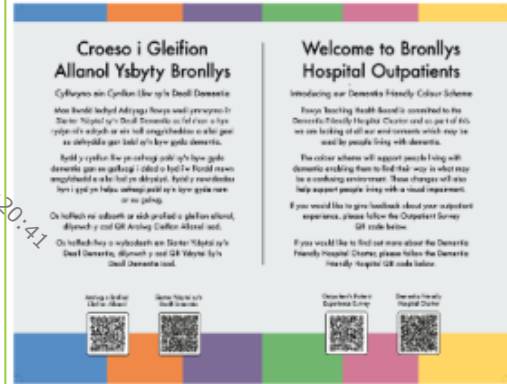
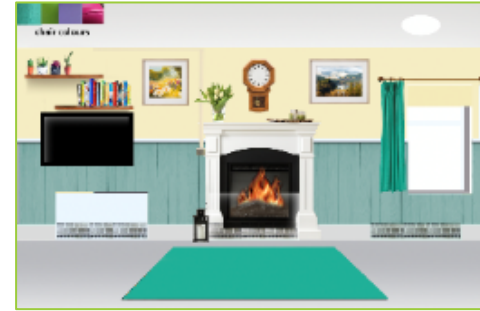
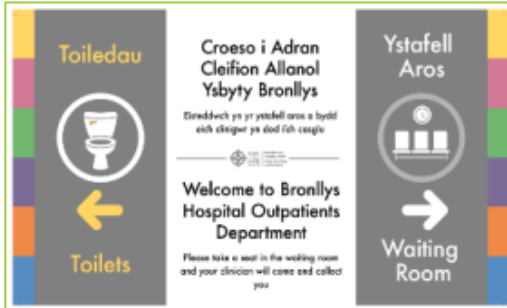


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1.5 Patient Experience and Environmental Improvements

We provide a high quality design and fulfilment service to support improvements in patient experience and the physical environment.

Recent examples include Bronllys outpatient redesign, work to create dementia friendly environments and promote the dementia friendly hospitals charter, engaging design for Ystradgynlais Hospital, preparatory work for The Park offices in Newtown, and preparatory work for the new Health and Care Academy facilities in Llandrindod Wells



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05/03/2024 10:20:41

1.6 Recruitment

Recruitment and retention of a sustainable workforce remains a pivotal priority to the health board, and is therefore a key focus for the engagement and communication team.

In addition to activities outlined on previous pages (e.g. Staff Excellence Awards, Health and Care Academy Llandrindod Wells) we have maintained our support for recruitment.

Our Powys NHS Jobs Facebook page has expanded to 1700 followers.

We have launched a subscriber Jobs bulletin via GovDelivery which has reached over 400 subscribers through soft launch and beta testing alone. During Q4 we plan to integrate sign-up more widely in our recruitment activity.

We have worked with the WOD team on the design and fulfilment of an advertising partnership with Civvy Street.



A large recruitment poster for Powys Teaching Health Board. At the top left, it says 'POWYS TEACHING HEALTH BOARD'. The main headline is 'LEAVING THE FORCES?' in large, bold, yellow and white letters on a dark blue background. Below this, it says 'COME AND WORK IN THE HEART OF WALES. MOVE FROM ONE TEAM TO ANOTHER.' in white and red text. The poster features a grid of images showing various healthcare professionals in different settings: a woman in a car, a woman at a desk, a woman and a man working together, a man in a blue uniform, a woman holding a green apple, a woman at a desk, and a man in a car. At the bottom, it says 'We have a wide range of roles available from Nursing, Therapies and Mental Health to Electricians and Administration. We know that people from the forces bring a wide range of skills that fit well in the NHS and where better to start the next stage of your career than in the most beautiful part of the UK? We have a team of specialist recruitment staff waiting to hear from you.' It includes contact information: 'Get in touch now by calling 01874 712580 or emailing powys.workforcegeneralenquiries@wales.nhs.uk'. At the bottom, it says 'Sign up for our regular recruitment emails at powys.workforcegeneralenquiries@wales.nhs.uk'. The poster also features the 'Dream it, live it' slogan and the NHS Wales logo.

Section 3: Q3 Programme Delivery

The second section of this report summarises our progress against our priority objectives in support of the health board's corporate objectives.

Rating	
Green	On track with no escalations
Yellow	Some escalations but do not present significant risk to programme
Amber	Concerns that present risk to programme delivery
Red	Significant issues requiring resolution to ensure programme delivery
Blue	Closed / Complete
Grey	No actions identified

Patterson, Liz
05/03/2024 10:20:41

Annual Plan Q3 Review

The engagement and communication programme has an impact across multiple delivery areas in the health board’s Annual Plan 2023/24, and is specifically reflected in “Strategic Priority 27: Engagement and Communication”.

This action is marked as “on schedule” within the annual plan performance review, with no change requests and the following Q3 narrative summary:

- The Engagement Manager came in to post shortly before the start of Q3 and is supporting the health board to continue to strengthen our strategic engagement infrastructure. During Q3, key priorities have included continued engagement on proposals affecting ABUHB minor injury unit services (including Nevill Hall Hospital) ending in December 2023, delivery of local support for phase 2 engagement on NHS EMRTS / Wales Air Ambulance (during October and November 2023), and delivery of a nation-wide conversation on the future of health and care being led by the Bevan Commission (during October and November 2023). The multi-agency co-ordination of engagement activity also continues to develop through the establishment of a joint Engagement and Participation plan across Powys RPB and Powys PSB partners, which is overseen through the Powys Engagement and Insight Network currently chaired by the Health Board’s deputy director (engagement, communication & corporate governance)
- Key priorities for the communications team have included the delivery of our revised approach for the Staff Excellence Awards, with a series of eight virtual events covering each of our excellence categories. In-person visits to our winners by the Chair, Vice Chair, Chief Executive and other members of the Board began in December and continue to March. Continued publicity for winter preparedness (COVID vaccination, flu vaccination, Help Us Help You, respiratory and hand hygiene) remain key priorities as part of the health board’s wider approach to winter pressures. The team has also provided advice and support to financial and operational planning to support the health board’s response to the financial challenges facing the NHS.
- Looking ahead to Q4, work is under way to plan for Phase 3 of the EMRTS/WAA engagement during February, and for widespread public and stakeholder engagement on the health board’s Accelerated Sustainable Model alongside the county council’s Sustainable Powys approach to gather insight and shape the future of health and wellbeing in the county. Recruitment to the vacancy in the SilverCloud team will enable a refreshed approach to communications and marketing including support for a re-branding of the programme. Work is also under way to continue to test GovDelivery for direct distribution of news and updates from the health board to residents and wider stakeholders through a free subscription service.

Progress against key actions and milestones										
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Design and delivery of a programme of marketing and communications	<ul style="list-style-type: none"> • Design and deliver annual programme focusing on areas where communication activity can offer the most significant strategic benefit and management of principal risks Q1 – 4 	DCG	Green	Green	Green		H	H	H	H
Design and delivery of a programme of continuous and/or targeted engagement	<ul style="list-style-type: none"> • Design and deliver compliant programmes of engagement and/or consultation reflecting new national guidance / Citizen Voice Body Q1 – 4 		Green	Green	Green		M	M	H	H

Patterson, Liz
05/03/2024 10:20:41

Q3 Programme Update and Q4 Forward Look

Wellbeing Objective	Strategic Priority	Key Action	Status	Q3 Current Position	Q4 Forward Look
Focus on Wellbeing	1. Population Health improvement including Health Inequalities	Delivery of health-board-led population level health improvement programmes (including recovery of delivery following pandemic)		<ul style="list-style-type: none"> A key focus has been promotional activity for Help Me Quit (e.g. Paul's Story filmed, edited and published; posters banners and folders designed and fulfilled; HMQ social media activity) and for Healthy Weight Healthy You campaigns (BMI poster; social media activity) 	<ul style="list-style-type: none"> Continue focus on Help Me Quit and Healthy Weight Healthy You
	2. Health Protection including vaccination	Delivery of revised model of Mass Vaccination including local implementation of National Immunisation Framework		<ul style="list-style-type: none"> Ongoing promotional focus on autumn COVID and Flu campaign through from support for appointment-based services (internal and public) to increasingly expanded drop-in offer including regular weekly website updates and social media posts. 	<ul style="list-style-type: none"> Maintain awareness of flu and COVID vaccination into Q4. Planning for Spring Booster campaign.
		Delivery of local component of Health Protection response aligned with National Health Protection Review including communicable disease, community outbreaks of infectious diseases, public health emergencies, testing, tracing, Monkeypox, refugee		<ul style="list-style-type: none"> Reactive support as needed for health protection / outbreak issues. Support for key national campaigns e.g. MMR reminder to students heading to university Participation in Pen Y Darren mass casualty exercise Participation in Gold On Call rota (Deputy Director) 	<ul style="list-style-type: none"> Watching brief on increasing measles rates and any outbreak issues. Participation in National Power Outage planning
	3. Health Protection – Infection Prevention and Control	Deliver improvements in Infection Prevention and Control, building on and strengthening learning from the Covid-19 pandemic and beyond		<ul style="list-style-type: none"> Promotional support for re-introduction of mask-wearing including design and distribution of updated posters. Promotion and reinforcement of updated guidance on acute respiratory infections, hand hygiene, Cdiff 	<ul style="list-style-type: none"> Reactive support as needed for significant IPC issues.

Patterson, Liz
05/03/2024 10:20:41

Q3 Programme Update and Q4 Forward Look

Wellbeing Objective	Strategic Priority	Key Action	Status	Q3 Current Position	Q4 Forward Look	
Early Help and Support	4. Primary Care	Increased access to GP and Community Services		<ul style="list-style-type: none"> We have had a continued campaign focus on Help Us Help You campaign to promote alternatives to primary care. In addition, there has been: bespoke design and campaign support including Eyes Open campaign (optometry adviser), chaperone posters, falls posters; and reactive comms on dental issues as needed We have also worked with the Primary Care Academy on their branding approach. We published a Llanfair Caereinion Community Focus newsletter to update on premises development 	<ul style="list-style-type: none"> Continue Q3 activities Save our Surgeries campaign briefing National campaign activity expected on pharmacy services (WG lead) Due to some slippage on NPW engagement activities, redirect resources to development of materials to promote the different roles in primary care. Consider further edition of Llanfair Caereinion Community Focus subject to updates on premises 	
		Improved use of Community Pharmacy				
		Improved use of Optometry				
		Increased use of Dental				
	5. Diagnostics	Access to additional regional diagnostics capacity		<ul style="list-style-type: none"> We have provided advice and consultancy in relation to potential engagement/communication implications of RISP programme. 	<ul style="list-style-type: none"> Continued focus on RISP PR and promotional opportunities for diagnostic developments 	
		Implementation of Transnasal Endoscopy				
		Implementation of Community Cardiology				
		Implementation of Dermatology				
		Complete access to Rapid Diagnostic Clinics				
		Straight to Test Model				
	6. Admission Avoidance	Develop and implement a phased plan for admission avoidance in Powys (Detail to be determined as part of the Design phase of the ASM)		<ul style="list-style-type: none"> See work on Accelerated Sustainable Model (see 12) We developed & issued the latest edition of Knighton Community Focus to share updates on the reablement model 	<ul style="list-style-type: none"> See work on Accelerated Sustainable Model (See 12) Develop and issue next edition of Knighton Community Focus. 	
	7a. Planned care (Transformation / Accelerated Sustainable Model)	Strengthen existing infrastructure and governance		<ul style="list-style-type: none"> We have supported key projects to improve outpatient experience including design and installation of vinyl graphics in the refurbished outpatient area at Bronllys Hospital. Other activities include design of DNA posters for therapies. 	<ul style="list-style-type: none"> Conclusion of installation of Bronllys Outpatients vinyl wrapping. 	
		Deliver improvements in line with Getting It Right First Time reviews				
		Deliver benefits of Outpatient Transformation				
		Deliver benefits of Outpatient Transformation				
	7b. Planned care (women and children)	Improve Value in key specialties		<ul style="list-style-type: none"> We provided comms support for JICPA process 	<ul style="list-style-type: none"> Support publication of JICPA report 	
		Delivery of the Maternity Assurance and Safety Improvements				
		Delivery of the Women's and Sexual Health Improvement Plans				
			Implementation of Paediatric Remodel including Paediatric Therapies			

Q3 Programme Update and Q4 Forward Look

Wellbeing Objective	Strategic Priority	Key Action	Status	Q3 Current Position	Q4 Forward Look	
Tackling the Big Four	8. Cancer	Deliver Cancer Improvement (in line with NHS Wales Cancer Improvement Plan)		<ul style="list-style-type: none"> The Health Board's new Engagement Manager joined us from the Improving the Cancer Journey in Powys project and in her legacy capacity attended the Macmillan National Conference to showcase this work. During this period they also supported the recruitment process for a replacement Communication Manager for the programme and supported their induction. 		
		Rapid Diagnostic Clinics				
		Cancer Tracking				
		Quality Statement and Pathways				
	9. Circulatory	Quality Statement and Pathways		<ul style="list-style-type: none"> Work was initiated to support the review of stroke services in South Central Wales but this was paused during the quarter. The Deputy Director also chairs the national Engagement and Communication Workstream for the NHS Wales Stroke Review 	<ul style="list-style-type: none"> KEY PRIORITY: Plan for re-engagement of South Central Stroke Review and all Wales programme 	
		Cardiac				
		Diabetes				
		Stroke				
	10. Respiratory	Quality Statement		<ul style="list-style-type: none"> No action identified 		
		Use of Asthma Plans for Children and Young People				
	11. Mental Health	Mental Health Service Transformation			<ul style="list-style-type: none"> SilverCloud Wales is a key project for the team as PTHB hosts this project on behalf of NHS Wales, and our team leads on nationwide communication through a dedicated SilverCloud communications officer. This post was vacant during Q3 which delayed progress on key strategic developments including a refreshed branding approach but maintenance comms was in place through a programme of pre-scheduled social media content. Recruitment took place with a new Officer commencing early in Q4. As this was filled on a 0.5wte basis, agreement was reached to extend a currently temporary B4 role to 09/24 to support this work. 	<ul style="list-style-type: none"> KEY PRIORITY: Induction of new SilverCloud Communications Officer, refresh of approach following 3-month vacancy, development and implementation of refreshed branding approach.
Pathway design and development			<ul style="list-style-type: none"> We undertook a range of graphic design and fulfilment including artwork design and installation for Felindre Ward, development of Your Voice posters and Banners, continued support for the Suicide Prevention programme, and graphic design for dementia friendly charter posters 	<ul style="list-style-type: none"> Next steps on repatriation project 		
CAMHS			<ul style="list-style-type: none"> No actions identified 	<ul style="list-style-type: none"> Next steps on children's sanctuary project 		

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05/03/2024 10:20:41

Q3 Programme Update and Q4 Forward Look

Enabling Objective	Strategic Priority	Key Action	Status	Q3 Current Position	Q4 Forward Look
Joined Up Care	12. Frailty and Community Model	Design and delivery of an Accelerated Sustainable Model		<ul style="list-style-type: none"> During Q3 a significant focus has been on the development and design of opportunities for widening community and stakeholder engagement in Better Together / Accelerated Sustainable Model 	<ul style="list-style-type: none"> KEY PRIORITY: Finalisation and implementation of Better Together / Sustainable Powys engagement activity
		Improve key pathways and interventions		<ul style="list-style-type: none"> We have undertaken graphic design and installation for vinyl wrapping for Llewellyn Ward 	
	13. Urgent and Emergency Care	Deliver alternatives to Urgent and Emergency Care		<ul style="list-style-type: none"> We have led the PTHB contribution to the engagement by ABUHB on MIU opening hours which included a proposal to close NHH MIU overnight. This included the design and delivery of a proportionate programme of engagement to ensure that Powys stakeholder affected by these proposals were identified, were informed, and had the opportunity to respond. 	<ul style="list-style-type: none"> Await outcome following MIU engagement and contribute to communication of outcomes as needed. KEY PRIORITY: Contribute to EMRTS Phase 3 Options Appraisal and engagement planning. Support EASC to implement Phase 3 engagement in Powys. KEY PRIORITY: Deliver Q4 priorities for national Help Us Help You and NHS 111 Wales campaigns
		Delivery of Joint Integrated Commissioning Action Plan and Rapid Escalation Plan		<ul style="list-style-type: none"> During Q3 EASC also undertook Phase 2 of their engagement on the future service model for EMRTS which required a range of local action to support planning and delivery. Campaigns relating to urgent and emergency care access have remained a core focus for the team including Help Us Help You and NHS 111 Wales. 	
14. Specialised Care	WHSSC liaison		<ul style="list-style-type: none"> No actions identified (some issues currently pending or on watch list in Service Change Engagement Log) 		

Patterson, Liz
05/03/2024 10:20:41

Q3 Programme Update and Q4 Forward Look

Enabling Objective	Strategic Priority	Key Action	Status	Q3 Current Position	Q4 Forward Look
Workforce Futures	15. Transformation and Sustainability of our Workforce	Workforce Planning		<ul style="list-style-type: none"> Support for recruitment activities including: design of recruitment open day posters with associated digital campaign; publicity for vacancies through Powys NHS Jobs Facebook channel and digital screens; design and piloting of jobs newsletters from GovDelivery platform; design and delivery of Civvy Street article and advert. 	<ul style="list-style-type: none"> Continued publicity for January recruitment open days Continued publicity for vacancies through Powys NHS Jobs and digital screens KEY PRIORITY: Review and expansion of GovDelivery Jobs newsletter Pilot paid-for advertising via LinkedIn (CEO role)
		Recruitment Redesign			
		Variable Pay Reduction			
		Education and Role Development			
	16. A Great Place to Work	Temperature Checks and Analytics Capability		<ul style="list-style-type: none"> Support for the promotion of the NHS Wales Staff Survey to all staff including implementation of model for completion of hand-written surveys for staff with limited access to email / intranet 	<ul style="list-style-type: none"> KEY PRIORITY: Actions arising from publication of the NHS Wales Survey results
		Leadership Development			
		Professional Development			
		Employee Support			
	17. Employee Health and Wellbeing	Gold Corporate Health Standard		<ul style="list-style-type: none"> The Staff Excellence Awards have been a significant priority for the team in Q3 with the implementation of a revised approach to delivery in the context of increased prevalence of acute respiratory infections and financial challenges. Key activities include concluding the announcement of nominees, announcement of finalists in each category, design and delivery of individual virtual events for each category, and commencement of presentation visits to winners The Deputy Director has continued to chair an internal task and finish group focused on staff engagement to help co-ordinate a prioritised approach to engagement 	<ul style="list-style-type: none"> KEY PRIORITY: Conclude Staff Excellence Awards presentations with associated PR activity. Review approach and develop options for the future
		Wellbeing Roadshows and other events			
		Occupational Health			
		Employee Assistance Programme			
		Anti-Racist Action Plan			
		Mentoring			
	18. Joint Workforce Futures Programme	Designing, Planning and Attracting the Workforce		<ul style="list-style-type: none"> Continued promotional activity for Health and Care Academy including filming with Sky News, Soul Films and WG commissioned best practice video Initial planning for vinyl installation at new premises in Spa Road East Llandrindod Wells 	<ul style="list-style-type: none"> KEY PRIORITY: Implementation of vinyl wrapping for Spa Road East including branding refresh
		Leading the Workforce			
Engagement and Wellbeing					
Education Training and Development					
Partnership and Citizenship					

