

Workforce and Culture Committee

Tue 15 March 2022, 10:00 - 13:00

via Teams

Agenda

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

0 min

 WC_Agenda_15March2022.pdf (2 pages)

1.1. Welcome and Apologies

1.2. Declarations of Interest

1.3. Minutes of the previous meeting held on the 28 January 2022, for approval

 WC_Item_1.3_ W&C Minutes_28_JAN_22_UNCONFIRMED.pdf (7 pages)

1.4. Matters arising from the previous meeting

1.5. Workforce and Culture Committee Action Log

 WC_Item_1.5_Action Log Mar 2022 Final.pdf (2 pages)

10:00 - 10:00 **2. ITEMS FOR APPROVAL / RATIFICATION / DECISION**

0 min

There were no items for Approval/Ratification/Decision

10:00 - 10:00 **3. ITEMS FOR DISCUSSION**

0 min

3.1. Medical Job Planning Annual Report

 WC_Item_3.1_Medical Job Planning Annual Report.pdf (4 pages)


3.2. Workforce Performance Report

 WC_Item_3.2_Workforce Performance Report.pdf (12 pages)


3.3. Workforce Futures Strategic Framework Update, including Health & Care Academy Update

 WC_Item_3.3_Workforce Futures Strategic Framework.pdf (15 pages)

3.4. Communications and Engagement - Update

 WC_Item_3.4_Communications and Engagement Update FINAL pdf.pdf (7 pages)

3.5. Workforce Planning Arrangements and Education Commissioning

 WC_Item_3.5_Workforce Planning Arrangements & Education Commissioning.pdf (14 pages)

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3.6. Committee based risks on the Corporate Risk Register

 WC_Item_3.6_Committee Risk Report_Mar22_v2.pdf (2 pages)

 WC_Item_3.6a_AppendixA_Committee Risk Register_Mar22.pdf (10 pages)

10:00 - 10:00
0 min

4. ITEMS FOR INFORMATION

There are no items for information.

10:00 - 10:00
0 min

5. OTHER MATTERS

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

5.2. Any Other Urgent Business

5.3. Date of the Next Meeting

17th May 2022

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**POWYS TEACHING HEALTH BOARD
WORKFORCE AND CULTURE
COMMITTEE**

**15 MARCH 2022,
10:00 – 13:00,
VIA TEAMS**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

AGENDA

Item	Title	Attached /Oral	Purpose	Presenter
1	PRELIMINARY MATTERS			
1.1	Welcome and Apologies	Oral	Information	Chair
1.2	Declarations of Interest	Oral	Information	All
1.3	Minutes from the Previous Meeting, held 28 January 2022	Attached	Information	Chair
1.4	Matters Arising from the minutes of the Previous Meeting	Oral	Information	Chair
1.5	Workforce and Culture Committee Action Log	Attached	Information	Chair
2	ITEMS FOR APPROVAL/RATIFICATION/DECISION			
	There are no items for Approval/Ratification/Decision			
3	ITEMS FOR DISCUSSION			
3.1	Medical Job Planning Annual Report	Attached	Discussion	Medical Director
3.2	Workforce Performance Report	Attached	Discussion	Director of Workforce and OD
3.3	Workforce Futures Strategic Framework Update, including Health & Care Academy Update	Attached	Discussion	Director of Workforce and OD
3.4	Communications and Engagement - Update	Attached	Discussion	Associate Director of Corporate Business
3.5	Workforce Planning Arrangements and Education Commissioning	Presentation	Discussion	Director of Workforce and OD
3.6	Committee based risks on the Corporate Risk Register	Attached	Discussion	Interim Board Secretary/Director of Workforce and OD
4	ITEMS FOR INFORMATION			
	There are no items for Information			
5	OTHER MATTERS			
5.1	Items to be Brought to the Attention of the Board and/or Other Committees	Oral	Discussion	Chair
5.2	Any Other Urgent Business	Oral	Discussion	Chair

5.3	Date of the Next Meeting: <ul style="list-style-type: none">17 May via Microsoft Teams			

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

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

The Board is expediting plans to enable its committee meetings to be made available to the public via live streaming. In the meantime, should you wish to observe a virtual meeting of a committee, please contact the Board Secretary in advance of the meeting in order that your request can be considered on an individual basis (please contact James Quance, Interim Board Secretary, james.quance2@wales.nhs.uk).

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

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POWYS TEACHING HEALTH BOARD

UNCONFIRMED

WORKFORCE AND CULTURE COMMITTEE MEETING HELD ON FRIDAY 28 JANUARY 2022, 14:00 – 16:00 VIA MICROSOFT TEAMS

Present:

Ian Phillips	Independent Member (Chair)
Matthew Dorrance	Independent Member
Trish Buchan	Independent Member
Cathie Poynton	Independent Member

In Attendance:

Carol Shillabeer	Chief Executive Officer
Julie Rowles	Director of Workforce and Organisational Development
Hayley Thomas	Deputy Chief Executive and Director of Planning and Performance
Jamie Marchant	Director of Environment
James Quance	Interim Board Secretary

Observers:

Mark McIntyre	Assistant Director of Workforce and Organisational Development
Bethan Hopkins	Audit Wales
Vivienne Harpwood	Chair, PTHB
Kirsty Williams	Vice Chair, PTHB

Apologies for absence:

Rhobert Lewis	Independent Member
Claire Madsen	Director of Therapies & Health Science
Pete Hopgood	Director of Finance and IT
Kate Wright	Medical Director

Committee Support:

Liz Patterson	Interim Head of Corporate Governance
Bethan Powell	Corporate Governance Officer