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Q3 Programme Update and Q4 Forward Look

Enabling Objective	Strategic Priority	Key Action	Status	Q3 Current Position	Q4 Forward Look
Digital First	19. Digital Strategic Framework	Why What When and How we deliver digital services for the workforce, to improve outcomes for staff and patients	On Track	<ul style="list-style-type: none"> The maintenance of the health board website remains a key priority for the team and key areas of focus during Q3 include accessibility, Welsh Language, support for PTHB colleagues to manage their website content (including onboarding, training and troubleshooting). The website recently received its first accessibility report under The Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018 following a random monitoring audit of our website by the Cabinet Office. Extensive work was carried out to rectify the issues that had been highlighted. In October 2023 the health board received notification that we are subject to an enforcement investigation by the Welsh Language Commissioner in regards to compliance of our website. Work is ongoing to improve compliance on the website 	<ul style="list-style-type: none"> KEY PRIORITY: Develop and implement action plan in response to Welsh Language Commissioner review including regular compliance checks with Corporate Governance, Powys Living Well Service and Medicines Management. Strengthen approach to compliance and support for MURA admins (Continue work on guidance for Mura admins; establish MURA admins group).
				<ul style="list-style-type: none"> The maintenance of the health board's SharePoint intranet is also a key priority and key areas of focus during Q3 have included approving new site requests, providing support to site owners, and maintaining corporate content. Recent work includes expansion to 40 Service Area sites now live (Recent additions: Clinical Issues, Public Health, Temporary Staffing, Staff Awards, Financial Sustainability), Development of A-Z pages, Incorporation of Wellbeing site within main intranet, and development of process for sharing new and draft policies 	<ul style="list-style-type: none"> Chase up sites that are in development including Occupational Health, Womens & Childrens Services, Data & Business Intelligence, Patient Services. Expand self-service advice and guidance for SharePoint admins
	20. Implement clinical digital systems	Development of systems to enable improved care, including cross border clinical records sharing, developments in clinical service priority areas, across multidisciplinary teams and explore opportunities in telecare	On Track	<ul style="list-style-type: none"> We have provided ongoing support to the ePMA project including design and fulfilment of marketing materials 	
	21. Resilient, Cybersecure Infrastructure	Deliver a resilient, cyber secure infrastructure within the PTHB buildings	On Track	<ul style="list-style-type: none"> No key actions identified 	
	22. Electronic Document Management and Digitisation	Develop and implement electronic document management policies and processes, digitalisation of paper records	On Track	<ul style="list-style-type: none"> No key actions identified 	
23. Modernise Data Architecture and Business Intelligence	Provide a modern data architecture and improved business intelligence and knowledge for informed decision making	On Track	<ul style="list-style-type: none"> No key actions identified 		

Q3 Programme Update and Q4 Forward Look

Enabling Objective	Strategic Priority	Key Action	Status	Q3 Current Position	Q4 Forward Look
Innovative Environments	24. Capital and Estates Programme	Delivery of major capital programmes including LW Phase 2, Ysbyty Bro Ddyfi, North Powys, Llanfair Caereinion		<ul style="list-style-type: none"> North Powys Wellbeing remains a significant priority for the team's work programme with a dedicated Engagement and Communication Specialist Activities include: Publication of 4th edition of NPWB Update bulletin including establishment of subscription version via GovDelivery; Development of Engagement and Communications Programme to support OBC development (approved by NPWB Prog Board subject to WG approval of SOC). 	<ul style="list-style-type: none"> KEY PRIORITY: Implementation of agreed engagement and communication activity towards OBC submission subject to discussions at Programme Board in January
		Delivery of Estates Strategy		<ul style="list-style-type: none"> We have worked with estates on vinyl wrapping options for Park Offices in Newtown. A range of other environmental improvement activities in clinical environments are outlined in other sections of this report. 	<ul style="list-style-type: none"> Implementation of Park Offices activity
		Implementation of 'Soft' Facilities Management			
	25. Environmental Management and Decarbonisation	Biodiversity enhancement and protection in line with Section 6 of Environment (Wales) Act		<ul style="list-style-type: none"> Graphic design to support signage for waste bins 	
		Delivery of energy efficiency improvements			
		Decarbonisation including ambition for Net Zero by 2030 across public sector			

Patterson, Liz
05/03/2024 10:20:41

Q3 Programme Update and Q4 Forward Look

Enabling Objective	Strategic Priority	Key Action	Status	Q3 Current Position	Q4 Forward Look	
Transforming in Partnership	26a. Corporate Governance	Delivery of the Annual Programme of Governance and Corporate Business Plan and further improve the effectiveness of the Board and its committees		<ul style="list-style-type: none"> Work with corporate governance team to improve Welsh Language compliance of corporate governance web pages in context of WLC enforcement action. Planned for CEO recruitment campaign including recording and editing of recruitment videos with Chair 	<ul style="list-style-type: none"> Continue compliance work from Q3 Implementation of CEO recruitment campaign from January 2024 NB work on Board Advisory Structure (including SRG) paused in 2023/24 annual plan. 	
	26b. Quality Governance	Implement the Duty of Quality and Duty of candour in line with the Quality and Engagement Act (Wales)		<ul style="list-style-type: none"> We have continued to support the Quality and Safety Team to promote the opportunities for sharing patient experience including through the CIVICA platform, developing materials to support the promotion of this through our channels. We have continued to take the organisational lead on working with Llais on the development of their locality engagement approach. 	<ul style="list-style-type: none"> Continue support for promotion of patient feedback mechanisms. KEY PRIORITY: Deliver deep dive engagement workshop with Llais in January 2024 and next steps. 	
	27. Engagement and Communication – see overleaf					
	28. Strategic Commissioning	Strategic Commissioning			<ul style="list-style-type: none"> We have maintained our Service Change Engagement log to provide assurance that engagement and/or consultation requirements are being met in relation to commissioned services including preparation of the Q3 report. Specific service change programmes (e.g. ABUHB MIU) are discussed in other sections of this report. 	<ul style="list-style-type: none"> Continue horizon scanning for service change issues from commissioned services.
	29. Integrated Performance	Integrated Performance			<ul style="list-style-type: none"> We have provided strategic support to the financial opportunities process during 2023/24 including design of impact assessment tools, creation of Financial Sustainability intranet hub, and identification & delivery of our departmental contribution We have delivered our departmental contribution to integrated performance reporting including directorate reviews. 	<ul style="list-style-type: none"> KEY PRIORITY: Develop updated impact assessment tool as part of wider contribution to financial opportunities work Continue to deliver our departmental contribution to integrated performance reporting including directorate reviews.
	30. Strategic Planning	Strategic Planning			<ul style="list-style-type: none"> We have supported the Q3 refresh of the Strategic Change Report. 	<ul style="list-style-type: none"> Support to Q4 refresh of the strategic change report, and support to IMTP planning process for 2024/25
	31. Innovation and Improvement	Innovation and Improvement			<ul style="list-style-type: none"> The team has led on the development of a Financial Opportunities hub on the intranet including promotion of the Bright Ideas App A number of ideas generated through the Bright Ideas app have related to engagement and communication and we have developed a “We Said We Did” response to these as appropriate. 	<ul style="list-style-type: none"> KEY PRIORITY: Support re-launch of Bright Ideas App and continued promotion. Respond to ideas generated through the App.
	32. Strategic Equalities and Welsh Language	Delivery of Strategic Equality Plan and Welsh Language Standards:			<ul style="list-style-type: none"> During Q3 the health board received notification from the Welsh Language Commissioner of potential enforcement action in relation to Welsh Language standards for the website. Preparatory work took place to review and improve compliance. We have supported the development of gender awareness training drawing on lived experience within the team. 	<ul style="list-style-type: none"> KEY PRIORITY: Continue Welsh Language compliance work. Develop and implement action plan in response to Commissioner’s report once received.

Q3 Programme Update and Q4 Forward Look

Enabling Objective	Strategic Priority	Key Action	Status	Q3 Current Position	Q4 Forward Look
Transforming in Partnership Patterson, Liz 05/03/2024 10:20:41	27. Engagement and Communication	Design and delivery of a programme of marketing and Communications		<p>Whilst our support to the delivery of the health board's wider strategic priorities is set out elsewhere in this report, this section focuses on our work to develop and maintain our channels and processes:</p> <ul style="list-style-type: none"> • Our key priorities for Social Media have included: Monitoring PTHB social media channels and implementing SM plan; Planning and developing content; Sharing content from stakeholders, and sharing content with stakeholders for syndication; Dealing with queries, complaints etc and signpost to specific services/departments (including the development and implementation of a clearer protocol for dealing with enquiries); Supporting other services to manage their own social media channels; New approval process developed with Digital for those wishing to access social media apps on their work devices. • Our key priorities for website and SharePoint development are summarised in Section 19. • We have revamped our intranet site to include useful "How To" guidance to help staff across the organisation with every day communications tasks. • We continue to develop and maintain our suite of digital signage which includes staff-facing screens to help access staff who may not necessarily have regular access to email and intranet, and public-facing screens with campaigns and calls to action. We have been working with Digital team on upgrades to legacy screens that are not compatible with our HB-wide system. • We have continued to deliver a programme of briefings and events including CEO Staff Briefings, MS/MP Briefings, support for Certificate of Appreciation Events. 	<ul style="list-style-type: none"> • Social Media: Continue to review our SM approach in response to changing landscape and algorithms (e.g. posts from corporates have minimal reach particularly if they include a link); develop SM admin peer group for mutual support and training • Web and SharePoint priorities as identified in Section 19. • Continue to expand "how to" tools on the Communications Sharepoint • Upgrades of legacy digital screens. • Plan and deliver Q4 briefings and develop schedule for 2024/25 aligned with CEO recruitment process. • Revise and refresh communication approach to align with needs of substantive CEO once appointed. • KEY PRIORITY: Forward planning for communications team capacity, priorities and focus linked to end of fixed term roles in 2024/25.
		Design and delivery of a programme of continuous and/or targeted engagement		<ul style="list-style-type: none"> • The new Engagement Manager came into post at the end of Q2, so a key focus for Q3 has been induction, development and growth. • This has included design, delivery and/or support for a range of engagement processes including ABUHB MIU, South Central Stroke. Bevan Commission Conversation, EMRTS Phase 2. This has also been a period of concerted planning for a potential period of engagement on Better Together / Accelerated Sustainable Model during Q4. North Powys Wellbeing (see Section 24) remains a significant priority but plans for engagement during Q3 have been deferred to Q4 pending SOC approval. • In terms of key structures and processes, the Powys Engagement and Insight Network became fully re-established with ToR agreed by RPB Exec and PSB to clarify responsibilities and reporting. By the end of Q3 a draft Powys Engagement and Participation Plan was in place which will be further developed in Q4. Work also initiated to develop a shared approach to co-production which will be progressed further in Q4. • Internally, the Service Change Engagement Log process has been strengthen with a clearer monthly and quarterly business cycle including reporting to Executive Committee, PPPH, • Significant work has taken place to move to the next phase of our GovDelivery pilot project with drip-feed RSS newsletters generated for jobs, engagement, Start Well, Live Well and Age Well 	<ul style="list-style-type: none"> • Better Together / Accelerated Sustainable Model methodology and delivery • Implementation of next phase engagement on EMRTS and stroke • Development of Powys-wide Co-production approach (via Powys Engagement and Insight Network) • Further development and delivery of Powys Engagement and Participation Plan (via PEIN) • Development of quarterly insight report • Trial of deep dive workshop approach with Llais • Continue GovDelivery and move from beta test to active promotion. • Continue work on scenario planning for community engagement with increasing alignment with emerging Llais role. • KEY PRIORITY: Forward planning for engagement team capacity, priorities and focus linked to end of NPW role in 03/24 and fixed term roles in 2024/25.

Section 4: High level plan of campaigns for 2023/24

This section sets out planned proactive campaign activity, including priority support for national campaigns and key local campaigns

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05/03/2024 10:20:41

National and local campaigns plan for 2023/24

The principal campaign focus for PTHB in Q3 has included:

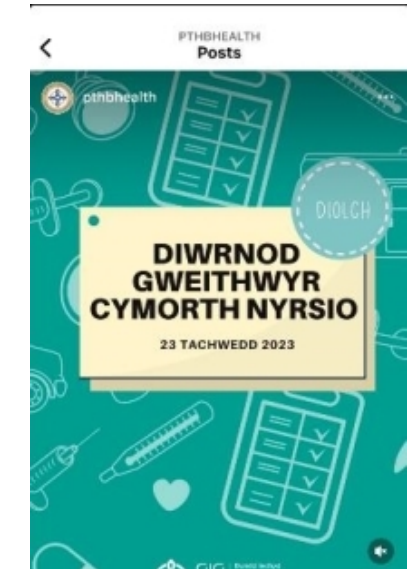
- SilverCloud (year round – national campaign led by PTHB for the whole of Wales)
- Help Us Help You (year round – with particular focus on winter pressures, bank holidays etc.)
- holidays etc.)
- Vaccine Preventable Disease Programme (year round but including specific focus on COVID/Flu winter respiratory vaccination campaign)
- NHS 111 Wales (year round – with particular focus on winter pressures)
- NHS 111 Wales Press 2 for Mental Health (from launch)
- Recruitment (year round)
- Key equalities campaigns and/or professional awareness days/weeks (per dates)
- Help Me Quit (year round)
- “Eyes Open” high street optometry campaign (year around)
- Give Blood (per requests from WBS)
- MIU opening times (weekly post)
- Industrial action in England (per action dates)
- NHS Healthy Start Scheme (year round)
- Dietetics campaign (monthly cycle)
- Patient experience (e.g. CIVICA surveys)

The majority of these campaigns are expected to continue into Q4.

Work is under way locally and nationally to identify the principal campaign priorities for 2024/25.



Campaign activity is shared through a range of channels and methods including our main social media accounts which are Nextdoor (top left), X/Twitter (top right), Facebook (bottom left) and Instagram (bottom right).



Section 5: Horizon Scanning to 2024/25

This section sets out initial intelligence on priority work areas for 2024/25 subject to development and agreement of the IMTP and Annual Plan

Patterson, Liz
05/03/2024 10:20:41

Horizon Scanning to 2024/25

Effective engagement and communication support the health board to deliver its strategic priorities on behalf of patients and communities, and to manage principal risks.

It helps to ensure that plans and priorities are informed by “what matters” to stakeholders, and that people are equipped with information and support to enable them to take action to maintain and improve their health and wellbeing.

The public perception context for the NHS is challenging as the health board moves into 2024/25, with the NHS facing significant financial pressures, waiting times remaining high with efforts to reduce them impacted by issues including the financial position and industrial action, cost of living challenges and wider social pressures affecting the choices individuals can make about their health and wellbeing.

Potential Key Areas of Delivery for 2024/25

- A comprehensive programme of engagement & communication to support the further development and delivery of our “**Better Together**” programme to shape the future of health and care in Powys.
- A continued focus on **principal programmes** such as **North Powys Wellbeing** (planning for OBC submission during 2024/25) and **SilverCloud** (national hosted project).
- A campaign focus on core preventative actions that people in Powys can take to maintain their own health and well-being, including **Help Us Help You**, **NHS111** awareness, and agreed vaccine preventable disease programmes (e.g. **COVID and flu**)
- A **review of our digital and social estate** with a focus on using our digital channels (e.g. website) to support service transformation and self-care (e.g. Keeping Well While You Wait).
- A supportive programme of engagement and communication to support **Workforce Futures** priorities that ensure a sustainable workforce in a great place to work that places employee health and wellbeing at its heart.

Patterson, Liz
05/03/2024 10:20:41

Communications and Engagement PESTLE

Political	<ul style="list-style-type: none"> • There is a complex national political environment for the NHS including forthcoming UK general election with changes to constituencies, impact of Senedd Reform Bill and future Senedd elections • Locally, the political landscape in Powys has particular complexity (Labour Welsh Government, LibDem/Lab county administration, Conservative constituency MSs, Conservative MPs and UK Government) • The cross-border context for Powys can increase the level of political scrutiny we experience (e.g. policy comparisons during election period) • The cross-border context for Powys also increases the complexity of the communication and engagement complexity (e.g. socialisation of multiple cross-border and regional service change programmes; providing information relevant to multiple hyperlocal cross-border pathways)
Economic	<ul style="list-style-type: none"> • The challenging economic environment affects the steps we can take to communicate (e.g. the budget available for marketing campaigns), and how we shape our messages • There is a requirement to deliver cost savings from the communication and engagement budget • The lack of an internal charging model reduces our ability to engage other departments in a discussion about the cost and value of the services we offer • The challenging economic environment affects individual's access to information, health behaviours & psychology, discretionary effort etc. • The business sector in Powys tends to be focus on small/micro-business, farming etc. which creates complexity and challenge in partnering with employees and engaging with employees
Social	<ul style="list-style-type: none"> • There are increasing challenges for the traditional news media sector which affects our routes for messaging and audience • There are significant changes in the use of social media by the public, requiring dynamic and agile approach to "following the audience" • The older population is now increasingly familiar with digital and social technologies although a digital divide still persists • We need to ensure that communication and engagement are accessible (reading age, disabilities, sensory loss etc.) with growing expectations about personalisation and hyperlocalisation
Technological	<ul style="list-style-type: none"> • We need to keep pace with technological changes in social media (e.g. new platforms) with increasing challenges for penetration of messaging and voice (channel diversification, algorithms, organic vs. paid) • A key development area will be to understand the impact of AI on communications and engagement delivery
Environmental	<ul style="list-style-type: none"> • We are striving to reduce environmental burden of communication activities (single use plastics, printing, "hidden" environmental impact of data storage and servers) • There are challenges of meaningful local messaging across vast and sparse geography – lack of cost-effectiveness due to lack of critical mass of population
Legal	<ul style="list-style-type: none"> • There are significant compliance requirements associated with the planning and delivery of communication activities (Welsh Language, Accessibility Legislation) • There are significant compliance requirements associated with the planning and delivery of engagement activities (consultation requirements, equality impact, service change guidance)

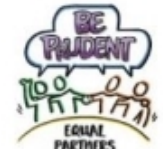
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05/03/2024 10:20:41

The organisation's current Plan On A Page 2023 to 2026 is included right.

This is currently being reviewed as part of the development of our plan for 2024 to 2029.

The engagement and communication team priorities will be developed to reflect the emerging organisational plan.

Specifically, between March and May 2024 we plan to hold "account management" meetings with Executive Directors and their teams to agree their priorities and framework of support for the year ahead.