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PRELIMINARY MATTERS	
W&C/21/12	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Chair welcomed everyone to the meeting and confirmed the meeting was quorate. Apologies for absence were noted as recorded above.</p>
W&C/21/13	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were received.</p>
W&C/21/14	<p>MINUTES FROM THE PREVIOUS MEETING, HELD 5 OCTOBER 2021</p> <p>The Committee APPROVED the minutes of the meeting held 5 October 2021.</p>
W&C/21/15	<p>MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING</p> <p>The minutes welcomed a focus around the measures and metrics which would be implemented to provide assurance to the Board. A request was made that the metrics include a measure of discretionary effort in relation to volunteers.</p> <p>Action: Director of Workforce and OD</p> <p>The minutes noted that a single point of contact was to be introduced for the organisation and requested that a timescale be outlined for the introduction of this service requesting that consideration be given to including this item on the forward work plan.</p> <p>Action: Chair and Interim Board Secretary</p>
W&C/21/16	<p>WORKFORCE AND CULTURE COMMITTEE ACTION LOG</p> <p>The Committee received the Action Log and in light of the revised governance arrangements and scaled down agenda, the Committee agreed that both items would be brought to the next meeting and that the timeframe be included within the Action Log.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
<p>There were no items for approval, ratification, or decision at this meeting.</p>	

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ITEMS FOR DISCUSSION

W&C/21/17

STAFF WELLBEING – INCLUDING AUDIT WALES REPORT: CARING FOR THE CARERS

The Director of Workforce and OD provided an overview of the *Taking Care of the Carers?* report, published by Audit Wales (AW) in October 2021 outlining how NHS bodies supported staff well-being during the Covid-19 pandemic. The Director of Workforce and OD also highlighted the management response to the six recommendations along with the Checklist for NHS Board Members produced by Audit Wales.

Occupational Health is yet to successfully recruit to their vacancies; how can members be assured the service is accessible?

The Director of Workforce and OD confirmed that there was a national shortage of Occupational Health professionals. The structure locally had been reviewed and a business case prepared. Consultant availability at present was one day a week in Bronllys and one day a month in north Powys. Cases were triaged and it was intended to introduce increased capacity by changing the skill mix to make increased use of occupational health nurses. This was a difficult situation which was being closely monitored.

Whilst there are vacancies across the organisation there is a specific deficit of 2.7 Whole Time Equivalent (WTE) clinical pharmacists. Does this pose a potentially higher risk than in a larger organisation?

The Director of Workforce and OD advised that the wider teams were monitoring this on an ongoing basis. There are 2.8 WTE vacancies currently out to advert. The organisation was aware of the hotspots across services which were being closely monitored and action taken through recruitment or via service redesign.

It is noted that 15 new staff are on the Aspiring Nurse programme, can clarification be provided whether this includes the 4 posts approved via Charitable Funds?

The Director of Workforce and OD advised that Health Education and Improvement Wales (HEIW) had made several places available which were specifically for healthcare support workers to become registrants. PTHB had invested in these places via use of Charitable Funds supported by the Executive team. HEIW had released additional places which PTHB were

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	<p>able to access and were able to extend the scheme into the Radiology service. With this model secured, PTHB anticipate growth across wider clinical services.</p> <p><i>A considerable amount of work has gone into producing the response. To what extent is the success of initiatives known? For example, the response states that the SharePoint page for Wellbeing has recently triggered over 2,000 hits; how does this compare to the numbers recorded during the previous year and what follow up support has been provided to those staff?</i></p> <p>The SharePoint page was a self-help tool available for those who needed support and therefore it would not be possible to directly track the outcomes of this offer. However, the Health Board has offered a counselling service to staff which has significantly grown since the pandemic, providing assurance that staff were aware of the of the support available.</p> <p>The Chief Executive noted that, in addition to the value-based healthcare principles offered to patients, it was necessary to consider the importance of measuring outcomes for staff.</p> <p>The Director of Planning and Performance outlined that there was a need for a broader strategic wellbeing approach which would be considered in preparation of the IMTP, recognising the importance of system resilience.</p> <p><i>To be able to provide assurance to Board it will be necessary to understand the performance measures linked to the IMTP.</i></p> <p>Whilst the Director of Workforce and OD is Lead Executive for this Committee, the performance measures relate to the whole organisation and it would be necessary to consider what had worked well, what could be improved upon and, if activities were not adding value, then they should be stopped.</p> <p>The Committee welcomed further discussion around evidence of best practice and the wider approach to measuring outcomes and timescales on an organisation wide basis. It was requested that this would be considered at a future Board Development session.</p> <p>Action: Interim Board Secretary</p>
W&C/21/18 Powell Bethan 04/19/2022 12:15:59	<p>WORKFORCE ESCALATION APPROACH</p> <p>The Director of Workforce and OD gave a presentation on the workforce escalation approach. The risk that the Health Board would be unable to sustain an adequate workforce had been increased from 12 to 16 at Board in January 2022. The</p>

<p>Powell Bethan 04/19/2022 12:15:59</p>	<p>presentation outlined the initiatives that had been undertaken in response to the heightened risk. The risk remained under regular review and if the initiatives proved successful it was hoped that the risk score could be reduced in time.</p> <p>An overview of the Covid-19 Booster programme was provided with a clear focus of the number of redeployed staff into the Mass Vaccination service. Approximately 200 Registrants and support workers had been trained which enabled a flexible approach in response to the constraints of the pandemic. On 12 December 2021, Welsh Government had announced a requirement to bring forward the delivery of the booster vaccine by the 31 December 2021, requiring a considerable increase in capacity to the mass vaccination service.</p> <p>The Memorandum of Understanding with the Powys Association of Voluntary Organisations (PAVO) had been successful with over 500 volunteers registered to work in the mass vaccination centres, of which 260 were currently active.</p> <p>The principles of the 'Care Reservist' pilot scheme had been approved by the Executive Committee in January 2022. The aim was to support a group of volunteering staff to take up a reservist role, whereby they could be deployed at pace across clinical areas as a Health Care Support Worker, in the event of a staffing crisis caused by high levels of sickness absence. The pilot scheme would be worked up during the summer months in preparation for next winter.</p> <p>Staff absence had peaked in the second week of January at 6.3% although hotspots of up to 9% were noted. Occupational Health service waiting times had also increased.</p> <p>Most of the cover was being sourced by bank staff although agency staff were also utilised. There were no clinical issues directly related to staffing although it had been necessary for some short notice issues to be dealt with by managers.</p> <p>The Workforce team had supported the Civil Contingencies Manager to consider workforce planning with Services needing to have plans in place to cope with staff absence scenarios of up to 10% and 20%.</p> <p>The Temporary Staffing Unit had moved to a seven-day service to support the high demand during the omicron surge. The Nursing establishment had been reviewed to enable an amended skill mix to be implemented in case it had been necessary to move to a surge position.</p>
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To what extent would the establishment and staff roles be reviewed and what support would be provided?

The Director of Workforce and OD confirmed that the Nursing establishment was currently under review with the intention of maintaining a safe working environment and enable staff to feel confident of patient safety through enhanced care. Additionally, the Executive team had discussed and recognised the support required and this would be monitored to ensure the safe provision of staff going forwards.

Are the issues associated with Knighton Hospital linked to the WTE vacancies that are currently out to advert?

The WTE vacancies do include those at Knighton Hospital at present. However, it is recognised that it will be necessary to consider staffing at Knighton Hospital moving forward.

Is there a geographical element to nursing vacancies?

The Director of Workforce and OD advised that Powys often experienced fewer issues with recruiting to vacancies across the south of the county compared to the north. Recently, however, there had been some success in recruitment to the north of the county. It was thought the student streamlining approach in Wales may create a barrier to recruiting students from England. However, there may be additional opportunities for recruitment when students from Aberystwyth qualify. The organisation is taking part in the nationally organised international recruitment arrangements.

The Committee recognised the tasks involved in relation to the innovative workforce escalation approach and thanks were expressed to all colleagues involved within the process.

The Committee NOTED the report and RECEIVED assurance that the performance of the Workforce Escalation Approach had influenced the successful management to date of system resilience pressures.

How is the remit of committees ascertained to ensure that all aspects are covered without undue duplication and ensuring that assurance is provided to Board?

The Board have a cycle of business that is reviewed on an annual basis noting that there was inevitable cross over between the work of committees and this provided an opportunity for triangulation. Further discussion regarding the work programme of committees and how assurance would be provided to Board would take place over coming weeks as committee programmes of business for the new financial year

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	are developed and would be discussed at a forthcoming Independent Member Meeting. Action: Interim Board Secretary
ITEMS FOR INFORMATION	
W&C/21/19	There were no items for inclusion in this section.
OTHER MATTERS	
W&C/21/20	ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES Board to be advised that Caring for the Carers had been discussed.
W&C/21/21	ANY OTHER URGENT BUSINESS There was no other urgent business
W&C/21/22	DATE OF THE NEXT MEETING: 15 March 2022, via Microsoft Teams.

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Key:

Completed
Not yet due
Due
Overdue
Transferred

WORKFORCE AND CULTURE COMMITTEE

ACTION LOG AS OF MARCH 2022



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Minute	Meeting Date	Action	Responsible	Progress Position	Completed
W&C/21/03	05 October 2021	The Committee requested evidence of best practice in employee engagement to support the already successful programme the health board have invested in	Director of Workforce and OD	This will be taken into account within any future reporting arising from staff engagement	
W&C/21/05	05 October 2021	The Committee requested further information on recruitment timescales to be presented at a future committee	Director of Workforce and OD	Included in Workforce Performance Report to March meeting and will be included in performance reporting going forward	
W&C/21/15	28 January 2022	That the metrics provided to Committee include a measure of discretionary effort relating to Volunteers	Director of Workforce and OD	This is being explored with PAVO to see whether discretionary effort is measured, in order for us to report against	
W&C/21/15	28 January 2022	Request for inclusion of Single Point of Contact project on work programme	Director of Workforce and OD	Committee work programmes for 2022/23 are in development	
W&C/21/17	28 January	A Board Development	Interim Board	The Board Development	

	2022	session requested to include evidence of best practice and the wider approach to measuring outcomes and timescales on an organisation wide basis	Secretary	session in April 2022 will include committee effectiveness, of which this is part. Further Board Development programme is in development.	
W&C/21/18	28 January 2022	Committee work programme and provision of assurance to Board to be discussed at Independent Member meeting	Interim Board Secretary	Initial discussion held in the February 2022 Independent Member meeting. Committee arrangements are under review and work programmes are in development with a view to reporting to the Board on 30 March 2022. Independent Member meetings and Board Development sessions in April will support this.	

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Agenda item:3.1

WORKFORCE AND CULTURE COMMITTEE		Date of Meeting: 15 March 2022
Subject:	Medical Job Planning Annual Report	
Approved and Presented by:	Dr Kate Wright, Medical Director	
Prepared by:	Dr Kate Wright, Medical Director	
Other Committees and meetings considered at:	Executive Committee	

PURPOSE:

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

RECOMMENDATION(S):

The Committee is asked to NOTE the detail.

Approval/Ratification/Decision¹	Discussion	Information
/x	✓/	✓/

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

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

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

EXECUTIVE SUMMARY:

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

DETAILED BACKGROUND AND ASSESSMENT:

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

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

Job plans will also set out the agreed service outcomes. These will be expected to reflect different, evolving phases in Consultants' careers,

and appropriate continuing professional development requirements. The delivery of outcomes will not be contractually binding, however, Consultants will be expected to participate in and make every reasonable effort to achieve these. Pay progression via commitment awards will be informed by this process.

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

Supporting Professional Activity Allocation

It was raised that in some specialties SPA time was not formally allocated in job plans. This is not in line with guidance and would be a barrier to recruitment and retention of staff.

A piece of work was undertaken to establish nationally agreed SPA allocations in collaboration with the BMA and other Health Boards. The agreed allocations have been issued as job planning guidance after discussion with the Local Negotiating Committee and will now be applied consistently across the specialties.

Current position

The service groups to which job planning applies in Powys Teaching Health Board are Mental Health, Community Paediatrics, Care of the Elderly and Occupational Health.

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

In the other specialties job planning has been more difficult due to the lack of formal clinical leads in those specialties. SPA time has not been allocated. After discussion with those specialties and with support from the service operational leads job planning is now underway, incorporating SPA time, and will be completed in the near future.