1. Population health improvement including health inequalities
2. Health Protection including vaccination



3. Primary Care **Ministerial Priority*
4. Diagnostics **Ministerial Priority*
5. Ambulatory Care
6. Planned Care **Ministerial Priority*



7. Cancer **Ministerial Priority*
8. Circulatory
9. Respiratory
10. Mental Health **Ministerial Priority*



11. Frailty and Community Model **Ministerial Priority in relation to DTOC*
12. Urgent and Emergency Care **Ministerial Priority*
13. Specialised Care

Wellbeing Objectives:
providing the bridge to the medium term and longer term ambition

In Year Strategic Priorities:
(incorporating Ministerial Priorities)

Enabling Objectives supporting delivery of Strategic Priorities



- Transformation & sustainability of our workforce
 - A great place to work
 - Employee health and wellbeing
 - Joint workforce futures programme



- Digital strategic framework
- Implement clinical digital systems
- Resilient, cyber secure infrastructure
- Electronic document management and digitalisation
- Modernise data architecture and business intelligence



- Capital and estates programme
- Environmental management and decarbonisation



- Governance
- Engagement and communication
- Strategic commissioning, partnerships, performance & planning
- Innovation and improvement
- Strategic equalities and Welsh language

Enabling Priorities 2023-2026

Working in Partnership

Given the complexity of patient pathways for Powys residents, and the importance of integration of health & care, members of the team participate in a wide range of partnership forums:

Forum	Frequency	Lead Attendance	Rationale / Comments
Powys Engagement and Insight Network	Monthly	Deputy Director (chair) and Engagement Manager	Co-ordination and engagement and participation across RPB and PSB partner organisations. Workstream Group for NPW
All-Wales NHS Communications Professional Leads Peer group	Monthly	Deputy Director (chair)	Co-ordination of communication activity across NHS Wales bodies
All-Wales NHS Service Engagement Leads Peer group	6-weekly	Deputy Director (chair)	Co-ordination of service change engagement activity across NHS Wales bodies
Welsh Government Conference Call	Weekly	Deputy Director, Communications Manager and Digital Communications Officer attend by rotation	Weekly media and communications planning led by Welsh Government
MURA CMS Programme Board	Monthly	Digital Communications Officer	Overall strategic and tactical approach to MURA web estate
NHS Wales Stroke Review Communications and Insight Workstream	2-monthly	Deputy Director (chair) and Engagement Manager	National co-ordination of communication and engagement for national stroke review
North Powys Wellbeing Programme Board and Programme Team meetings	Per business cycle	Deputy Director attends as communication and engagement programme workstream lead NPW Communications & Engagement Specialist	Leadership of North Powys Wellbeing Programme
Dyfed Powys Local Resilience Forum Warning and Informing Sub-Group	2-monthly	Communications Manager	Co-ordination of regional warning and informing approach
PTHB-PCC touchpoints	Weekly	Deputy Director	Regular weekly call between the communications professional lead for each organisation (NB from Q4 we are piloting a fortnightly whole team meeting)
NHS Shropshire and Telford & Wrekin Strategic Engagement/Comms Forum	Monthly	Deputy Director	Cross-border co-ordination with Shropshire and Telford & Wrekin
NHS Shropshire and Telford & Wrekin Involvement and Insight Network	Monthly	NPW Communications & Engagement Specialist	Cross-border interface with NPW
NHS Herefordshire & Worcestershire Strategic Engagement/Comms Forum	Monthly	Deputy Director	Cross-border co-ordination with Herefordshire & Worcestershire
All Wales Vaccination Programme Communication Group	Monthly	Communications Manager	Co-ordination of vaccination campaign activity
Touchpoint meetings with Llais Powys	Fortnightly	Deputy Director	Regular insight meeting and co-ordination of engagement activity

Agenda item: 3.5

Workforce & Culture Committee		Date of Meeting: 05 March 2024	
Subject :	Agile Working Programme Update		
Approved and Presented by:	Wayne Tannahill, Associate Director Capital, Estates and Property		
Prepared by:	Anthony Fenn, Head of Technical Services		
Other Committees and meetings considered at:	N/A		
PURPOSE:			
The purpose of this paper is to provide an update on the Agile Working Programme, including an update on the pilot project at Bronllys.			
RECOMMENDATION(S):			
The Committee is asked to: <ul style="list-style-type: none"> • RECEIVE the update on Agile Working which reflects on the pilot project to accommodate a staff relocation from leased accommodation into existing office space at Bronllys hospital. • The update also briefly outlines the current activity related to an agile working environment/integrated hub at Spa Road, Llandrindod Wells and provides information on space monitoring opportunities for the organisation. 			
Approval/Ratification/Decision¹	Discussion	Information	
x	x	✓	

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

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

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

EXECUTIVE SUMMARY:

A pilot project to implement agile working was initiated at Bronllys hospital with a specific need to incorporate circa 30 staff who were based at Council owned accommodation at Neuadd Brycheiniog, Brecon, and relinquish the lease with an associated saving of £30K per annum. The learning from the process would be used to understand the challenges and benefits of flexible space occupancy across Powys Teaching Health Board (PTHB) premises.

The project at Bronllys is due to complete by end March 2024 to coincide with the termination of the Neuadd Brycheiniog lease.

Welsh Government and NWSSP-Specialist Estates Services are also promoting the use of agile working to support a consolidation of the estate and a rationalisation of the built environment to make cost efficiencies and develop more flexible ways of working – space utilisation monitoring systems are recommended to enable decision making.

A property at Spa Road, Llandrindod was purchased in 2023 and the work to create an Integrated Hub and occupy the building provides a contrast to the

challenges of implementing agile working in a modern, flexible building arrangement.

Current learning emphasises the challenges of creating suitable agile environments in an older estate and the emphasis needed to support culture change necessary to enable the shift from 'owned' to 'shared' space.

DETAILED BACKGROUND AND ASSESSMENT:

Background

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

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

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

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

Assessment

A scoping survey was undertaken by PTHB's Property team, who surveyed Bronllys Hospital over a period of several days in 2022 to create a snapshot of desk utilisation. The dataset identified an average occupation (utilisation/desk provision) as 23% - out of 358 available desks, an average usage of 82 desks during the sampling period. The result is caveated that August is a relatively quiet month due to the holiday season.

The process of creating an agile organisation generally accepts 'the main barriers to agile working revolve around culture and mindset'. Additionally, from a PTHB perspective, the project initiation phase already signalled key challenges or hurdles would relate to the age and layout of the estate (including availability of capital monies) as well as ICT availability.

Three workshops were arranged for staff who wished to engage in discussions about the future of agile working and to test out the views of staff and the challenges they would face in 'Letting Go of the Desk'. These sessions took place in early October 2022 led by the Director of Environment with facilitation support from the Assistant Director Organisation Development and Head of Organisation Development. The sessions were open to 25 people maximum on a first come first served basis, with one session for north Powys (15 attendees including session leads), one for south/mid Powys (11 attendees including session leads) and one specifically for Bronllys staff (30 attendees including session leads).

These sessions in 2021 were invaluable to assess the appetite for moving to a more agile way of working within the health board and reflected a general sense that staff welcomed the ability to work from home they still wanted to keep their own desk in the office.

The facilitated sessions aimed to challenge staff in relation to 'ownership' and exclusive use of a specific desk and the table below is a summary of the challenges, constraints and issues that were articulated in the meeting.

Area	Concern
Estate	Rooms are not conducive to large open plan working
	Need to avoid large capital changes / costs
	Car parking capacity on Bronllys is a current constraint
	Door access/security needs to be enhanced
	Use of teams by most staff leads to noisy/disruptive work environments (need to introduce noise 'dampers' in layout)
	Wayfinding/signage to find agile spaces - must be current and updated (with digital solution)
ICT	Reliance on good (better) WIFI
	Standard ICT kit to access 'any desk'
	Use of telephony needs to be flexible for desk sets
	Paper based records tie staff to certain locations
	Who pays for copier rental and paper if more shared spaces?
	Booking system is key
	Will need IG view on confidentiality
	Digital signatures versus wet signatures
VPN authenticator so people can be agile	

Patterson, Liz
05/03/2024 10:20:41

	Role profiling – what ICT does each role need – categorisation piece of work
HR	Relocation costs and need for ‘consultation’
	Sensitive HR matters with specific staff / staff groups
	May need to check our current policies so that we avoid grievances. Difference being told they ‘have to’ work in office or losing ‘their’ desk
Misc.	Agreed view needed between individual and line manager about productivity – needs of service (assessed by manager) is paramount
	DSE implications of using standard kit (how do we accommodate special characteristics or needs)
	Capital and revenue consequences (where will funding come from?)
	Lockers and storage space (but need a place where ‘things can find me’ – i.e. drop box or mail box/pigeon hole)
	Lack of break out rooms or confidential space may be an issue if not sufficient and accessible to desks
	Welfare points (who looks after - tea kitty, etc.)
	Need to profile team days in office to ensure site does not get overloaded. Why do people come in - to ‘cwtch’ or to collaborate?
	Need a clear desk policy which is rigidly applied
	Need confidence that a desk will be there when needed
	Need to agree a hot desk ratio and a break out room ratio (and confidential rooms)
	What about IMs – VC and chair, etc.

Programme Planning

The Director of Environment noted at the launch of the consultation sessions that the age and layout of the PTHB estate would be a challenge to the traditional approach to hot desking which is ‘open plan’. There would also need to be a move to bookable break out spaces. Capital monies are limited and it is unlikely significant savings can be made due to the fact that the estate is dispersed across 25% of the footprint of Wales with 9 hospitals and several other premises, and true consolidation opportunities are limited. It is, therefore, the assumption that the model within PTHB has to be pragmatic and recognise the limits of the estate without relying upon substantial building works. Charitable Funds may be an option to support change activity following the assessment of potential options and solutions.

Challenges to Implementation

Observations from the surveys conducted at Bronllys have highlighted:

- Culture Change – need for managers and staff to recognise the need and benefits from moving away from desk ‘ownership’

Patterson, Liz
05/03/2024 10:20:41

- Storage – departmental records and resources must be taken into consideration.
- Desk Booking Software – different teams are already utilising different software so they can work more agile, but a standardised system is required.
- Existing building layout/design – without capital investment, the solutions will be limited to 'best utilisation of the existing footprint'.
- I.T Infrastructure – IT are reviewing a consolidation of printers but unless there's a corporate budget for this, service budgets may be unfairly impacted with other departments printing costs .
- There are still a lot of staff members working from home who are keeping their desks empty in case they want to come in.

Progress

A key driver for the Bronllys project was to relocate circa 30 staff from the council leased premise at Neuadd Brycheiniog, Brecon. This would also deliver a £30K per annum saving on rent and service charges. The intent was to incorporate the staff into the existing footprint at Bronllys and to create the required space by implementing agile working principles to 'shrink' allocated space across a number of existing office-based teams. The objective was to implement by autumn 2023 with a backstop date of March 2024 when the lease for Neuadd Brycheiniog comes to an end.

Due to the financial challenge faced by all health boards, a decision was made to pause the agile working programme to appropriately prioritise management focus on financial opportunities.

Based on the feedback from the workshops and the assessment of potential opportunities or issues within the existing estate, the following recommended priorities are suggested:

- Termination of lease at Neuadd Brycheiniog and maximise benefits of working from home / flexible working to enable excess space to be utilised at Bronllys
- Glasbury House, Bronllys changes to consolidate Executive dedicated space into half of the current space, creating a number of bookable rooms.
- Work to be undertaken with minimal costs other than improving IT services and providing associated electrical points. The general consolidation of offices spaces across public sector is making the availability of desks / furniture available free of charge.

Patterson, Liz
05/03/2024 10:30:41

- Implement space utilisation monitoring to identify opportunities across the estate.
- Seek formalised hot desking locations and to embed agile working principles across the wider PTHB estate where appropriate.

It has been noted that staff groups are retaining large office footprints and adopting 'local' protocols to bring staff into the workplace on one or two predetermined days per week – this is leaving the space largely unused (and heated, etc.) for the majority of the working week. There are options here for groups to share space if the specific department work days were coordinated and the desks and offices keep 'sterile' for multi-department use. It is also clear that department leads are introducing local protocols around team attendance and it would be beneficial to provide some overarching guidance to avoid significant disparities of approach being applied by different departments and teams.

Space Utilisation Monitoring Systems (OccupEye)

Welsh Government has supported an NWSSP-SES activity to promote the use of OccupEye across the health boards to assist with data collection in support of agile working and estates rationalisation. The Welsh Government Estates Forum presented data and invited applications to loan (free of charge) the system in the January 2024 meeting.

What is OccupEye?

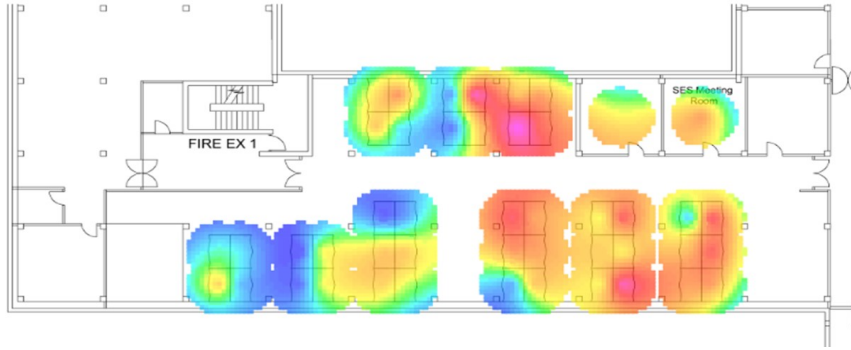
- OccupEye is a solution designed to enable organisations to analyse workspace utilisation data for space planning decision-making purposes.
- It comprises:
 - Under desk, or wall, sensors activated by movement and heat.
 - Network hosts (hubs) that receive data from the sensors via 4G or ethernet.
 - A cloud-based dashboard to illustrate utilisation based on the data received.



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05/03/2024 10:20:41

Pilot project – heat map

The floor plan heat map provides a different way of illustrating the survey floor plan picture at the previous slide. Blue is low occupancy and red/purple high occupancy.



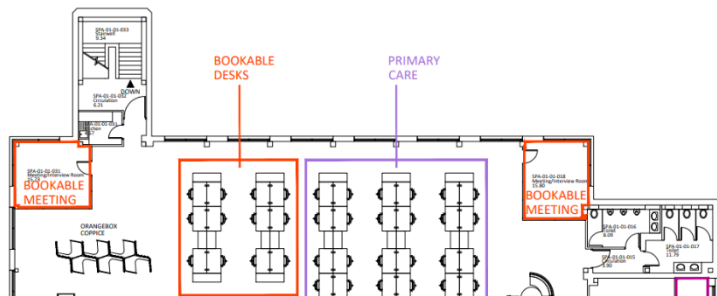
Results of the surveys across a number of the health board office areas across Wales, including Shared Services Partnership, indicated an average utilisation of below 50% in the majority of cases.

Spa Road, Llandrindod Wells

The property at Spa Road was purchased in 2023 and work is currently ongoing to create a Mental Health community hub including a Children and Young Person’s Sanctuary. The consolidation activity, including Primary Care staff from The Gwalia building will reduce lease costs for the organisation and opportunities for collaborative working with Powys County Council (Children’s Services) is being investigated.

More generally, the first floor at Spa Road is already configured to accommodate agile working with accessible break out/meeting rooms, etc. It is noted that there is considerable interest from staff groups to work in a more modern building and layout, and compared to the implementation of agile working at Bronllys, it is a far easier prospect in a more suitable building.

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05/03/2024 10:20:41



Summary

Agile working implementation continues at Bronllys with early lessons learned confirming the challenges of creating a truly flexible spaces in an aged estate. This is in contrast with the ease of introduction in a modern workspace, such as Spa Road building.

Further work needs to be undertaken to ensure the benefits of agile working are understood and that the culture of the organisation supports the shift from 'owning' desks to 'sharing' desks.

Work must continue to identify further opportunities for the implementation of agile working and space utilisation monitoring systems should be deployed.

In addition to the current policy, protocols to support agile working operational management should be developed – these would investigate shared departmental spaces, offer guidance on frequency of team working days, etc.

NEXT STEPS

- Continue with planned moves for teams at Bronllys site to finish pilot phase of programme.
- Conduct a review of the pilot programme include in-depth lessons learned assessment to document success and failures of the plans.
- Utilisation of OccupEye space monitoring system to gather real-time occupancy data for office spaces.

Patterson, Liz
05/03/2024 10:20:41

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

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

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Risk Assessment:					
	Level of risk identified				<p style="text-align: center;">Statement</p> <p style="text-align: center;">Minimal risk has been identified.</p>
	None	Low	Moderate	High	
Clinical	X				
Financial		X			
Corporate		X			
Operational		X			
Reputational	X				

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05/03/2024 10:20:41

Workforce Performance Report

Workforce Performance Report : December 2023 Data

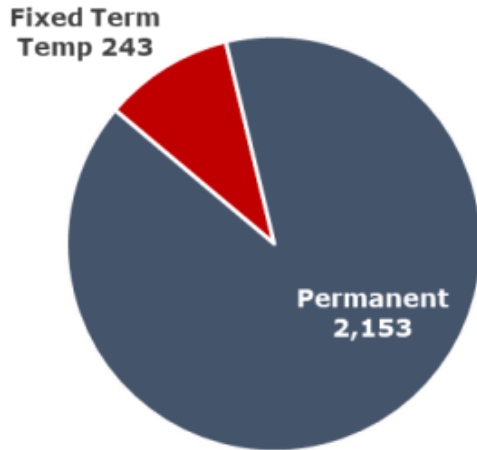
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05/03/2024 10:20:41

Subject:	Workforce Performance Report (February 2024)
Approved and Presented by:	Executive Director of Workforce and OD
Author:	Workforce Intelligence Officer
Purpose:	This presentation is to provide the Workforce and Culture Committee with an update against the Workforce Performance Report.
Recommendations:	The Committee is asked to: <ul style="list-style-type: none">• REVIEW the information provided in the update and take ASSURANCE that organisational workforce performance data is captured, monitored and appropriate actions identified.
Executive Summary:	The Workforce Performance Report provides workforce information at an organisational level. It covers an overview of workforce information such as age profile, vacancy data, information about variable pay, staff turnover, mandatory training compliance, PADR compliance and sickness absence.

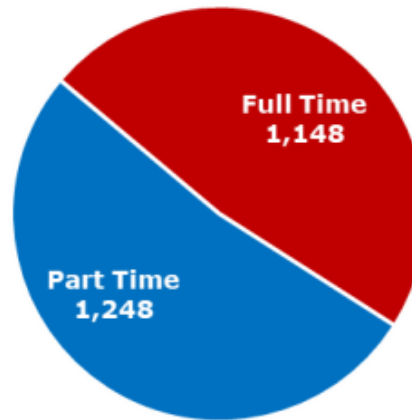
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Staff Transformation & Sustainability of the Workforce

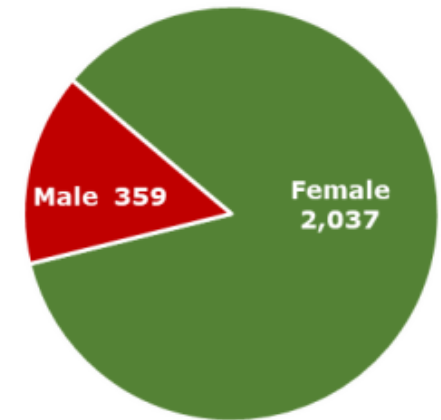
Employee Category



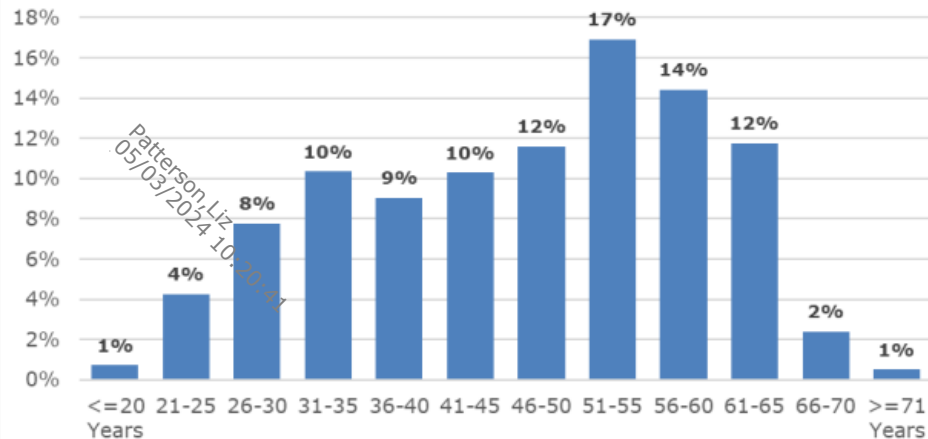
Employee Category



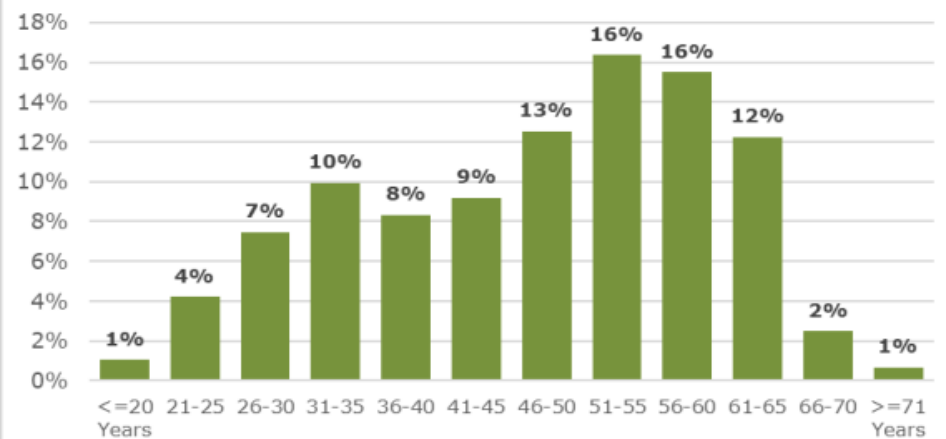
Employee Gender

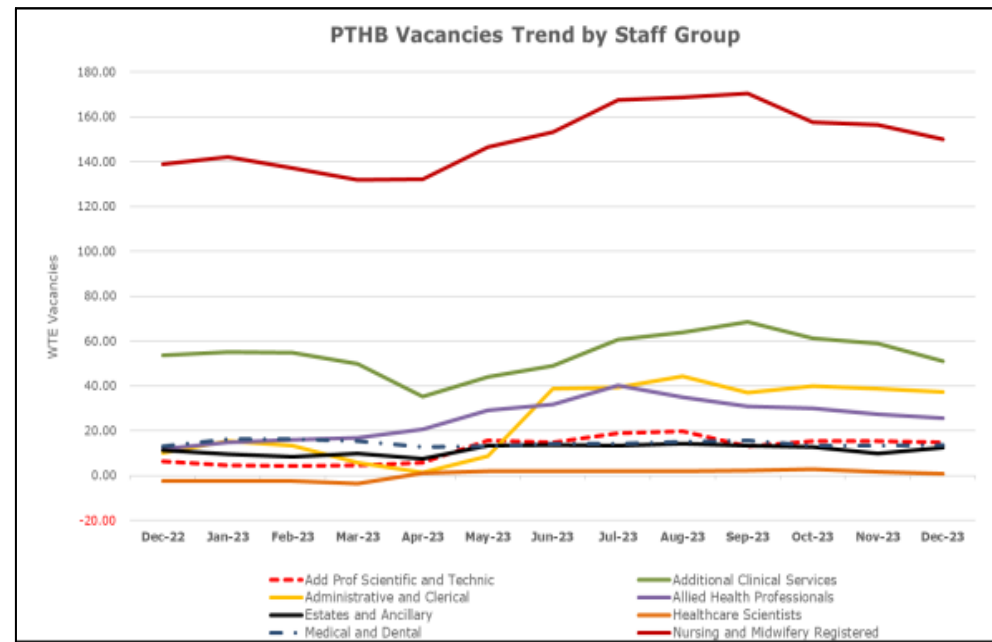
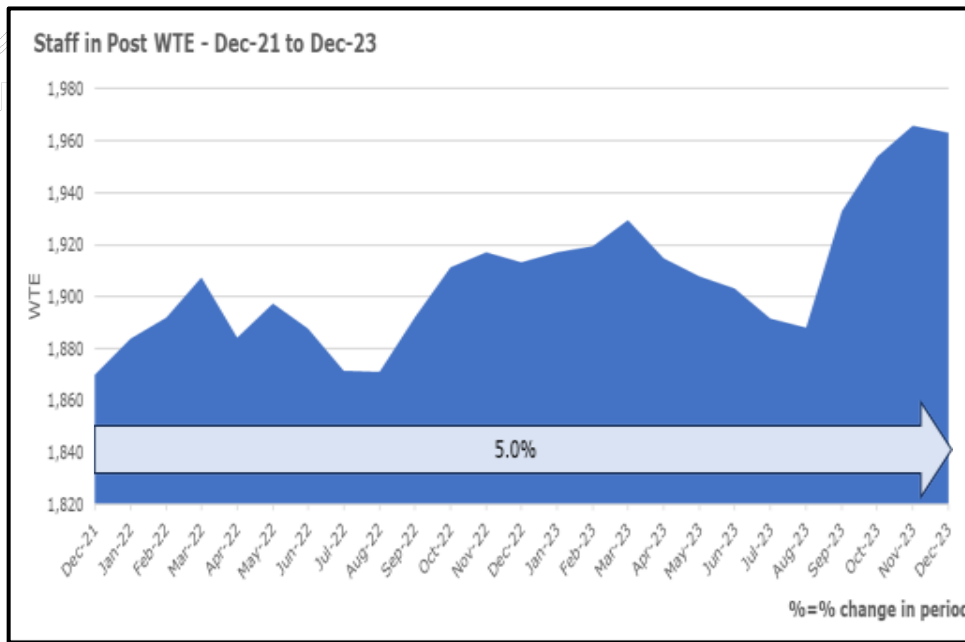


PTHB Age Profile by %



Nursing Age Profile by %





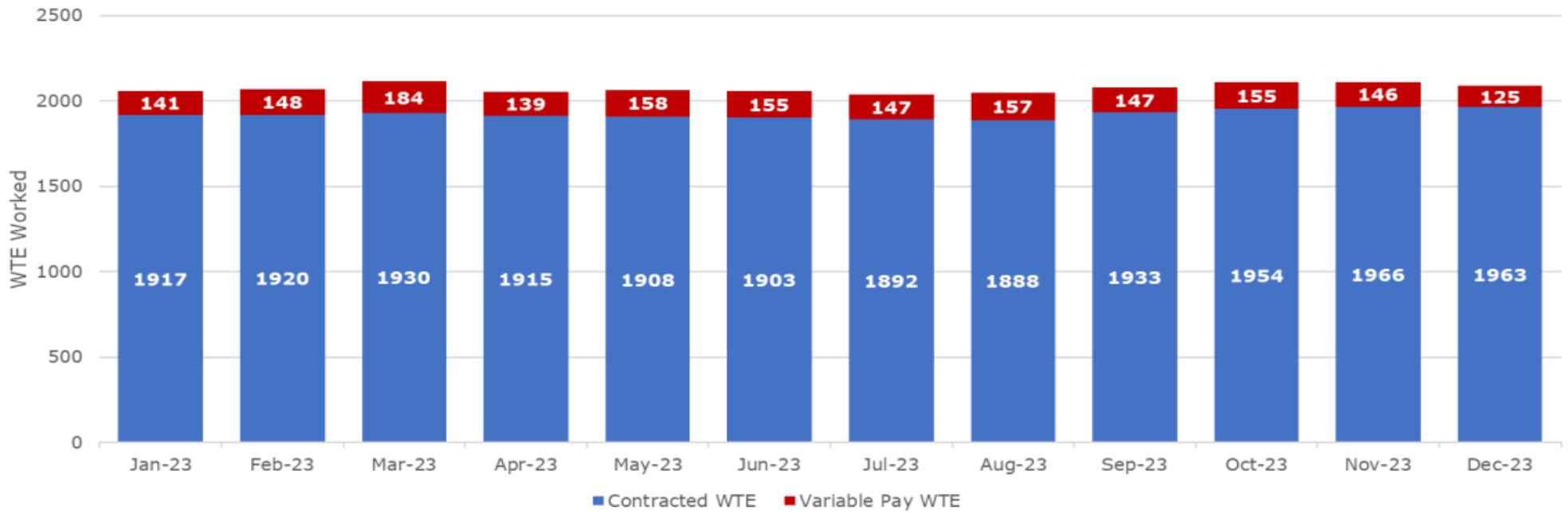
Directorate	Staff in Post WTE		
	Dec-21	Dec-22	Dec-23
COVID 19 Prevention and Response	12.13	3.60	
Chief Executive Office	14.48	15.00	19.00
Community Care & Therapies	729.35	762.14	799.00
Community Dental Service	37.47	41.03	42.86
Corporate Governance	16.17	12.47	13.80
Estates & Works	41.68	42.93	46.05
FID Finance Directorate	66.65	78.01	82.38
Facilities & Health and Safety	156.61	146.91	153.61
MED Medical Directorate	8.79	11.29	10.67
MHD Mental Health	340.19	346.34	374.31
Medicines Management	28.02	27.26	30.90
NUD Nursing Directorate	25.89	28.51	32.15
PHD Public Health Directorate	83.49	85.99	63.29
PLD Planning Directorate	34.95	34.69	31.49
Primary Care	28.47	23.44	18.89
THD Therapies & Health Sciences Directora	19.83	23.19	16.01
WOD Directorate	48.68	48.55	55.51
Women and Children Directorate	177.13	181.95	173.43
Grand Total	1,869.97	1,913.30	1,963.34

Staff Group	Staff in Post WTE		
	Dec-21	Dec-22	Dec-23
Add Prof Scientific and Technic	72.29	79.05	79.49
Additional Clinical Services	374.58	400.50	412.82
Administrative and Clerical	494.35	533.36	552.61
Allied Health Professionals	134.26	141.49	149.60
Estates and Ancillary	174.05	168.39	166.29
Healthcare Scientists	4.00	6.61	9.21
Medical and Dental	33.71	31.86	34.50
Nursing and Midwifery Registered	564.46	552.04	557.82
Students			1.00
Grand Total	1,851.69	1,913.30	1,963.34

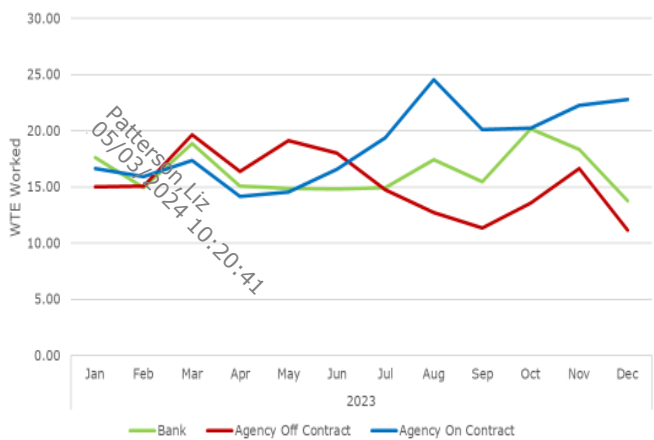
What the chart tells us	Areas of Concern	Actions/Mitigations
<p>Between December 2021 and December 2023 the workforce has increased year on year from 1,870 WTE to 1,963 WTE, an increase of 4.99% (93.37 WTE) over the period. In the last 12 months WTE has risen by 2.68% (50.05 WTE).</p> <ul style="list-style-type: none"> • 10% (243) of the workforce are currently on fixed term contracts • 85% (2,037) of the workforce are female. • 52% (1,248) work part time. <p>The professional groups with a significant increase in WTE are:</p> <ul style="list-style-type: none"> • Administrative and Clerical - 19.25 WTE Main increase continues to be within Information Projects and WOD Projects • Additional Clinical Services – 12.32 WTE Increase is mainly due to Band 3 & 4 HCSW's • Allied Health Professionals - 8.11 WTE The majority of services have seen a slight increase in the last 12 months <p>Age profile charts show that nearly half of the current workforce, 46%, are currently over the age of 51. Of the nursing workforce, 47% are over the age of 51.</p>	<p>Whilst there are increases in WTE over the period, there remains significant vacancies and challenges in recruiting to a number of clinical roles with 151.10 WTE Registered Nurse vacancies out of a budgeted establishment of 715 WTE, 44.25 WTE of which are within Adult Wards and 4.36 WTE Mental Health Wards.</p> <p>Medical posts across the organisation have 7.5 WTE vacancies out of a budgeted establishment of 26.5 WTE.</p>	<ul style="list-style-type: none"> • Following successful recruitment of 5 internationally educated nurses (IEN's) on Maldwyn Ward, Welshpool in 2023, there has been a further 5 IEN's appointed to Llandrindod Wells Hospital in January who have now successfully passed their OSCE training. In addition to this, 4 more IEN's are due to start in Llanidloes in February 2024. • In a bid to enhance the overseas nursing recruitment programme, a formal 'Project Group' has now been established, chaired by the Assistant Director for Community services group (CSG). • The health board appointed 22 Aspiring Nurses in August 2023 and their training commenced in September 2023. The aspiring nurses are now active on wards across the organisation and the impact on variable pay spend is monitored monthly. • Continued targeted attendance at recruitment events locally and attendance at national events. • Having successfully appointed 2 MH Consultants in November 2023, there has been a further CAMHS Consultant appointment made in February 24. • There has been a renewed focus on development of workforce plans in areas with high variable pay usage.

Variable Pay

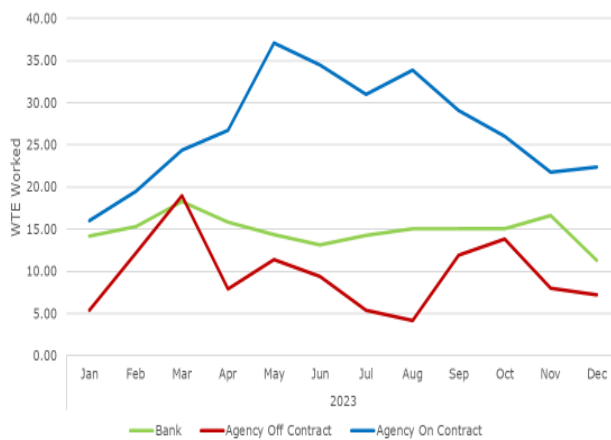
Total WTE Worked (Variable & Contracted)



Total Registered Nursing Agency/Bank WTE Worked



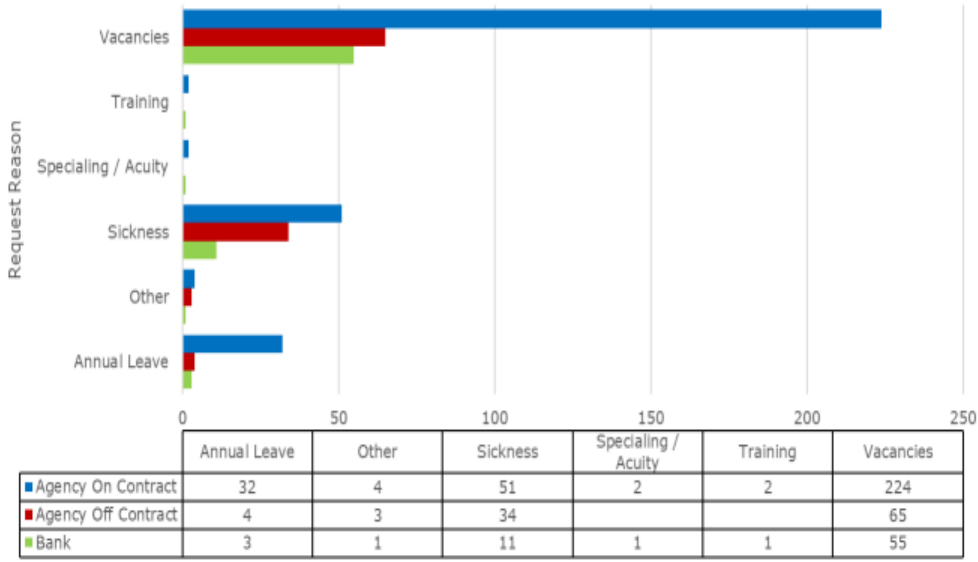
Total Unregistered Nursing Agency/Bank WTE Worked



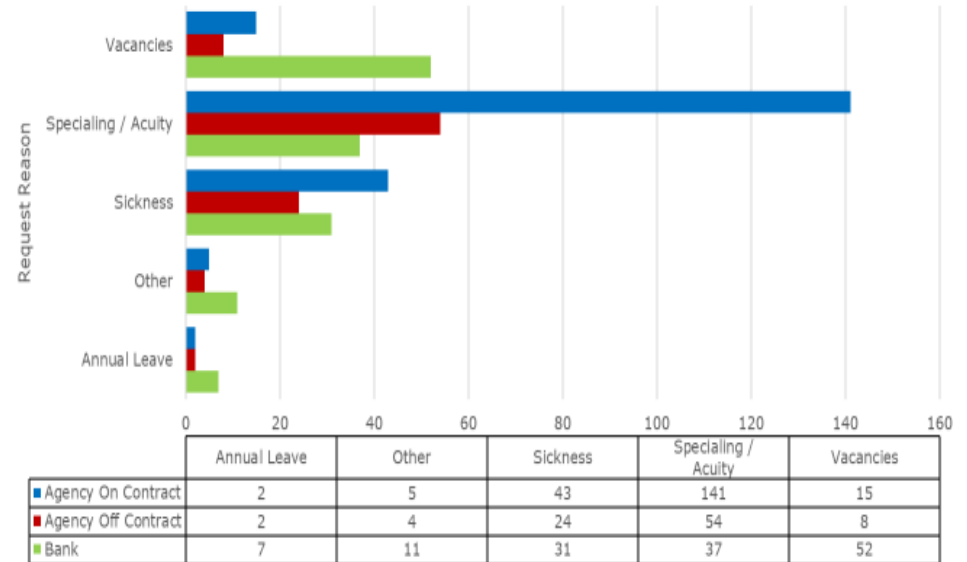
Facilities & Health and Safety Agency/Bank WTE Worked