NEXT STEPS:

Training and guidance will be reinforced. The job planning process will be reviewed and audited annually.

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

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

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Agenda item: 3.2

Workforce & Culture Committee		Date of Meeting: 15 th March 2022
Subject:	Workforce Performance Report	
Approved and Presented by:	Julie Rowles, Director of Workforce & Organisational Development	
Prepared by:	Vicky Malcomson, Head of Workforce Kay Williams, Workforce Intelligence Officer	
Other Committees and meetings considered at:	Executive Committee 9 March 2022	
PURPOSE:		
The purpose of this paper is to provide an update in relation to key workforce performance indicators across the organisation. The report highlights areas of high performance, areas where improvement is required and current trends in workforce data.		
RECOMMENDATION(S):		
The Workforce & Culture Committee is asked to note and discuss the analysis within the paper.		
Approval/Ratification/Decision ¹	Discussion	Information
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	✓/✗
	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	✓/✗

1. EXECUTIVE SUMMARY:

The table below provides an overview, at a high level, of the key workforce indicators based on the quarterly average throughout the current year. It also presents the latest performance data position (January 2022):

Indicator	Q1 21/22	Q2 21/22	Q3 21/22	Quarterly Direction	Current Data
Staff in Post (WTE)	1869.76	1854.4	1864.12	↑	1872.40
Turnover (%)	10.98%	12.17%	13.13%	↑	13.88%
Bank & Agency Usage (WTE)	109.86	116.10	109.07	↓	105.13
Sickness Absence (Rolling %)	4.94 %	5.20%	5.36%	↑	5.40%
PADR (%)	69%	70%	73%	↑	74%
Statutory & Mandatory Training (%)	79%	81%	81%	↔	82%

Overall, across the workforce indicators, there has been little change throughout the year to date. A more detailed analysis across the indicators at directorate level is included within the body of the report which highlights areas of particular challenge and ongoing activity to support the health board to improve performance.

2. DETAILED BACKGROUND AND ASSESSMENT:

2.1 Workforce Capacity

The table below identifies, on average, the number of whole time equivalent (WTE) staff in post by directorate across each of the quarters alongside the latest reporting period (January 2022).

Table 1: Staff in post (WTE):

Directorate	Qtr 1. 2021- 22	Qtr 2. 2021- 22	Qtr 3. 2021- 22	Jan-22	Qtr 3. 2019- 20
Corporate	234.68	239.74	256.2	267.28	203.8
Community Care & Therapies	752.47	746.51	745.6	732.65	732.42
Comm Dental Service & Primary Care	62.9	64.67	65.09	66.52	64.63
MHD Mental Health	328.98	333.51	332.16	330.27	314.11
Women and Children Directorate	170.89	172.79	174.99	177.65	169.16
Environment Directorate	196.7	196.05	197.45	198.26	187.91
PHD Public Health Directorate	89.39	69.59	59.93	67.10	3.00
COVID 19 Prevention and Response	33.75	31.53	32.7	32.66	0.00
Grand Total	1869.76	1854.4	1864.12	1872.40	1675.03

Across the quarters, there has been little change to the WTE employed by the health board with the WTE remaining stable overall throughout 2021/22. The current WTE (Jan 22) indicates a small increase in WTE employed when compared to the average in quarter 3 this year.

Comparing quarter 3 2021/22 data against the same quarter prior to the COVID 19 pandemic (2019/20), the WTE employed by the health board has increased by 189.09 WTE. Increases can be seen across most directorates but approximately 48% of this increase can be attributed to the Public health and COVID prevention and response directorates due to the introduction of the Test, Trace Protect (TTP) and Mass Vaccination services.

Table 2: Annual Turnover & Organisational Stability

	Turnover	Stability Index	Turnover	Stability Index	Turnover	Stability Index	Turnover	Stability Index
Directorate	Qtr 3. 2019/20		Qtr 3. 2020/21		Qtr 3. 2021/22		Jan-22	
Corporate	10.17%	85.15%	10.12%	85.28%	12.10%	80.88%	11.23%	80.08%
Community Care & Therapies	12.39%	85.74%	11.35%	88.24%	12.62%	85.40%	13.61%	84.37%
Comm Dental Serv & Primary Care	9.86%	88.75%	5.54%	97.67%	9.39%	90.48%	6.71%	89.29%
MHD Mental Health	10.38%	86.39%	9.77%	89.04%	13.61%	86.12%	13.32%	86.73%
Women and Children Directorate	8.29%	90.31%	10.01%	90.41%	10.51%	84.55%	11.44%	85.98%
Environment Directorate	12.86%	90.04%	9.33%	91.29%	8.09%	89.29%	10.04%	87.64%
PHD Public Health Directorate	33.33%	50.00%	0.00%	75.00%	72.26%	66.67%	49.60%	43.33%
COVID19 Prevention & Response	0.00%	0.00%	29.68%	0.00%	25.69%	35.00%	23.08%	52.50%
Grand Total	11.09%	87.00%	10.84%	88.52%	13.13%	85.05%	13.88%	83.90%

Agenda Item 3.2

As outlined in the table above, although there has been little change throughout the year in the employed WTE, comparing the health boards turnover and stability index for the same period annually demonstrates an increase in turnover and decrease in organisational stability.

It is anticipated that the increased turnover is likely linked to delayed terminations (for example, retirements) throughout 2020 in the height of the pandemic. This is reflected in analysis of the top 3 reasons for leaving the health board which have been identified as:

- Voluntary Resignation - Other/ not/Known (23%)
- Retirement Age (23%)
- Voluntary Resignation – Relocation (10%)

Turnover within the Public Health and COVID 19 directorates remains high and is likely linked to the fixed term nature of the contracts within the service. Overall, analysis of reasons for leaving demonstrates that around 8% of staff leaving the health board is due to a fixed term contract coming to an end. Current performance would suggest the health board may continue to see an increase in turnover in the coming months.