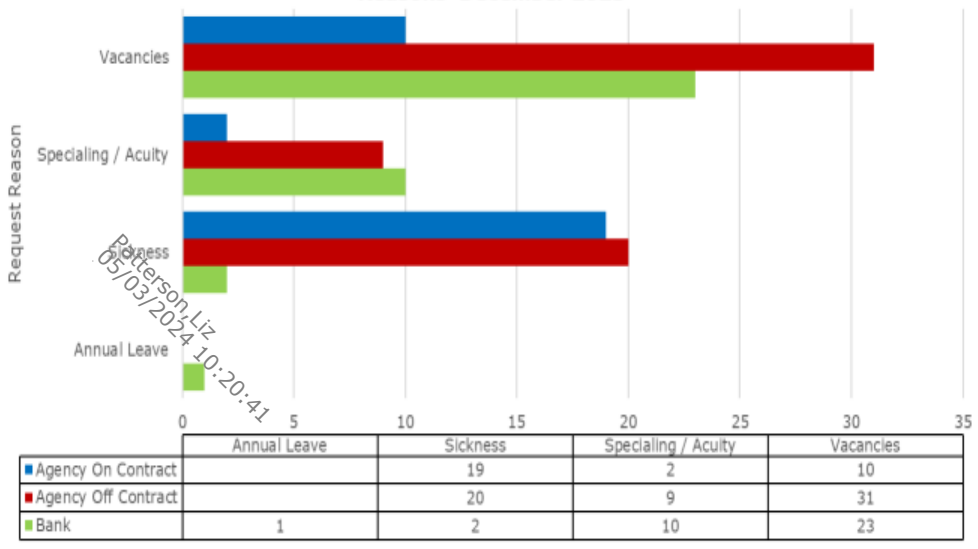
Adult Wards Registered Nursing Shifts - Agency/Bank Request Reasons December 2023



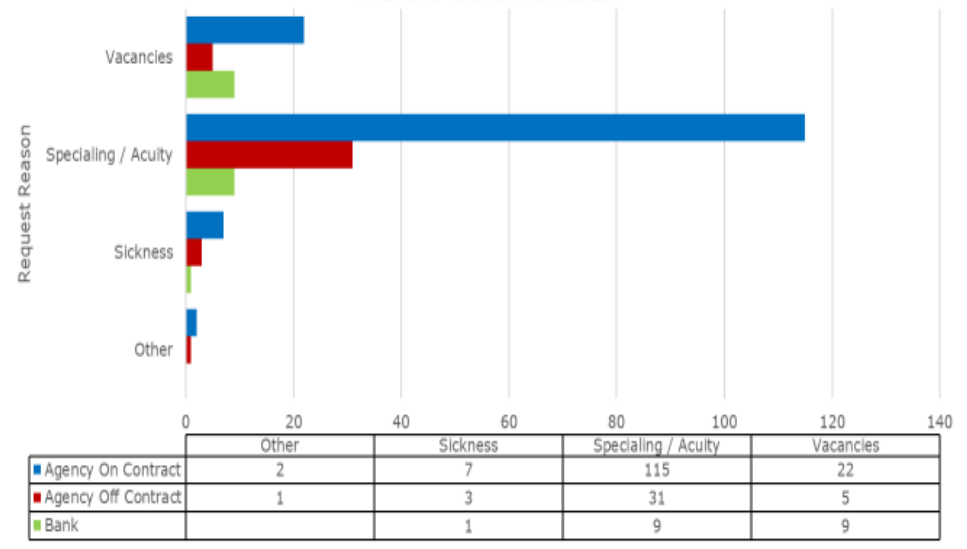
Adult Wards Unregistered Nursing Shifts - Agency/Bank Request Reasons December 2023



Mental Health Wards Registered Nursing Shifts - Agency/Bank Request Reasons December 2023

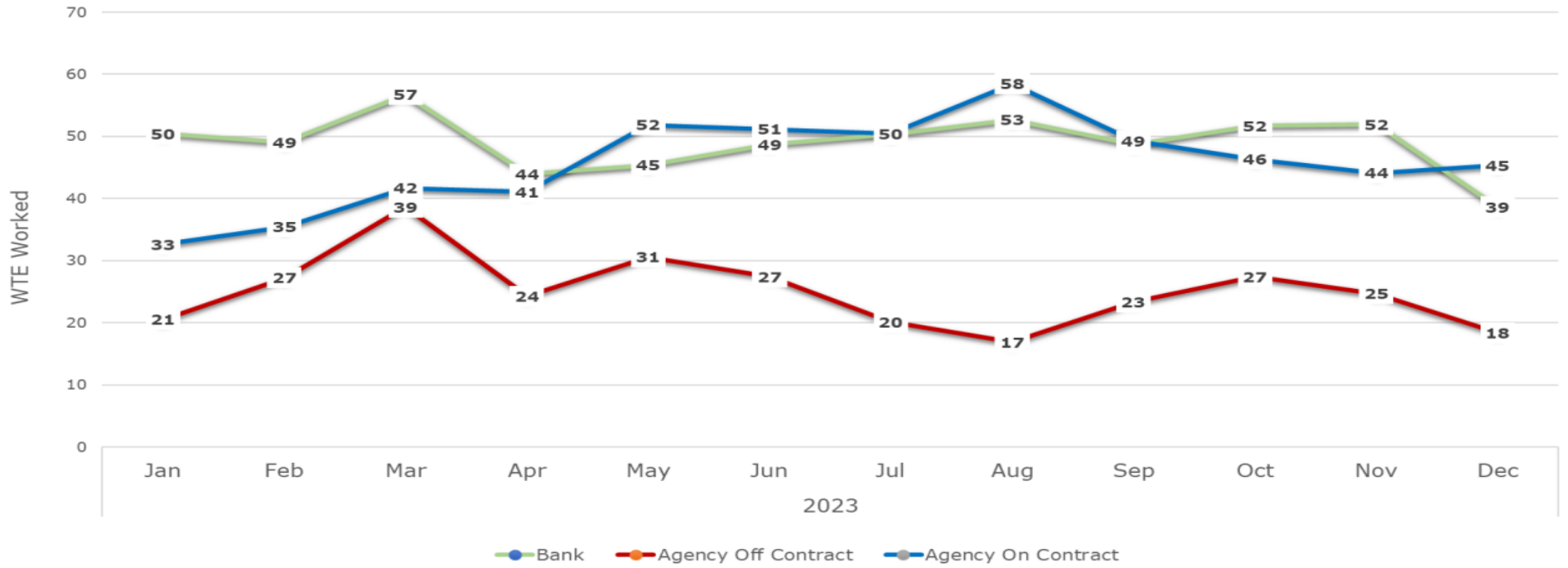


Mental Health Wards Unregistered Nursing Shifts - Agency/Bank Request Reasons December 2023



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Total Agency/Bank WTE Worked

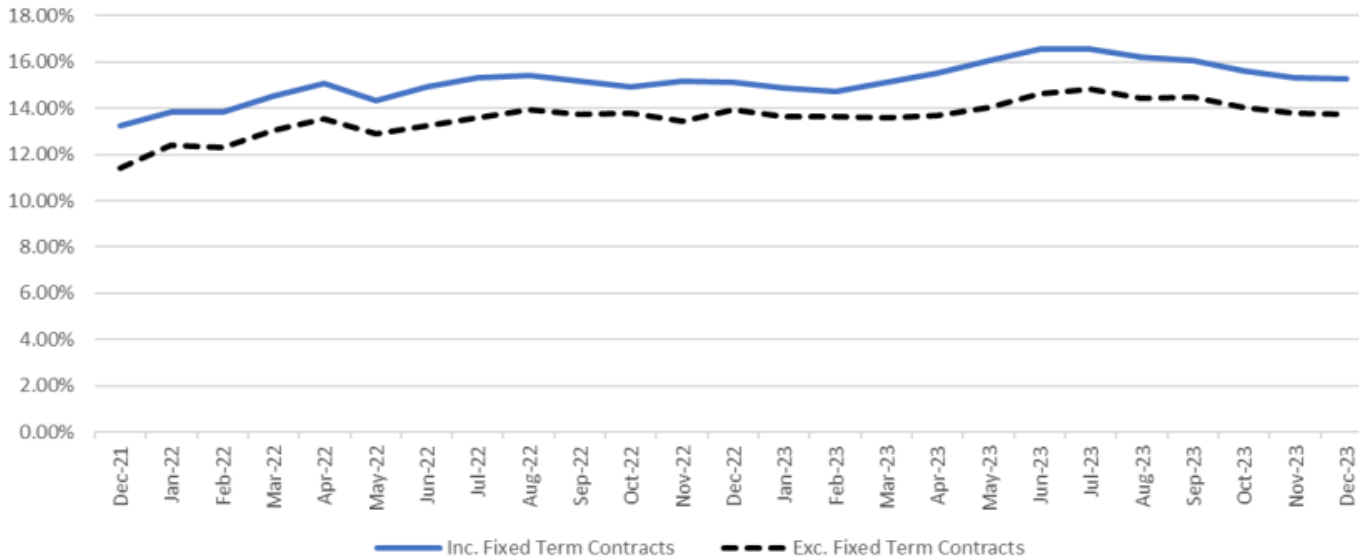


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What the chart tells us	Areas of Concern	Actions/Mitigations
<p>Agency use accounts for the largest proportion of variable pay spend. An average of 77 WTE's were worked over the last 12 months, 25 WTE of which were off contract . Nursing was accountable for 71 WTE (34 WTE Registered & 37 Unregistered), main reasons being vacancies and specialing/acuity. Adult Wards used an average of 48 WTE, with MH Wards using an average of 19 WTE.</p> <p>Medical Staff use an average of 6.6 WTE of which Mental Health was accountable for 5.7 WTE.</p> <p>An average of 49 WTE Bank were worked over the last 12 month, Nursing were accountable for 31 WTE (16.4 WTE Registered and 14.9 Unregistered). The main reasons being vacancies, sickness and specialing/acuity.</p> <p>There continues to be no Agency use within Facilities & Health and Safety. An average of 9.2 WTE Bank were worked over the last 12 months. The main reasons for Bank were annual leave and vacancies.</p> <p><i>03/03/2024 10:20:41</i></p>	<p>Highest areas of average use of Agency were</p> <ul style="list-style-type: none"> • Clywedog Ward MH with a monthly average use of 3.5 WTE, largely due to vacancies and specialing. • Welshpool Ward with a monthly average of 3.1 WTE, predominantly due to vacancies • Ystradgynlais Ward with a monthly average of 2.6, mainly due to sickness and vacancies. • Eppynt Ward, monthly average of 2.4 WTE, largely due to sickness. 	<p>Recruitment events continue. A hospital open day took place in January at Llandrindod Hospital and there is one taking place in Welshpool in February. The events will continue at each of the hospital sites through out the year.</p> <p>The Workforce and OD Directorate have been exploring options to improve the flexibility and increase the frequency of when Bank staff are able to draw down their wages to incentivise take up of shifts. The Wagestream app is now live for bank workers to enrol on. Wagestream offer an alternative payment system to staff which allows individuals to draw down a part of their accrued wages at any time in the month.</p> <p>Weekly monitoring of all Bank recruitment is now in place to ensure fast track of applicants through the pre-employment stages.</p> <p>A variable pay group has been established and continues to meet to review the agency dashboard developed by Workforce Finance and to report progress against the implementation of the variable pay action plan.</p> <p>The Welshpool cohort of Internationally Trained Nurses have successfully completed their OSCE training and have received their NMC pins and are deployed as registrants to the ward. The cohort who are based in Llandrindod have all successfully completed their OCSE. A further cohort will be arriving in Llanidloes at the end of February.</p> <p>The cohort of Aspiring Nurses have been deployed across wards to target the reduction of agency use for HCSWs.</p>

Great Place to Work

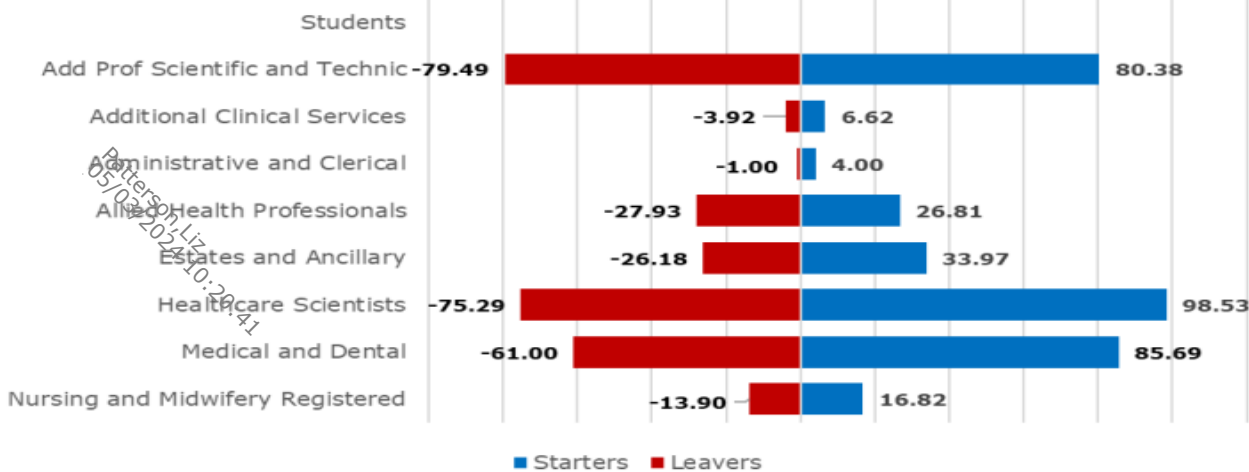
Rolling Turnover - Dec-21 to Dec-23



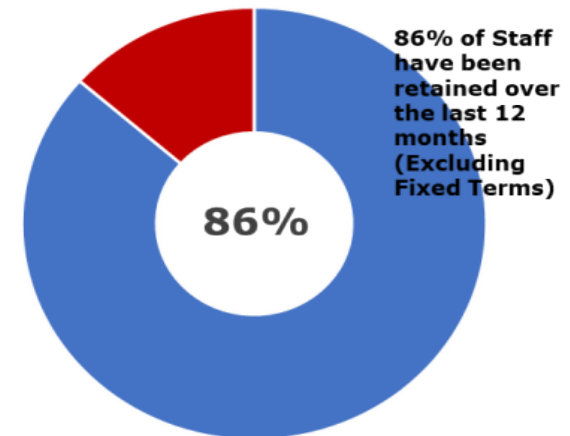
Actual Performance (FTE)

Dec-23	Dec-21	All Wales Benchmark
Including Fixed Term		
15.3%	13.2%	7.4% (Oct-23)
Excluding Fixed Term		
13.7%	11.4%	Unavailable

Leavers v Starters by Staff Group - 12 month



Staff Retention



Rolling Turnover 2023/24 by Directorate/Staff Group

Directorate	Average Headcount	Avg FTE	Starters Headcount	Starters FTE	Leavers Headcount	Leavers FTE	Rolling Turnover Headcount %	Rolling Turnover FTE %
COVID 19 Prevention and Response	2	1.80	1	0.00	0	0.00	0.00%	0.00%
Chief Executive Office	19	17.00	5	4.80	3	2.00	16.22%	11.76%
Community Care & Therapies	982	783.60	146	122.36	124	91.58	12.63%	11.69%
Community Dental Service	59	42.34	8	5.34	4	2.92	6.78%	6.90%
Corporate Governance	14	13.63	3	3.00	2	2.00	14.29%	14.67%
Estates & Works	46	44.49	9	9.00	7	6.80	15.38%	15.28%
FID Finance Directorate	86	80.69	19	18.60	9	8.73	10.47%	10.82%
Facilities & Health and Safety	206	150.06	34	22.21	28	19.33	13.63%	12.88%
MED Medical Directorate	16	10.98	4	1.90	4	3.00	25.00%	27.33%
MHD Mental Health	424	360.13	96	82.61	65	57.38	15.35%	15.93%
Medicines Management	34	29.08	8	6.62	5	3.80	14.71%	13.07%
NUD Nursing Directorate	34	30.33	7	6.20	3	2.50	8.82%	8.24%
PHD Public Health Directorate	98	74.54	13	10.01	29	23.50	29.59%	31.53%
PLD Planning Directorate	35	33.09	7	6.80	5	5.00	14.29%	15.11%
Primary Care	26	21.87	10	8.49	18	13.15	69.23%	60.15%
THD Therapies & Health Sciences	23	19.60	7	4.92	11	8.65	47.83%	44.13%
WOD Directorate	57	52.53	17	15.60	11	10.20	19.30%	19.42%
Women and Children Directorate	223	178.93	32	24.35	36	28.16	16.14%	15.74%
Grand Total	2382	1944.68	426	352.82	364	288.71	15.28%	14.85%

Staff Group	Average Headcount	Avg FTE	Starters Headcount	Starters FTE	Leavers Headcount	Leavers FTE	Rolling Turnover Headcount %	Rolling Turnover FTE %
Add Prof Scientific and Technic	95	79.27	19	16.82	16	13.90	16.84%	17.54%
Additional Clinical Services	508	408.36	99	85.69	76	61.00	14.96%	14.94%
Administrative and Clerical	639	546.38	118	98.53	94	75.29	14.71%	13.78%
Allied Health Professionals	169	146.34	37	33.97	32	26.18	18.93%	17.89%
Estates and Ancillary	223	167.14	38	26.81	38	27.93	17.04%	16.71%
Healthcare Scientists	9	7.91	4	4.00	1	1.00	11.76%	12.64%
Medical and Dental	50	32.58	12	6.62	8	3.92	16.16%	12.04%
Nursing and Midwifery Registered	689	556.20	98	80.38	99	79.49	14.37%	14.29%
Students	1	0.50	0	0.00	0	0.00	0.00%	0.00%
Grand Total	2,382	1944.68	425	352.82	364	288.71	15.28%	14.85%

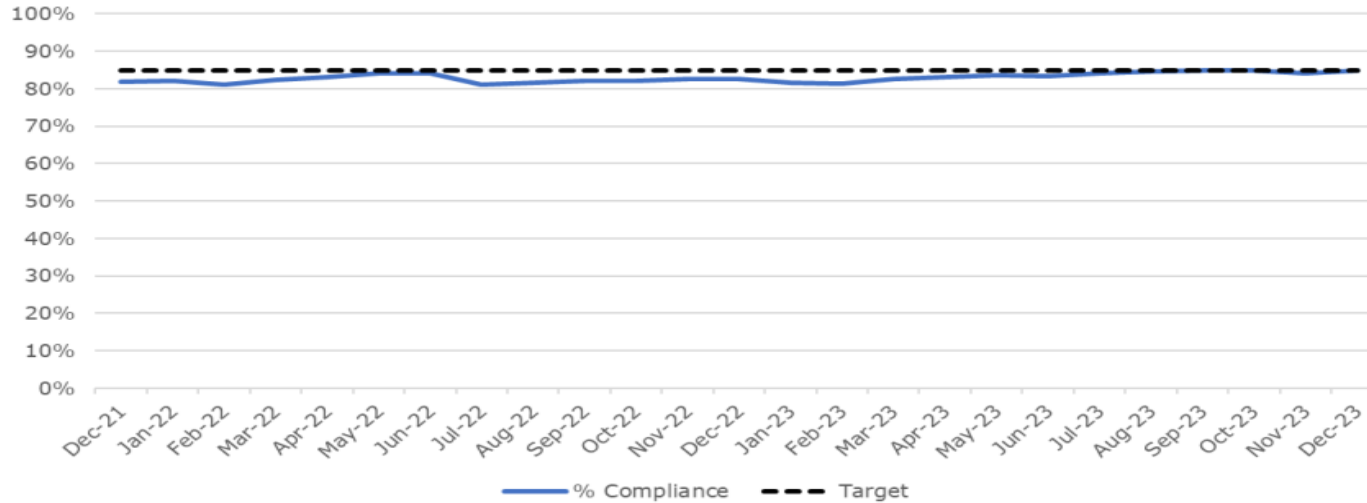
Data does not include internal movements.

What the chart tells us	Areas of Concern	Actions/Mitigations
<p>Rolling turnover has continued to increase over the last 2 years from 13.2% in Dec-21 to 15.3% in Dec-23, an increase of 2.1%. Organisation turnover is nearly 8% higher than the all-Wales benchmark position (7.4%). Excluding staff on fixed term contracts, turnover in Dec-23 falls to 13.7%.</p> <p>The Health Board has a Staff Retention of 86%, excluding fixed term contracts.</p> <p>Directorates showing particularly high turnover are (<i>some due to the small number of employees within Directorate</i>):</p> <ul style="list-style-type: none"> • Primary Care Directorate – (69.23%) with 18 leaving the organisation, majority of which were due to the transfer of the Presteigne Practice. • THD Therapies & Health Sciences – (47.33%) with 11 leaving the organisation within the year, mainly due to end of fixed terms for Digital Engagement. • Public Health Directorate – (29.59%) with 29 leaving the organisation. Majority being within Covid-19 Mass Vaccination, some due to end of fixed term contracts, but mainly voluntary resignations. 	<p>Turnover reported particularly high over the past 12 months in the following occupational groups:</p> <ul style="list-style-type: none"> • Allied Health Professionals (18.93%) In the last year 32 staff left the organisation, 8 of which were Occ Therapists (all voluntary resignations), 9 Physiotherapists (voluntary resignations and age retirements). Overall main reason for leaving was voluntary with 5 age retirements. • Estates & Ancillary (17.04%) Of the 38 leavers in the last year, 28 were facility staff, 6 Estates & Works and 4 Mass Vaccination. Main reasons for leaving were voluntary • Add Prof Scientific & Tech (16.84%) Of the 16 leavers, 7 were Applied Psychologists, reasons for leaving were retirements and voluntary resignation. Overall reason for resignation being voluntary. • Nursing & Midwifery Registered (14.37) 99 staff left the organisation in the last 12 months, of which 28 were age retirements and 59 voluntary resignations. Of the 99, 18 were Adult Ward staff and 10 MH Ward staff. 	<p>Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave.</p> <p>The Workforce and OD Directorate together with the Trade Unions and colleagues from services continue to roll out a series of Staff Roadshows across all hospital sites. The aim of these events is to support staff wellbeing and promote the support that is available within the Health Board.</p> <p>The Workforce and OD Directorate are working to develop good practice guides to support managers in working to improve retention.</p> <p>The Workforce and OD Directorate are rolling out a Team Climate survey which will support managers and teams to identify actions which they can take to support retention.</p> <p>An appointment has been made to a newly developed Retention Lead role funded by HEIW that will lead the organisation retention work stream.</p>

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Mandatory & Statutory Training Compliance

Mandatory & Statutory Training Compliance



Actual Performance

Dec-23	Dec-21	All Wales Benchmark
85%	82%	82% (Oct-23)
Target		
85%		

Greater 85%
Between 50%-85%
Below 50%

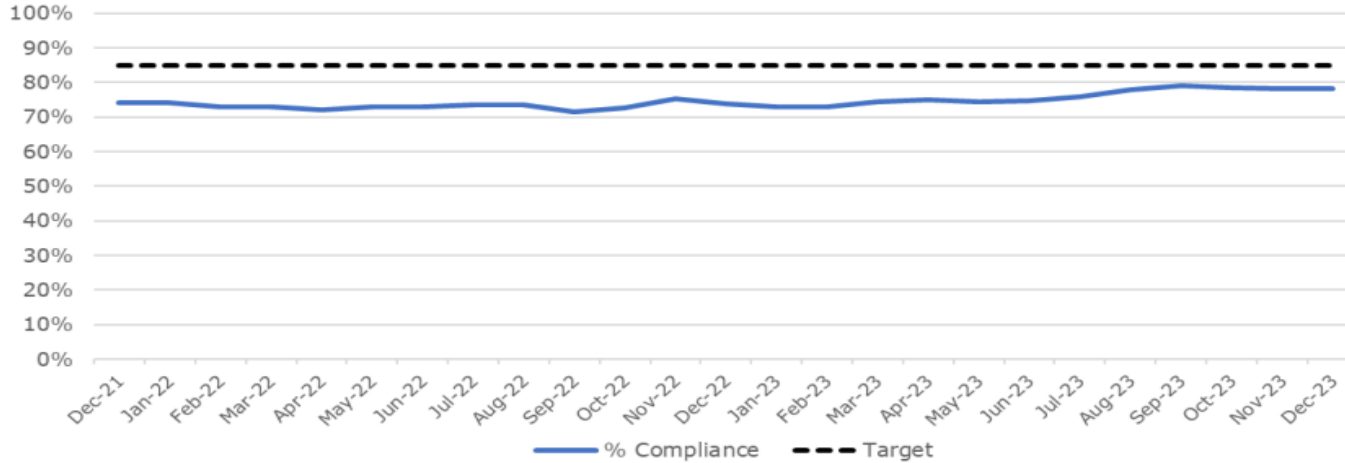
Directorate/Locality	Headcount Dec-23	Oct-23	Nov-23	Dec-23
Chief Executive Office	20	68%	67%	78%
Community Care & Therapies	996	85%	84%	85%
Community Dental Service	60	87%	85%	81%
Corporate Governance	15	87%	93%	90%
Estates & Works	47	95%	94%	95%
FID Finance Directorate	90	89%	89%	90%
Facilities & Health and Safety	208	86%	86%	85%
MED Medical Directorate	14	73%	72%	71%
MHD Mental Health	442	78%	78%	79%
Medicines Management	35	95%	94%	95%
NUD Nursing Directorate	36	94%	94%	94%
PHD Public Health Directorate	79	95%	91%	96%
PLD Planning Directorate	34	89%	90%	93%
Primary Care	23	84%	85%	83%
THD Therapies & Health Sciences Directorate	19	94%	91%	92%
WOD Directorate	61	89%	89%	90%
Women and Children Directorate	216	87%	85%	86%
Grand Total	2,395	85%	84%	85%

Staff Group	Headcount Dec-23	Oct-23	Nov-23	Dec-23
Add Prof Scientific and Technic	94	82%	82%	81%
Additional Clinical Services	511	85%	83%	84%
Administrative and Clerical	648	90%	90%	91%
Allied Health Professionals	172	81%	81%	81%
Estates and Ancillary	220	86%	87%	86%
Healthcare Scientists	9	94%	94%	87%
Medical & Dental	52	66%	64%	65%
Nursing and Midwifery Registered	688	82%	82%	83%
Student	1		83%	89%
Grand Total	2,395	85%	84%	85%

What the chart tells us	Areas of Concern	Actions/Mitigations
<p>Graphs and tables show the compliance of Mandatory and Statutory competencies as well as all competencies attached to positions.</p> <p>The Organisation has continued to report on target at 85% for the last 5 months, with 12 of the 17 Directorate's achieving the target or above and 4 of the 9 staff groups.</p> <p>The health board benchmarks positively when compared the All Wales position of 82% (October 2023).</p> <p style="text-align: right; font-size: small; transform: rotate(-45deg);">Patterson, Liz 05/03/2024 10:20:41</p>	<p>The bottom four directorates/service areas below the 85% target for compliance are:</p> <ul style="list-style-type: none"> • Medical Directorate - 71% • Chief Executive Office - 78% • Mental Health - 79% • Dental Community Services – 81% <p>The bottom four staff groups below the 85% target for compliance are:</p> <ul style="list-style-type: none"> • Medical and Dental - 65% • Add Prof Scientific and Tech – 81% • Allied Health Professionals - 81% • Nursing & Midwifery - 83% 	<ul style="list-style-type: none"> • Compliance reports are produced monthly and circulated to services • The WOD BP team discuss mandatory compliance at Service Senior Management meetings. • The WOD BP team are regularly discussing low compliance with individual managers and reminding them of ESR guidance.

PADR Compliance

PADR Compliance



Actual Performance

Dec-23	Dec-21	All Wales Benchmark
78%	74%	72% (Oct-23)
Target		
85%		

Greater 85%
Between 50%-85%
Below 50%

Directorate/Locality	Assignment Count Dec-23	Oct-23	Nov-23	Dec-23
Chief Executive Office	18	82%	76%	83%
Community Care & Therapies	971	77%	75%	75%
Community Dental Service	48	53%	53%	68%
Corporate Governance	15	92%	92%	86%
Estates & Works	44	93%	91%	91%
FID Finance Directorate	89	84%	83%	89%
Facilities & Health and Safety	205	93%	93%	90%
MED Medical Directorate	9	78%	83%	82%
MHD Mental Health	421	68%	69%	68%
Medicines Management	35	71%	81%	91%
NUD Nursing Directorate	36	94%	91%	92%
PHD Public Health Directorate	82	87%	87%	85%
PLD Planning Directorate	32	68%	81%	84%
Primary Care	21	47%	37%	37%
THD Therapies & Health Sciences Directorate	17	90%	100%	100%
WOD Directorate	58	87%	91%	88%
Women and Children Directorate	216	86%	87%	88%
Grand Total	2,317	78%	78%	78%
Medical & Dental Staffing	50	70%	70%	76%
Grand Total	2,367	78%	78%	78%

Data excludes Staff Joiners within the last 3 Months.

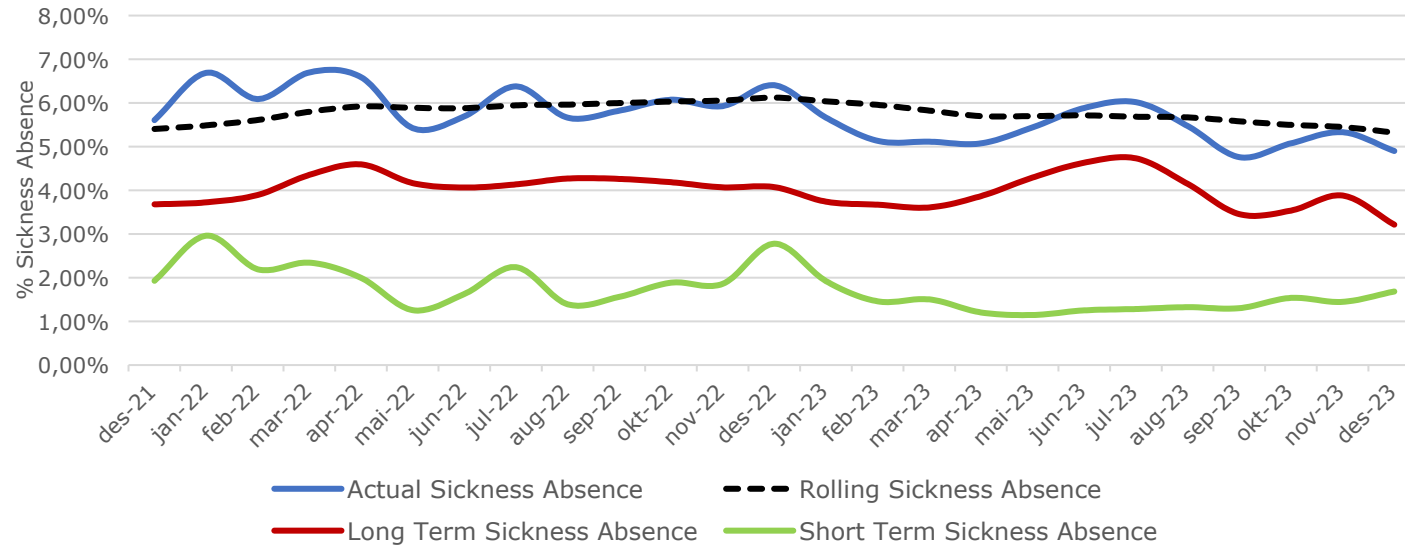
Staff Group	Assignment Count Dec-23	Oct-23	Nov-23	Dec-23
Add Prof Scientific and Technic	98	72%	70%	76%
Additional Clinical Services	497	73%	72%	69%
Administrative and Clerical	652	82%	80%	82%
Allied Health Professionals	164	76%	77%	78%
Estates and Ancillary	215	94%	93%	90%
Healthcare Scientists	8	71%	63%	50%
Nursing and Midwifery Registered	682	77%	77%	78%
Students	1		100%	100%
Grand Total	2,317	78%	78%	78%
Medical & Dental Compliance	50	70%	70%	76%
Grand Total	2,367	78%	78%	78%

Data excludes Staff Joiners within the last 3 Months.

What the chart tells us	Areas of Concern	Actions/Mitigations
<p>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> <p>Overall, the percentage compliance for all staff groups has reported at 78% for the last 3 months, 7% below the national target of 85%. The health board benchmarks positively when compared with the All Wales position of 72% (October 2023).</p> <p>.</p> <p>Patterson, Liz 05/03/2024 10:20:41</p>	<p>The bottom four directorates/service areas below the 85% target for compliance are:</p> <ul style="list-style-type: none"> • Community Dental Service – 68% • Mental Health – 68% • Community Care & Therapies – 75% • Medical Directorate – 82% <p>The bottom 4 Staff Groups below the 85% target for compliance are:</p> <ul style="list-style-type: none"> • Healthcare Scientists – 50% • Additional Clinical Services - 69% • Medical & Dental - 76% • Add Prof Scientific & Tech – 76% 	<ul style="list-style-type: none"> • The WOD BP team continue to discuss mandatory compliance at senior management meetings within services. • The WOD BP team are regularly discussing low compliance with individual managers and reminding them of ESR guidance. • The All Wales pay progression policy and positive action required in ESR has been in place as of October 2022 and reminders regarding pay progression have been issued to managers by the WOD BP team. • An FAQ document has been issued to staff and managers reminding them of the importance of PADR to pay progression.

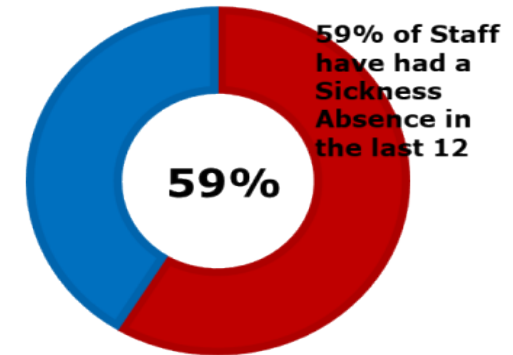
Employee Health & Well Being

Sickness Absence Rate



Rolling Performance

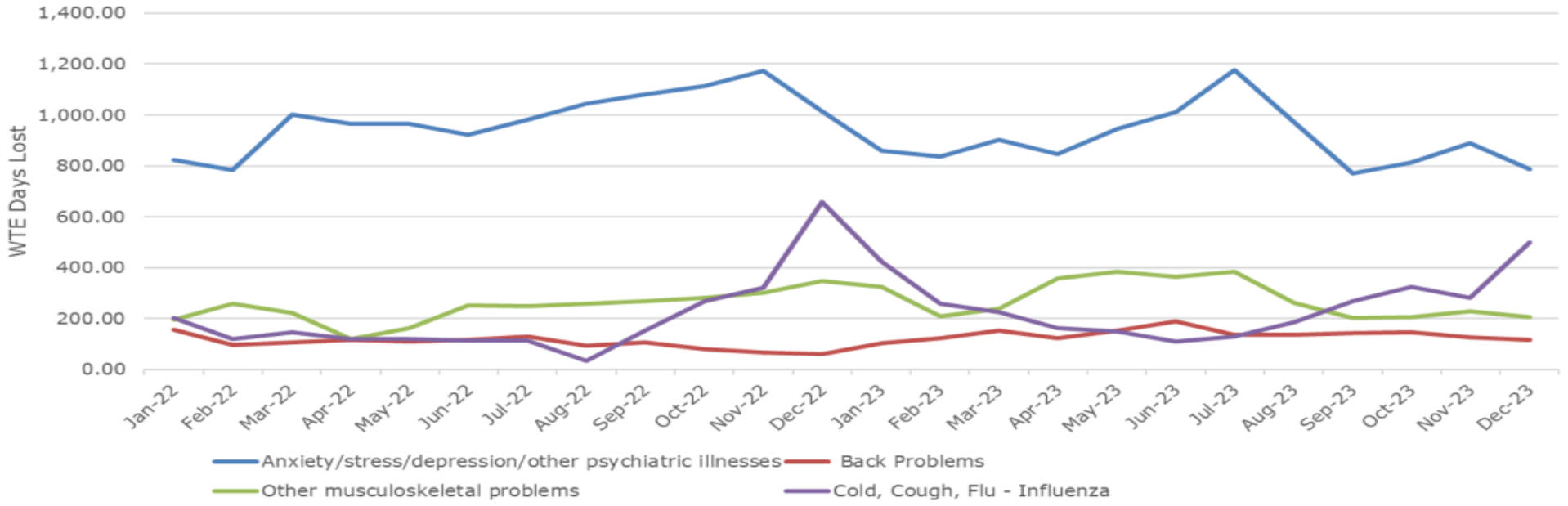
Dec-23	Dec-21	All Wales Benchmark
5.32%	5.41%	6.2% (Oct-23)
Target		
Nil		