Alongside analysis of the reasons for leaving, nationally, the ESR system now enables the collection of exit questionnaire data to help provide a more detailed analysis of why staff choose to leave the health board. To date, approximately 33% of leavers this year have completed an exit questionnaire.

Of those staff where the leaving reason was unknown, unfortunately, only a small number completed an exit questionnaire. Analysis of these responses identified that the questions which received the most negative response rate related to department morale and manageable workloads and were from staff working in a clinical/patient facing type of role. This is potentially reflective of increased pressures during the pandemic.

Analysis of exit questionnaires completed overall demonstrates that a higher proportion of positive responses are received in comparison to negative responses. The highest number of positive responses (top 3) were received in questions relating to:

- Sufficient Training
- Learning & Development
- Ideas are Welcomed

The highest rate of negative responses (top 4) were received relating to following areas:

- Department morale
- Manageable workload
- Communication
- Involvement in decision making

2.1.1 Recruitment Activity

Across the organisation, the health board has raised in the region of 500 job advertisements on the Trac recruitment system to date. The table below identifies key national recruitment performance indicators and the performance across the organisation by quarter:

Table 3: Recruitment KPI's

Measure	Responsibility	Target Times	Q1 2021/22	Q2 2021/22	Q3 2021/22	Jan-22	All Wales Monthly Average
Time to approve vacancy request	Org	10	9.4	6.9	5.3	7.2	8.1
Time to Shortlist	Manager	3	6.2	6.6	8.3	10.2	8.0
Time to update interview outcomes	Manager	3	2.4	1.9	2.2	4.9	3.5
Conditional Offer to ID appointment booked	Candidate	3	4.0	3.9	3.3	6.3	6.0
Vacancy Creation to unconditional offer	Various	71	60.3	60.9	79.5	75.6	85.2

The time taken by managers to shortlist vacancies continues to be an ongoing issue in terms of meeting the target time with this being one of the areas which is an outlier when compared to the national average. Business partners continue to remind managers of the importance of this and continue to encourage advance booking of shortlisting time at the start of planning for recruitment activity.

Across the KPI areas in January, there appears to be a number of outliers when compared to the quarterly average. However, overall, the length of time taken from vacancies being created to an unconditional offer of employment being made to a candidate continues to remain below the national average at 75.6 days, 4.6 days outside of the target timeframe.

2.1.2 Recruitment Challenges

Attraction to vacancies in our clinical areas remains a challenge for the health board resulting in an ongoing reliance for the use of variable pay and often off contract agency to maintain safe staffing levels.

Inpatient wards:

Inpatient ward areas continue to present a recruitment challenge, with registered nurse roles in particular being difficult to attract candidates in line with national challenges. The table below shows the average quarterly performance this year based on the current nursing establishments:

Table 4: Community Inpatient Wards Establishment Analysis (RN&HCSW)

Community Inpatient Wards	Avg Qtr 1. 2021/22	Avg Qtr 2. 2021/22	Avg Q3. 2021/22	Jan-22	Avg Q3. 2019/20
Establishment	257.60	257.60	257.60	257.60	257.60
Staff in Post	219.10	213.90	209.70	198.13	213.50
Absence	26.90	29.90	24.40	21.40	13.40
Total Deficit	65.40	73.60	72.30	80.87	57.50
TSU Requests bank (WTE)	21.66	22.47	16.24	16.30	17.57
Agency on contract (WTE)	17.95	21.96	24.74	25.68	15.71
Agency off contract (WTE)	20.09	17.94	12.96	11.78	7.05
Unfilled (WTE)	0.22	0.32	0.28	0.49	0.91
Total Variable pay Utilised	63.48	65.93	57.66	62.76	44.88
Remaining Deficit	1.92	7.67	14.64	18.11	12.62
Deficit %	1%	3%	6%	7%	5%

Across the year, there has been an ongoing increase in the deficits across the ward areas. Despite continued advertisement, recruitment to registered nursing roles in particular is challenging with 5 wards running with a registered nurse vacancy deficit of over 30%.

Similarly, there have been increases in deficits when comparing quarter 3 staffing this year to the same period pre-pandemic. When reviewing the overall staff in post, although this has marginally increased, absence has increased by 11WTE. This is resulting in increased use of variable pay to cover the staffing deficits.

In response to this challenge, work has been undertaken by the Community Services Directorate to review the skill mix on the wards to maintain safe staffing levels and a formal exercise to review the staffing establishments is underway. Alongside this work the health board has:

- Formal review of staffing establishments underway which could potentially have a significant impact on the staffing requirements
- Been successful in recruiting to 17 aspiring nurse training roles which have been deployed to areas where there is staffing need.
- Appointed 6 nurses via the international nurse recruitment programme who are due to commence as band 4's with the health board in Quarter 2 2022.
- Offered substantive roles to bank workers to support recruitment deficits as part of a fast-track recruitment process (interest received from 12 HCSW's)

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Medical & Dental:

There has been an ongoing challenge within the health board in being able to substantively recruit to medical roles resulting in an ongoing reliance to utilise agency locums to fulfil our staffing gaps. As identified in the table below, there are currently 12.5 WTE medical vacancies within the health board.

Table 5: Medical Staffing Vacancies

Role	Average Staff in Post Vs Budget Variance (- is over established)			
	Q1 2021/22	Q2 2021/22	Q3 2021/22	January 2022
Consultant	6	6	7	8
Speciality Doc	4.5	4.5	4.5	4.5

There has been little change to the level of vacancies within the health board during the year, however, current vacancy levels have increased by 2 when compared to Q2 this year. 12 of the current vacancies are covered via the use of locums.

A significant proportion (92%) of the health boards medical roles are within the Mental Health Directorate. In line with IMTP delivery plans, work to review the medical model has been identified as a key priority which will include a systematic review of the overall staffing delivery model given the health boards ongoing recruitment challenges.

Therapies:

There are currently 23.3WTE vacancies within the Therapies speciality in the Community Services Group. All posts are in various stages of the advertising process, with some posts having been advertised several times.