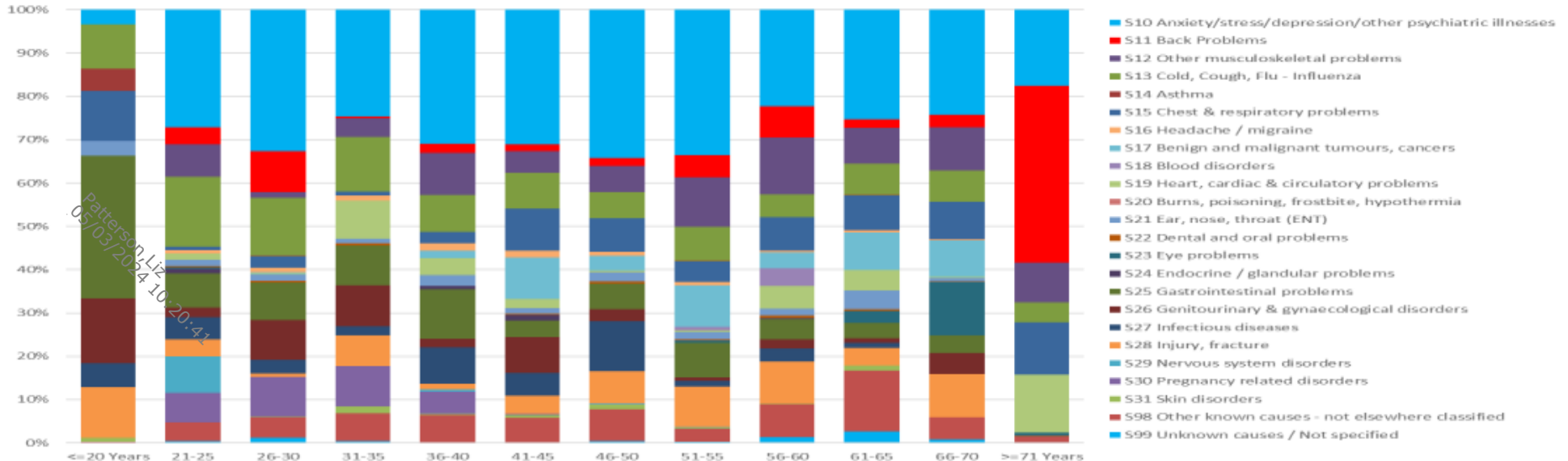
Directorate	Staff Headcount Dec-23	Dec-21		Dec-22		Dec-23	
		Actual	Rolling	Actual	Rolling	Actual	Rolling
Chief Executive Office	20	2.65%	1.27%	6.67%	6.31%	0.00%	0.86%
Community Care & Therapies	1,014	5.40%	6.01%	7.50%	6.96%	6.05%	6.31%
Community Dental Service	61	9.43%	7.62%	2.92%	3.22%	1.97%	2.15%
Corporate Governance	15	0.00%	0.17%	8.02%	1.43%	0.00%	3.49%
Estates & Works	48	7.54%	6.13%	4.19%	7.11%	4.70%	2.09%
FID Finance Directorate	91	3.20%	1.88%	2.56%	3.41%	4.03%	3.71%
Facilities & Health and Safety	213	8.66%	7.94%	8.34%	7.99%	8.08%	6.94%
MED Medical Directorate	16	0.00%	0.00%	8.86%	4.75%	0.00%	1.30%
MHD Mental Health	449	6.87%	5.86%	6.05%	5.64%	4.02%	5.59%
Medicines Management	36	7.69%	3.27%	0.00%	5.28%	3.06%	1.81%
NUD Nursing Directorate	36	8.51%	5.04%	3.51%	6.30%	10.19%	6.30%
PHD Public Health Directorate	84	2.06%	2.34%	9.02%	5.05%	3.44%	4.38%
PLD Planning Directorate	35	0.65%	3.59%	2.61%	3.05%	3.89%	3.77%
Primary Care	23	6.57%	4.85%	4.27%	4.02%	0.06%	2.91%
THD Therapies & Health Sciences Directorate	21	3.32%	3.09%	3.22%	3.95%	8.69%	9.15%
WOD Directorate	62	3.08%	3.40%	5.77%	4.65%	2.17%	4.80%
Women and Children Directorate	222	5.06%	4.53%	5.53%	6.04%	2.31%	3.25%
Grand Total	2,446	5.61%	5.41%	6.41%	6.12%	4.90%	5.32%

Staff Group	Staff Headcount Dec-23	Dec-21		Dec-22		Dec-23	
		Actual	Rolling	Actual	Rolling	Actual	Rolling
Add Prof Scientific and Technic	102	2.97%	2.81%	3.64%	2.89%	1.53%	2.08%
Additional Clinical Services	520	7.19%	7.81%	8.66%	7.78%	6.43%	7.04%
Administrative and Clerical	660	3.59%	3.26%	6.46%	4.38%	2.99%	4.45%
Allied Health Professionals	176	3.33%	3.39%	2.99%	5.35%	2.75%	4.10%
Estates and Ancillary	225	9.48%	8.57%	8.82%	8.53%	8.70%	6.85%
Healthcare Scientists	10	0.00%	1.15%	2.44%	2.16%	1.06%	1.35%
Medical and Dental	53	5.40%	3.13%	4.18%	2.98%	0.61%	1.46%
Nursing and Midwifery Registered	699	6.11%	5.58%	6.99%	6.77%	5.93%	5.56%
Students	1		0.00%		0.00%	0.00%	0.00%
Grand Total	2,446	5.61%	5.41%	6.41%	6.12%	4.90%	5.32%

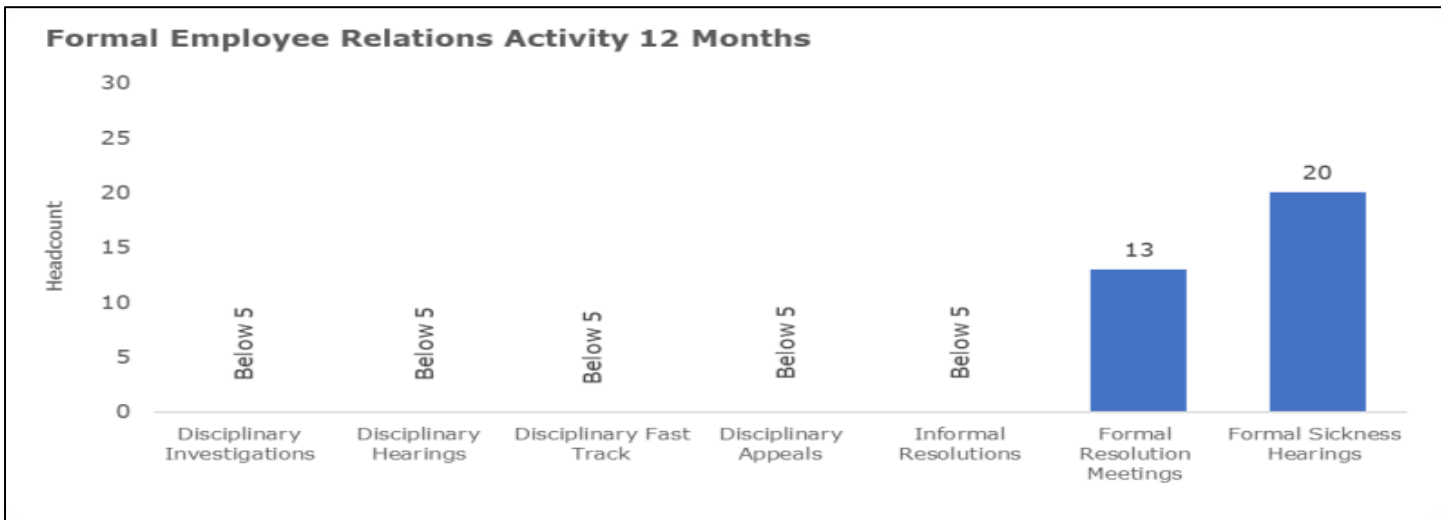
Top 4 Absence Reasons



12 Month Rolling Sickness % by Age Group Absence Reason



What the chart tells us	Areas of Concern	Actions/Mitigations
<p>Monthly sickness continues to see a downward trend over the last 12 months, (with exception of the months May to July, which was due to long term sickness), reporting a rate of 4.90% in Dec-23. Rolling sickness continued to fall with a reported rate of 5.32% in Dec-23.</p> <p>Long term sick has fallen below 4% over the last 12 months, with exception to May to August in the last few months, with short term sickness staying below 2% for the last 17 months.</p> <p>12 of the 17 Directorates have a rolling absence rate below 5%, along with 6 of the 8 staff groups.</p> <p>59% of staff in the organisation have had at least 1 period of sickness absence since January 2023.</p> <p>The four top reasons for sickness were accountable for 45% of all sickness reported in the last 12 months. In December alone "Anxiety/ Stress/Depression" saw 43 staff absent, "Back & Musculoskeletal Problems 29, and "Cold, Cough & Flu" 110.</p>	<p>The three directorates with the highest level of rolling sickness absence rates are:</p> <ul style="list-style-type: none"> • Therapies & Health Sciences Directorate – 9.15% • Facilities & Health & Safety – 6.94% • Nursing Directorate - 6.30%. <p>The three staff groups with the highest level of rolling sickness absence rates are:</p> <ul style="list-style-type: none"> • Additional Clinical Services – 7.04% • Estates & Ancillary – 6.85% • Nursing & Midwifery Registered – 5.56% 	<ul style="list-style-type: none"> • The WOD BP team have updated the managers toolkit to support the deployment of the All Wales Managing Attendance at work policy. The team are undertaking a further refresh of the toolkit to ensure that it is made as easy as possible for managers to operationalise. • The WOD BP team are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed. • Directorates are actively promoting all available wellbeing support to staff that are in work and absent. • 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.



What the chart tells us	Areas of Concern	Actions/Mitigations
<p>Between the 12-month period of January 23 and December 2023 employee relations cases remained low overall.</p> <p>Overall, there has been little change in the number of formal respect and resolution requests in 2023 (13) when compared to 2022 (15).</p> <p>Formal sickness absence hearings have increased during this period. This is explained by more proactive steps being taken by the Health Board to resolve long term cases, in line with the policy. 20 formal sickness hearings having taken place during 2023.</p>	<p>There are no distinct themes identified by directorate or service, however, a review of formal disciplinary activity identified that approximately 59% of cases are linked broadly to allegations around behaviour and standards of practice/following set procedures/policies.</p> <p>A higher proportion of respect & resolution cases relate to how processes have been implemented or managed, of which included more than 1 where this was specifically related to absence management or job evaluation.</p>	<p>Although the overall numbers of employment relations cases have remained consistently low. The Workforce and OD Directorate has instigated a review to ensure avoidable harm is not caused to staff through the application of workforce policies and practices.</p> <p>The Workforce and OD Business Partners continue to monitor all on-going employment relations cases.</p> <p>A revised system of escalation was agreed in July 2023 to monitor each stage of the Respect and Resolution and Disciplinary policies.</p> <p>Workforce & OD Business Partners and trade unions agreed a programme of work to review, redesign and implement toolkits for Workforce policies in July 2023. These toolkits will support employees and managers with managing employee relation matters.</p>



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Workforce & Culture Committee (5th March 2024) Committee Based Risk Register

Patterson, Liz
05/03/2024 10:20:41

Workforce & Culture Committee
5 March 2024
Item 6.1

CORPORATE RISK HEAT MAP:

There is a risk that...

In-Committee Risks (Private)							
Impact	Catastrophic	5					
	Major	4				<ul style="list-style-type: none"> Failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services. 	
	Moderate	3					
	Minor	2					
	Negligible	1					
		1	2	3	4	5	
		Rare	Unlikely	Possible	Likely	Almost Certain	
		Likelihood					

Patterson, Liz
05/03/2024 10:20:41

Workforce & Culture Committee
5 March 2024
Item 6.1

CORPORATE RISK DASHBOARD

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	Risk Impacts on
DWOD	CRR 006	Quality	Failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services	4 x 4 = 16	Minimal	8	✗	Workforce and Culture Committee	Organisational Priorities Underpinning all WBOs

Patterson, Liz
05/03/2024 10:20:41

Workforce & Culture Committee
5 March 2024
Item 6.1

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
DFIT	Director of Finance, Information and IT
DOPs	Director of Operations/Director of Community and Mental Health
DoNM	Director of Nursing and Midwifery
MD	Medical Director
DPH	Director of Public Health
DWOD	Director of Workforce & Organisational Development
DoTHS	Director of Therapies & Health Sciences
DP&C	Director of Performance and Commissioning
ADoEP	Associate Director of Estates and Property
DCG	Director of Corporate Governance

Risk Scoring

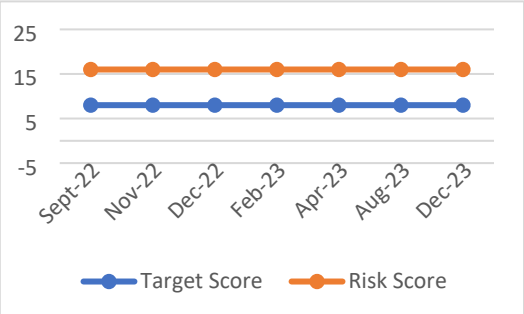
LIKELIHOOD	IMPACT				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost Certain 5	5	10	15	20	25
Likely 4	4	8	12	16	20
Possible 3	3	6	9	12	15
Unlikely 2	2	4	6	8	10
Rare 1	1	2	3	4	5

Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25
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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

Patterson, Liz
05/03/2024 10:20:41

Workforce & Culture Committee
5 March 2024
Item 6.1

<p>CRR 006 Risk that: failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services</p>	<p>Executive Lead: Director of Workforce and Organisational Development Assuring Committee: Workforce and Culture</p>																																																																		
<p>Risk Impacts on: Organisational Priorities underpinning all WBOs</p>	<p>Date last reviewed: December 2023</p>																																																																		
<p>Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 2 x 4 = 8 Date added to the risk register September 2022</p>	 <table border="1"> <caption>Target and Risk Scores</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Sept-22</td><td>8</td><td>16</td></tr> <tr><td>Nov-22</td><td>8</td><td>16</td></tr> <tr><td>Dec-22</td><td>8</td><td>16</td></tr> <tr><td>Feb-23</td><td>8</td><td>16</td></tr> <tr><td>Apr-23</td><td>8</td><td>16</td></tr> <tr><td>Aug-23</td><td>8</td><td>16</td></tr> <tr><td>Dec-23</td><td>8</td><td>16</td></tr> </tbody> </table>	Month	Target Score	Risk Score	Sept-22	8	16	Nov-22	8	16	Dec-22	8	16	Feb-23	8	16	Apr-23	8	16	Aug-23	8	16	Dec-23	8	16	<p>Rationale for current score: The Health Board had 14.21% of all posts which were vacant, as at 30th November 2023, after the inclusion of overtime, additional hours and Bank.</p> <p>The below table provides a breakdown by staffing group of the Contracted WTE vs Budgeted WTE:</p> <table border="1" data-bbox="1016 619 1883 1002"> <thead> <tr> <th>Staff Group</th> <th>Contracted WTE</th> <th>Budgeted WTE</th> <th>Vacancies WTE</th> </tr> </thead> <tbody> <tr><td>Add Prof Scientific and Technic</td><td>79.29</td><td>94.77</td><td>15.48</td></tr> <tr><td>Additional Clinical Services</td><td>379.79</td><td>438.80</td><td>59.01</td></tr> <tr><td>Administrative and Clerical</td><td>553.35</td><td>593.56</td><td>40.21</td></tr> <tr><td>Allied Health Professionals</td><td>148.26</td><td>174.64</td><td>26.38</td></tr> <tr><td>Estates and Ancillary</td><td>166.42</td><td>176.25</td><td>9.83</td></tr> <tr><td>Healthcare Scientists</td><td>8.21</td><td>9.90</td><td>1.69</td></tr> <tr><td>Medical and Dental</td><td>34.73</td><td>47.92</td><td>13.19</td></tr> <tr><td>Nursing and Midwifery Registered</td><td>560.70</td><td>714.61</td><td>153.91</td></tr> <tr><td>Grand Total</td><td>1930.76</td><td>2250.45</td><td>319.69</td></tr> </tbody> </table> <p>The below table provides a breakdown by staffing group of the Contracted & Variable WTE V Budgeted WTE.</p>		Staff Group	Contracted WTE	Budgeted WTE	Vacancies WTE	Add Prof Scientific and Technic	79.29	94.77	15.48	Additional Clinical Services	379.79	438.80	59.01	Administrative and Clerical	553.35	593.56	40.21	Allied Health Professionals	148.26	174.64	26.38	Estates and Ancillary	166.42	176.25	9.83	Healthcare Scientists	8.21	9.90	1.69	Medical and Dental	34.73	47.92	13.19	Nursing and Midwifery Registered	560.70	714.61	153.91	Grand Total	1930.76	2250.45	319.69
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Patterson, Liz
 05/03/2024 10:20:41

		November 2023								
		Contracted & Variable WTE	Budgeted WTE	Vacancies WTE						
		Add Prof Scientific and Technic	80.24	94.77	14.53					
		Additional Clinical Services	427.70	438.80	11.10					
		Administrative and Clerical	559.25	593.56	34.31					
		Allied Health Professionals	149.89	174.64	24.75					
		Estates and Ancillary	175.32	176.25	0.93					
		Healthcare Scientists	8.21	9.90	1.69					
		Medical and Dental	39.45	47.92	8.47					
		Nursing and Midwifery Registered	618.97	714.61	95.64					
		Grand Total	2059.03	2250.45	191.42					
		<p>The challenges in recruitment are more pronounced in clinical roles with vacancies running at 27.53% for Medical and Dental, 15.10% for Allied Health Professionals and 21.54% for registered Nursing and Midwifery.</p> <p>To support safe staffing levels there continues to be a need for reliance on agency staffing with the following WTE agency staff deployed in November 2023 from information held on the Health Roster/TSU systems:</p> <ul style="list-style-type: none"> • Additional Clinical Services:29.53 WTE • Allied Health Professionals:1.62 WTE • Nursing & Midwifery Registered:37.69 WTE • Medical & Dental:4.72 WTE <p>Accounting for the WTE agency staff the overall vacancy level reduces to approximately 11%.</p>								
Controls (What are we currently doing about the risk?)		Mitigating actions (What more will we do?)								
<ul style="list-style-type: none"> ▪ Safecare has been implemented to support and monitor safe staffing levels on wards. 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Workforce Planning: Roll out the organisationally agreed workforce planning model by delivering</td> <td>DWOD</td> <td>Q1 23/34</td> </tr> </tbody> </table>			Action	Lead	Deadline	Workforce Planning: Roll out the organisationally agreed workforce planning model by delivering	DWOD	Q1 23/34
		Action	Lead	Deadline						
Workforce Planning: Roll out the organisationally agreed workforce planning model by delivering	DWOD	Q1 23/34								

Patterson, Liz
05/03/2024 10:20:41

<ul style="list-style-type: none"> ▪ 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. ▪ A Variable Pay Group has been established and meets twice monthly and a range of performance measures have been developed to monitor variable pay levels. ▪ Workforce projections have been developed for all wards predicting future staffing levels against known pipelines. ▪ Monthly reporting of Time to Hire and recruitment KPI's. ▪ Monthly vacancy reporting in place identifying vacant posts against the financial ledger. 	<p>training which supports services to develop their resource plans.</p> <ul style="list-style-type: none"> • Monthly workforce planning training in place • Bespoke sessions to be delivered for CSG & MG • Intranet page with information on Workforce Planning set up for managers 		
	<p>Develop a proposition for the candidate journey from application to induction, identifying changes or omissions within the current process that are required to improve the candidate journey.</p>	DWOD	Q1 23/24
	<p>Increase bank supply:</p> <ul style="list-style-type: none"> • Recruitment Open days taking place at Hospital sites in January and February • Targeted Bank adverts • Wage stream introduced for Bank staff 	DWOD	Q4
	<p>Continue international nurse recruitment:</p> <ul style="list-style-type: none"> • <u>4</u> of the Over sea Nurses have passed their OSCE exam and have received their PIN. They are now all deployed to work on the ward in Welshpool. <u>5</u> OSNs currently working in Llandrindod Hospital and will be taking their 	DWOD	Q3 (23/24)

Patterson, Liz
05/03/2024 10:20:41

	OSCE exam in early January 2024.		
	Continued deployment of the Aspiring Nurse Programme: 22 Aspiring Nurses have commenced their roles in September 2023. They are working 30 hours a week across adult and Mental Health Wards (17 for CSG and 5 for Mental Health Wards)	DWOD	Q2 (23/24)
	Review of Variable Pay: Deployment of the variable pay action plan	DCSG	Ongoing
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 4 = 16	A Workforce Steering Group has been established to review the existing and future targeted actions aligned to the strategic priorities set out within the IMTP.		

Patterson, Liz
05/03/2024 10:20:41

Workforce & Culture Committee
5 March 2024
Item 6.1

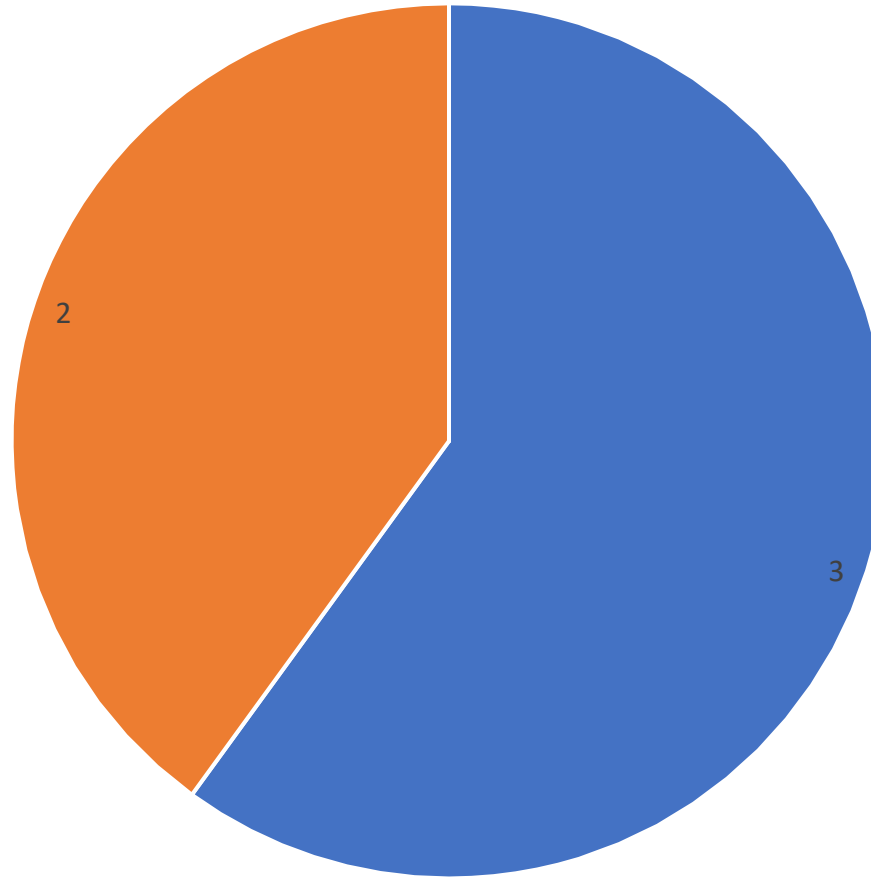
Workforce & Culture Committee 2024-25							
Theme	Item Title	Exec Lead	Route Date	May 04/06/2024	September 10/09/2024	December 10/12/2024	March 13/03/2025
Governance	Minutes of previous meeting	DCG		✓	✓	✓	✓
Governance	Declaration of Interests	DCG		✓	✓	✓	✓
Governance	Action Log	DCG		✓	✓	✓	✓
Governance	Committee Risk Register	DCG		✓	✓	✓	✓
Governance	Annual Work Programme	DCG		✓			
Governance	Work Programme (updated through year)	DCG			✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness	DCG					✓
Governance	Committee Annual Report	DCG		✓			
Governance	Review of Terms of Reference	DCG					✓
Performance	Workforce Performance Report	DWOD		✓	✓	✓	✓
Performance	Director of Workforce and OD Report	DWOD	05-May-23	✓	✓	✓	✓
Workforce Futures	Theme 1 Designing, planning and attracting the workforce	DWOD	02-Mar-23	✓		✓	
Workforce Futures	Theme 2 Leading the workforce	DWOD	02-Mar-23		✓		✓
Workforce Futures	Theme 3 Engagement and Wellbeing	DWOD			✓		✓
Workforce Futures	Theme 4 Education, training and development	DWOD			✓		✓
Workforce Futures	Theme 5 Partnership and Citizenship			✓		✓	
Equality, Diversity & Inclusion and Welsh Language	Equality, Diversity and Inclusion Annual Report	DWOD	28/06/2023				
Equality, Diversity & Inclusion and Welsh Language	Strategic Equality Plan 2023-27	DWOD					
Equality, Diversity & Inclusion and Welsh Language	Welsh Language Strategy in Healthcare (More than just words)	MD?					
Equality, Diversity & Inclusion and Welsh Language	Welsh Language Annual Report	DWOD	31/05/2023		✓		
Health and Safety	Health and Safety quarterly report	DoTHS		✓	✓	✓	✓
Statutory Compliance	Wellbeing of Future Generations Act Report	DPH		✓			
Statutory Compliance	Medical Job Planning Annual Review	MD		✓			
Statutory Compliance	Comms and Engagement Report for W&C	DCG					✓
Statutory Compliance	Agile working	ADC&E					
Staff Story	TBC at each meeting						
Extra Items							

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

Patterson, Liz
05/03/2024 10:20:41

Subject:	Committee Effectiveness – Workforce and Culture Committee
Approved and Presented by:	Director of Corporate Governance/Board Secretary
Author:	Director of Corporate Governance/Board Secretary
Purpose:	This presentation provides a summary of the responses received to the Committee Effectiveness questionnaire (W&C); and is provided to stimulate discussion within the Committee to support the identification of what works well, learning and actions for improvement.
Recommendations:	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • DISCUSS the summary of the Committee Effectiveness survey and any areas for action/improvement.
Executive Summary:	<p>Each Committee of the Board is required to assess its effectiveness at the end of each year and to report its views to the Board on how governance arrangements might be improved. This is a key principle of good corporate governance which demonstrates a committee’s understanding of its remit and oversight responsibility and a culture of continuous improvement.</p> <p>The approach for 2023/24 contained a questionnaire and then discussion at the Committee meeting. The Committee effectiveness questionnaire focuses on the critical themes of: (i) composition and establishment, (ii) effective functioning, and (iii) assurance.</p>

Patterson, Liz
05/03/2024 10:20:41



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05/03/2024 10:20:41

Section 2 – Composition and Establishment

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05/03/2024 10:20:41

Overview of ratings – Composition and Establishment

Question	Lowest score	Highest score	Score as % of maximum
The Committee understands its role	4	4	100%
The Committee annual work plan covers all the relevant areas in terms of reference.	3	4	90%
The Committee has the membership, authority and resources to perform its role effectively.	4	4	100%
The right people attend meetings of the Committee to enable it to fulfil its role effectively.	3	4	95%
Committee members have the collective skills & experience needed to fulfil the terms of reference and to advise & assure the Board.	3	4	90%

Patterson, Liz
05/03/2024 10:20:41

- Greater attendance of report writers and subject matter experts to present their work, both for them to be credited, but also to build exposure/experience.

Patterson, Liz
05/03/2024 10:20:41

Section 3 – Effective Functioning

Patterson, Liz
05/03/2024 10:20:41

Overview of ratings – Effective Functioning

Question	Lowest score	Highest score	Score as % of maximum
Meeting arrangements (frequency, time allocation) allow members individually and collectively to contribute to effective scrutiny and challenge.	4	4	100%
Committee meetings are conducted in a business - like manner and managed effectively with issues getting the time & attention proportionate to importance.	4	4	100%
Committee papers are of good quality and provide sufficient information (detail, presentation, timeliness) to enable the committee to fulfil its role.	3	4	95%
There is good monitoring of matters arising & agreed actions to support the Committee in its role.	3	4	90%

Patterson, Liz
05/03/2024 10:20:41

Overview of ratings – Effective Functioning

Question	Lowest score	Highest score	Score as % of maximum
The Committee is briefed on urgent/emerging issues (policy, performance or new legal/regulatory obligations) in a timely and appropriate way.	3	4	95%
The Committee environment is one in which members can provide supportive but critical challenge on key/sensitive issues.	4	4	100%
Reports to the Board cover all key issues discussed at Committee. The Board takes due regard of the Committee's views (i.e. recommendations, issues escalated, sharing of good practice).	3	4	95%
In meetings, we listen to and respect each other's views.	4	4	100%

Patterson, Liz
05/03/2024 10:20:41

- Papers are of good quality - however the volume can be large which is a challenge to read particularly when having limited time
- Sometimes we miss operational issues coming to the Committee as tend to focus on strategic overview
- Sometimes operational informational views are needed to inform the strategic view.

Patterson, Liz
05/03/2024 10:20:41

Section 4 – Assurance

Patterson, Liz
05/03/2024 10:20:41

Overview of ratings – Assurance

Question	Lowest score	Highest score	Score as % of maximum
The Committee receives sufficient and timely reports and advice on key issues that clearly set out the analysis of the situation, the risks and the assurance the Committee can take in order to enable it to discharge its responsibilities.	3	4	95%
The Committee receives timely reports on the work of external regulatory and inspection bodies and other independent sources of assurance.	3	4	90%
The Committee receives regular and sufficient evidence that the organisation is learning and improving.	3	4	85%
Performance reporting is at an appropriate level to enable the Committee to identify areas where it requires further assurance.	3	4	85%
The Committee receives the assurance it needs to fulfil its role effectively.	3	4	95%

Patterson, Liz
05/03/2024 10:20:41

- The scope of the committee is not necessarily reflected in the topics, maybe we need to review what we are looking to review going forward, as in the external review bodies and connect these to the internal reviews.

Patterson, Liz
05/03/2024 10:20:41

Section 5 – General Comments

Patterson, Liz
05/03/2024 10:20:41

Comments - What areas are going well?

- Starting to develop the story and the links between the main themes of our annual plan
- Providing strategic overview, proportionate scrutiny and challenge
- Openness, recognising that the workforce is important and the culture of support is maintained at the Board level
- Workforce demands in clinical areas

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05/03/2024 10:20:41

Comments – What could be Improved?

- Agenda management in relation to time. It is important that we don't go off piste and focus on the business at hand and the assurance against the plan
- Go deeper on some key items to help us shift the dial on things we might be stuck on or moving too slowly ?
- Committee is chaired well and effectively supported by Executive members.
- Larger review of the workforce and workforce plans for the wider Health Board workforce

Patterson, Liz
05/03/2024 10:20:41

- EDI. Asking the right assurance questions
- Appreciation of how our work compares with other Health Boards is there anything that they cover which we don't ?
- Grow your own, Workforce Futures other than nursing

Patterson, Liz
05/03/2024 10:20:41

Comments – What areas should the Committee focus on in the future (incl. areas to be looked at more or less frequently)?

- Managing the staffing requirement to improve quality of service to Powys citizens within the financial constraints we are operating in...how do we do this
- Agency Spend along with the impact of services changes in light of financial challenges and impact on morale / sickness levels / retirement / and recruitment options.

Patterson, Liz
05/03/2024 10:20:41

Any Other Comments

- No further comments made

Patterson, Liz
05/03/2024 10:20:41

Next Steps

Patterson, Liz
05/03/2024 10:20:41

Actions	Timescale
1. Share content of the Effectiveness questionnaire with Committee	5 March 2024
2. Receive feedback from the Committee, discuss any actions / improvements	5 March 2024
3. Develop action plan, in partnership with Committee Chair, for Committee oversight based on Committee survey and contributions	Next Committee meeting (June 2024)
4. Committee feedback and key actions will be incorporated into summary report with other Committees' feedback and shared with the Board	By end May 2024
5. Committee forward plan for 2024/25 is in development and will form part of the April Committee meeting (reviewed at each meeting)	Next Committee meeting (May 2024)
6. PTHB Chairs Forum will continue to develop an overarching role in committee focus areas and work plans	Ongoing

Patterson, Liz
05/03/2024 10:20:41

Agenda item: 6.4

Workforce & Culture Committee		Date of Meeting: 29 February 2024
Subject :	Delivery and Performance Committee Terms of Reference	
Approved and Presented by:	Helen Bushell, Director of Corporate Governance and Board Secretary	
Prepared by:	Liz Patterson, Interim Head of Corporate Governance	
Other Committees and meetings considered at:	N/A	

PURPOSE:

The purpose of this paper is for the Committee to consider the Terms of Reference of the Workforce and Culture Committee in order to ensure that they remain fit for purpose.

RECOMMENDATION(S):

- The Committee is asked to:
- **IDENTIFY** any suggested amendments to the Committee terms of reference in order to make recommendations to the Board in May 2024.
 - **AGREE** that the Chair of the Committee and Director of Corporate Governance finalise any recommendations to the Board.

Approval/Ratification/Decision¹	Discussion	Information
✓	✓	

Patterson, Liz
05/03/2024 14:20:41

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

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

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

EXECUTIVE SUMMARY:

Under the Standing Orders of the Health Board, Board Committees are required to review their Terms of Reference on an annual basis. The existing Terms of Reference (Sept 2021) for the Delivery and Performance Committee are attached as Appendix 1.

Any suggested changes will need to be recommended to the Board for approval.

The Committee is asked to discuss the current terms of reference and identify any suggested amendments. The Chair of the Committee and Director of Corporate Governance will then take forwards any recommendations to the Board in May 2024 to take effect into 2024/25.

It is suggested that the Committee specifically considers:

Section of Terms of Reference	Comment / Suggestions
2 - Purpose	Does this remain accurate and appropriate?
3 - Delegated Powers and Authority	Does this remain accurate and appropriate?

	It is proposed that <i>compliance with Health and Safety Regulations and Fire Safety Standards</i> be moved to Workforce and Culture Committee.
5 - Committee meetings	<ul style="list-style-type: none"> • The modern practice of holding meetings virtually should be reflected. • The ability to take any decisions via Chair's Action (where appropriate) should be added • Proposed change to wording to be x4 meetings per year instead of no less than quarterly
Tidying up	The document requires some general tidying up to ensure correct job titles are reflected

NEXT STEPS:

The Chair of the Committee and Director of Corporate Governance will take forwards any recommendations to the Board in May 2024 to take effect into 2024/25.

Patterson, Liz
05/03/2024 10:20:41

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

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

Patterson, Liz
05/03/2024 10:20:41



Workforce and Culture Committee

Terms of Reference & Operating Arrangements

September 2021

Patterson, Liz
05/03/2024 10:20:41

1. INTRODUCTION

- 1.1 Section 2 of the Standing Orders of the Powys Teaching Health Board (referred to throughout this document as 'PTHB', the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Workforce and Culture Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The scope of the Committee extends to the full range of PTHB responsibilities. This encompasses the delivery and performance management of all directly provided and commissioned services.

2. PURPOSE

The role of the Workforce and Culture Committee is to advise the Board on all matters relating to staff and workforce planning of the Health Board, and enhance the environment that supports and values staff in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the health service to deliver safer better healthcare.

The Committee will provide advice and assurance to the Board in relation to the direction and delivery of the organisational development and other related strategies to drive continuous improvement and to achieve the objectives of the Health Board's Strategies and Strategic Plans.

3. DELEGATED POWERS AND AUTHORITY

- 3.1 The Committee will, in respect of its provision of advice and assurance to the Board:

Patterson, Liz
05/03/2024 10:20:41

Culture & Values:

- Oversee a credible process for assessing, measuring and reporting on the “culture of the organisation” on a consistent basis over time.
- Oversee the coherence and comprehensiveness of the ways in which the Health Board engages with staff and with staff voices, including the staff survey, and report on the intelligence gathered, and its implications.
- Oversee the development of a person-centred open and learning culture that is caring and compassionate, which nurtures talent and inspires innovation and excellence.
- Seek assurance that there is positive progress on equality and diversity, including shaping and setting direction, monitoring progress and promoting understanding inside and outside the Health Board.
- Promote staff engagement and partnership working.
- Seek assurance that the the organisation adopts a consistent working environment which promotes staff well-being, where people feel safe and are able to raise concerns, and where bullying and harassment are visibly and effectively addressed.
- Support the enhancement of collaborative working relationships across the Health Board between professions and other stakeholders including representative bodies and regulators to improve culture.

Organisational Development & Capacity:

- Seek assurance on the implementation of the Board’s Organisational Development Strategic Framework;
- Seek assurance that the systems, processes and plans used by the Health Board have integrity and are fit for purpose in the following areas:
 - strategic approach to growing the capacity of the workforce;
 - analysis and use of sound workforce, employment and demographic intelligence;
 - the planning of current and future workforce capacity;
 - effective recruitment and retention;
 - new models of care and roles;
 - agile working;
 - identification of urgent capacity problems and their resolution
 - continuous development of personal and professional skills;
 - talent management
- Seek assurance on the Health Board’s plans for ensuring the development of leadership and management capacity, including the Health Board’s approach to succession planning;
- Seek assurance that workforce and organisational development plans, including those developed with strategic partners, are

Patterson, Liz
05/03/2024 10:20:10

informed by the Sustainable Development Principle as defined by the Well-being of Future Generations (Wales) Act 2015.

Performance Reporting:

- Seek assurances that governance (including risk management) arrangements are appropriately designed and operating effectively to ensure the provision of high quality, legal and safe workforce practices, processes and procedures.
- Scrutinise workforce and organisational development performance issues and key performance indicators and the associated plans to deliver against these requirements, achieved by establishing a succinct set of key performance and progress measures (in the form a performance dashboard) relating to the full purpose and function of the Committee, including:
 - The Health Board's strategic priorities relating to workforce;
 - organisational culture;
 - strategies to promote and protect staff Health & Wellbeing;
 - workforce utilisation and sustainability;
 - recruitment, retention and absence management strategies;
 - strategic communications;
 - workforce planning;
 - plans regarding staff recruitment, retention and remuneration;
 - succession planning and talent management;
 - staff appraisal and performance management;
 - Training, development and education; and
 - Management & leadership capacity programmes.
- Seek assurance on the implementation of those strategic plans developed in partnership which related to workforce and culture, including the Workforce Futures Strategic Framework.
- Ensure there is an effective system in place to consider and respond in a timely manner to workforce and organisational development performance audits received across the organisation and an effective system in place to monitor progress on actions resulting from such audits.
- Monitor and scrutinise relevant internal and external audit reports, management responses to action plans.

The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Statutory Compliance:

Seek assurance, on behalf of the Board, that current statutory and regulatory compliance and reporting requirements are met, including:

- Equality & Diversity Legislation
- Welsh Language Standards
- Wellbeing of Future Generations Act (where relevant to this Committee)
- Consultation on Organisational Change
- Mandatory and Statutory Training

Authority

3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Patterson, Liz
05/03/2024 10:20:41

Committee Programme of Work

3.9 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

4.1 Membership will comprise:

Chair Independent member of the Board

Vice Chair Independent member of the Board

Members 2 x Independent member of the Board

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Workforce & OD (Officer Lead)
- Director of Planning and Performance
- Director of Finance & IT
- Director of Primary, Community Care and Mental Health
- Director of Therapies and Health Sciences

4.3 By invitation:

The Committee Chair extends an invitation to the PTHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and

Patterson, Liz
05/03/2024 10:20:41

- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Office of the Board Secretary will provide secretariat services to the Committee.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of PTHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of PTHB.

Support to Committee Members

4.8 The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Patterson, Liz
05/03/2024 10:20:41

Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **Quarterly**, and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of PTHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in advance of meetings;
 - ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
 - through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

- 5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

Patterson, Liz
05/03/2024 10:20:41

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;
 - sharing of appropriate information; and
 - applicable escalation of concerns.

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
 - bring to the Board's specific attention any significant matters under consideration by the Committee;
 - ensure appropriate escalation arrangements are in place to alert the Chair of PTHB, Chief Executive or Chairs of other

Patterson, Liz
05/03/2024 10:20:41

relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.
- 7.3 The Board Secretary shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.
- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in PTHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum
 - Issue of Committee papers

9. CHAIR'S ACTION ON URGENT MATTERS

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.
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Patterson, Liz
05/03/2024 10:20:41