The services experience particular challenges in relation to Audiology, Physiotherapy and Respiratory Physiology. A workforce assessment has been undertaken, reviewing the requirements of the roles, including skill mix and banding to understand how the roles can be shaped differently to support recruitment to these vacancies. This has included exploration to developmental roles under annex 21 of the agenda for change terms and conditions.

Renewal & Transformation:

The Renewal Priorities as set out in Powys Teaching Health Boards recovery & renewal response to the pandemic identified a need for 51.50 WTE additional posts across 7 areas. At present, the staffing position across the 7 areas is as follows:

Area	Requirement	Staff Appointed	Locum Appointments	Deficit
Scheme 1: Planned Care	1.80	1.8	0	0.00
Scheme 2: Advice, Support and Rehab	10.20	8.00	0	2.20

Scheme 3: Long Term Conditions and Well Being	5.00	1.00	0	4.00
Scheme 4: Children and Young People	6.00	6.00	0	0
Scheme 5: Cancer	4.00	2.00	0	2.00
Area				
Scheme 6: Respiratory	12.5	6.5	2.5	3.5
Scheme 7: Infrastructure	12.00	10	0	2.00

Recruitment to both clinical and clerical posts continue to remain a challenge across most areas within the renewal priorities and this is likely due to the short-term nature of the posts.

Current key challenges are:

- 3.0 WTE Clinical Pharmacists remain vacant across schemes 2, 3 and 6.
- Scheme 5 is currently operating on a 2.00 WTE deficit with no Service Improvement Manager (1.00 WTE) or Harm Lead (1.00 WTE). This model is currently under review to reconsider how these posts will be filled.
- Despite success in recruiting to a number of the clinical posts, recruitment to Occupational Therapists & Physiologists across schemes 6 remain a challenge with 1.00 WTE Occupational Therapist and 1.00 WTE Physiologist remaining vacant, despite 5 recruitment campaigns.

2.2 Staff Wellbeing

The below table provides the current rolling sickness absence figures for each directorate, with a comparator between the previous quarter this year and same quarter for 19/20;

Table 6: Rolling Sickness Absence

Directorate	Avg Headcount of SIP Q3. 2021/22	Qtr 1. 2021/22	Qtr 2. 2021/22	Qtr 3. 2021/22	Qtrly Direction	Jan-22	Qtr3. 2019/20	Annual Direction
Corporate Directorates	283	2.12%	2.24%	3.34%	↑	2.85%	3.25%	↑
Community Care & Therapies	945	5.87%	6.01%	7.96%	↑	5.90%	5.24%	↑
Comm Dental Serv & Primary Care	87	4.35%	5.59%	8.36%	↑	6.30%	3.77%	↑
MHD Mental Health	393	5.47%	5.74%	7.81%	↑	5.77%	4.79%	↑
Women and Children Directorate	221	3.58%	3.85%	5.87%	↑	4.81%	3.24%	↑
Environment Directorate	258	6.09%	6.93%	9.90%	↑	7.80%	5.80%	↑
PHD Public Health Directorate	80	0.64%	1.55%	3.20%	↑	2.88%	0.13%	↑
COVID19 Prevention & Response	39	0.27%	0.54%	1.02%	↑	1.54%	0.00%	↑
Grand Total	2,305	4.94%	5.20%	5.36%	↑	5.40%	4.73%	↑

On average, sickness absence rates across directorates have increased by 0.42% across this financial year. Similarly, when comparing sickness absence in quarter 3 this year to the same period pre-pandemic, overall, we have seen a small 0.63% increase in the sickness absence levels. The marginal increase seen in sickness absence across 2021 would suggest that the health board has been able to maintain a relatively unchanged level of sickness absence despite the significant challenges presented by the pandemic.

At a directorate level, when comparing quarter 3 21/22 to the same period pre-pandemic, we have seen the highest increases in sickness absence within the following directorates:

- Mental Health
- Primary Care and Dental
- Environment

Across these services, there is a similar pattern with most of the absence being long term in nature and associated with stress related absence. This is reflective of the overall organisational position where 23% of the overall sickness absence was attributed to this reason. There is minimal data available in order to assess how much of this may be work related. Prior to the coronavirus pandemic, the rate of self-reported work-related stress across Britain had shown signs of increasing. In 2020/21 the rate was higher than pre-pandemic levels (HSE, 2021). This would suggest that increased levels of absence are likely reflective of the wider population.

In response to increasing absence levels and to support staff wellbeing at work, the health board recently approved the adoption of the staff wellbeing and experience framework which outlines activity over the next 2-3 years to support staff wellbeing. Alongside the framework the health board:

- Ensures the provision of staff counselling services (746 sessions delivered over 10 months)
- Signposts staff to the staff wellbeing pages
- Continues to provide HR advisory support to managers to manage long term sickness absence and options to consider alternative phased returns to support staff to return to work are considered
- Secured funding to deliver Mental health first aid training to 80 participants
- Developed a business case to review the delivery of Occupational Health services to ensure that the service remains future fit

2.3 PADR & Statutory and Mandatory Training

The table below identifies the average quarterly % of PADR's completed and current month compliance.

Table7: PADR Compliance

Directorate	Avg Heacount of Staff in Post Qtr 3. 2021/22	Avg Qtr 1. 2021/22	Avg Qtr 2. 2021/22	Avg Q3. 2021/22	Quarterly Direction	Jan-22	Q3. 2019/20	Annual Direction
Corporate Directorates	283	70%	76%	80%	↑	81%	74%	↑
Community Care & Therapies	945	72%	69%	75%	↑	77%	73%	↑
Community Dental & Prim Care	87	58%	64%	66%	↑	64%	59%	↑
MHD Mental Health	393	60%	64%	60%	↓	60%	63%	↓
Women and Children Directorate	221	76%	77%	75%	↓	79%	88%	↓
Environment Directorate	258	81%	83%	82%	↓	80%	86%	↓
PHD Public Health Directorate	80	40%	63%	72%	↑	71%	100%	↓
COVID19 Prevention & Response	39	46%	65%	59%	↓	53%	NA	
Grand Total	2305	69%	70%	73%	↑	74%	78%	↓

Increased service pressure due to COVID-19, staff absence and vacancies has caused challenges in the delivery of PADRs since the beginning of the pandemic. This has been exacerbated by the outbreak of the Omicron variant during the 21/22 winter pressure period. Despite these challenges, the health board has seen a steady improvement in PADR compliance. However, comparatively, there is a small decrease in performance (4%) when quarter 3 performance this year is compared to the same period pre-pandemic.

PADR compliance reports are regularly shared with directorates and directorates have been tasked with ensuring appropriate recovery plans are in place to achieve pre-pandemic performance rates.

Community Care, Corporate and Primary Care Directorates have demonstrated continued improvement in compliance and have also been able to show improvement when compared to performance pre-pandemic.

The Health Board has experienced a similar challenge in relation to compliance with statutory and mandatory training as demonstrated in the table below:

Table 8: Statutory and Mandatory Training Compliance

Directorate	Avg Heacount of Staff in Post Qtr 3. 2021/22	Avg Qtr 1. 2021/22	Avg Qtr 2. 2021/22	Avg Q3. 2021/22	Quarterly Direction	Jan-22	Q3. 2019/20	Annual Direction
Corporate Directorates	283	81%	84%	84%	↔	86%	78%	↑
Community Care & Therapies	945	79%	81%	82%	↑	82%	85%	↓
Community Dental & Prim Care	87	76%	78%	80%	↑	84%	64%	↑
MHD Mental Health	393	74%	74%	75%	↑	75%	76%	↓
Women and Children Directorate	221	83%	82%	81%	↓	82%	87%	↓
Environment Directorate	258	85%	86%	85%	↓	88%	81%	↑
PHD Public Health Directorate	80	56%	75%	80%	↑	84%	86%	↓
COVID19 Prevention & Response	39	79%	82%	80%	↓	85%		
Grand Total	2305	79%	81%	81%	↔	82%	83%	↓

Comparatively, there is a small decrease in performance (2%) when quarter 3 performance this year is compared to the same period pre-pandemic. However, over the year, despite the challenges faced, the health board has maintained a steady level of compliance in relation to statutory and mandatory training.

Working with directorates, we continue to promote awareness of the range of training avenues including online virtual classrooms as well as face to face according to needs. Detailed compliance reports are shared with directorates on a monthly basis and services are asked to prioritise training that is essential to role.

2.4 Employee Relations Activity

Area	2019	2020	2021
Disciplinary Cases	14	12	18
Formal Grievance	Below 5	8	Below 5
Informal Facilitated Discussions or referrals for Mediation	NA	NA	6
Formal Capability	Below 5	Below 5	Below 5
Raising Concerns Investigations			Below 5
Listed Employment tribunal cases	0	0	2

Employee relations activity overall within the health board has increased when compared to activity pre-pandemic. As we have moved into 2022, there are a small number of ongoing cases (below 5). Of the disciplinary cases undertaken in 2021, a high proportion of the cases were within the largest employing directorate, likely due to the higher number of staff. Analysis is undertaken to understand whether there are trends in issues or areas and this is discussed with the services accordingly.

The introduction of the Healthy Working Relationships policy now encourages an informal approach to resolution through the use of a range of informal tools to aid discussions. Many of these discussions will happen at a local level and therefore would not be escalated as an employee relations issue, we also offer informal facilitated discussions. Due to the low number of formal grievances received by the health board, it is difficult to ascertain at this point whether this has resulted in a reduction in formal grievances.

All employee relations activity continues to be monitored by the Employee Relations team on a weekly basis.

3. SUMMARY:

Across the key workforce performance indicators in 2021/22, the key challenge for the health board continues to be in relation to resourcing with the health board continuing to see staffing gaps, particularly in clinical roles. This year has also seen an increase in turnover, likely linked to delayed retirements during the pandemic and increased levels of fixed term contracts. Continued staffing gaps is seeing ongoing increases in bank and agency reliance, increasing the demand requirements which is often resulting in an increased reliance on agency staffing.

The health board are continuing to implement a range of initiatives to support services in minimising these staffing gaps, however, in the short term, there is likely to be an ongoing reliance on temporary staffing. Despite the ongoing challenges in relation to resourcing, the other key performance indicators have remained fairly unchanged, this should continue to be monitored to ensure ongoing resourcing challenges are not negatively impacting upon other areas, particularly in relation to absence rates.

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Workforce & Culture Committee – March 2022

Workforce Futures

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Workforce Futures Strategic Framework

Developed in 2019, to enable the delivery of the Health & Care Strategy. Ambition set across 3 horizon points, 2022, 2025 and 2027.

Work achieved to date across the **32** objectives set for 2022, spanning 5 themes:

- **Designing, Planning and Attracting the Workforce** will enable us to have a **multi-agency, multi-disciplinary workforce** meeting the health and care demands of a rural county and providing seamless services.
- **Leading the Workforce** will enable us to have **exemplar leaders in action at all levels**, making a difference to the citizens and communities of Powys and empowering their teams to do so.
- **Engagement and Wellbeing** will enable our workforce to continue to be **our biggest strength, empowered to be actively involved in planning, shaping and delivering excellent quality services**. They will feel valued, **be fully engaged in their work** and have a sense of wellbeing, and able to deliver effective compassionate care.
- **Education, Training and Development** will enable the workforce to have opportunities to take part in high-quality **education, training and development** to be successful in their role. Our workforce will have access to clear, transparent career pathways.
- **Partnership and Citizenship** will enable us to continue to approach workforce development and transformation seamlessly and delivered through the **best use of the assets, strengths and aspirations of all parts of the community** and the health and care system, **recognising and valuing the contribution of everyone including unpaid carers and volunteers**.



Workforce Futures Strategic Framework

Education, Training and Development will enable the workforce to have opportunities to take part in high-quality **education, training and development** to be successful in their role. Our workforce will have access to clear, transparent career pathways. To date, we have been:

- Laying the foundations for the **Health & Care Academy** including the development of the blueprint, which articulates delivery through 4 schools
- Delivered the first Powys Health & Care Academy hub space, in Bronllys, with the second phase of work coming on line including the '**Adaptive Simulated Living Space**' and outdoor space by the spring 2022
- Developing a **Digital Learning Management System (LMS)** that will navigate people to the right opportunities available to them within the Academy – 3 providers identified, and currently scoping benefits of each platform
- Developing the offer of the Academy by **piloted a variety of CPD opportunities** through the Schools within the Academy



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Bronllys hub site – Phase 1



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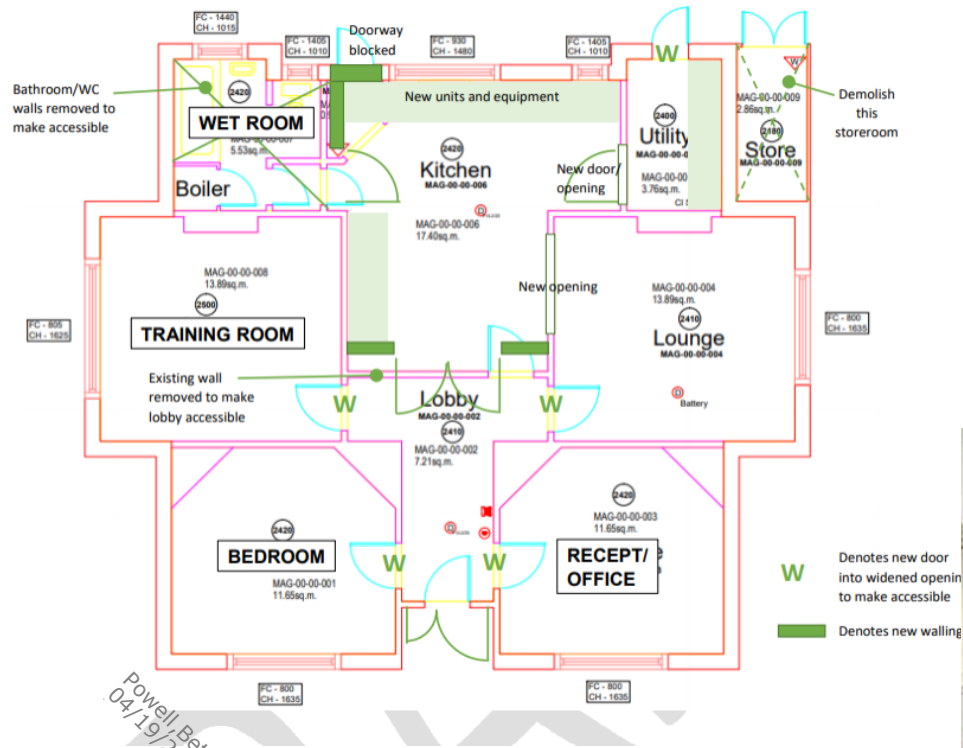


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Bronllys Hub Site Phase 2 - Adaptive Simulated Living Space



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Bronllys hub site Phase 3 - Outdoor space

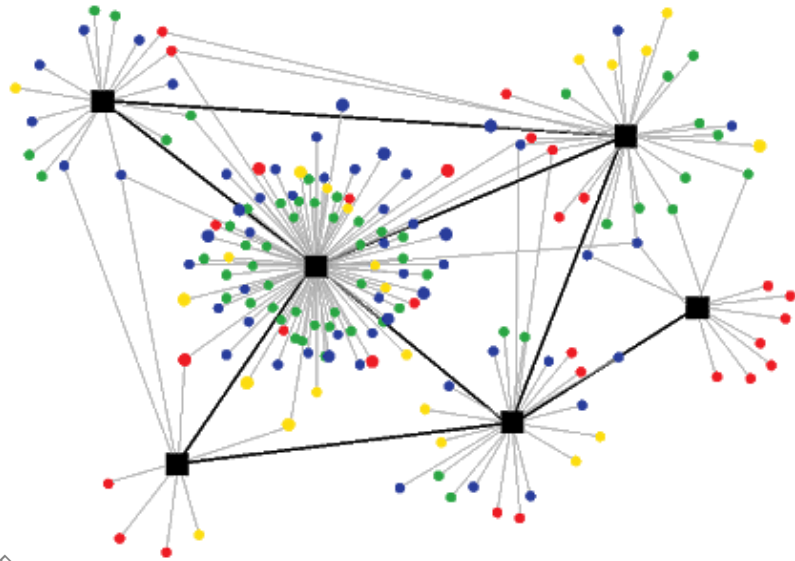
Aside from ensuring safe and level access within the health and care Academy campus, the investment seeks to create an interactive and stimulating outside space, set within the countryside that typifies Powys. Allowing learning to be delivered outdoors expands experiences for staff and other learners in a creative and exciting environment and maximises the capacity of the venue.



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Hub and Spoke modelling:

- North Powys Well-being Campus: planning already underway for development of the Academy on this site.
- Active project links to ensure further 'spoke' sites come on line over the next 18 months - 5 years



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The Health and Care Academy Model

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School of Professional and Clinical Education and Training



Ysgol Ymchwil, Datblygu ac Arloesi
School of Research, Development and Innovation



Ysgol Arweinyddiaeth
School of Leadership



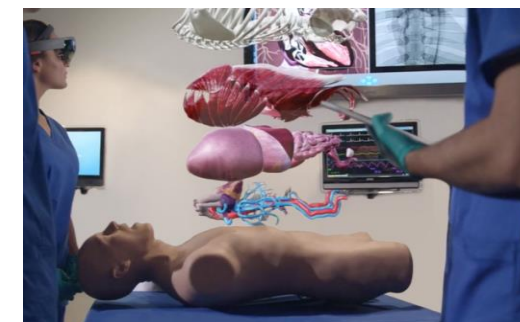
Ysgol Gwirfoddolwyr a Gofalwyr
School of Volunteers and Carers

School of Professional & Clinical Education & Training – This will build a strong reputation of applied study across all health and care specialities, giving learners the opportunities to gain professional and clinical skill and expertise in modern simulation environments, whilst studying alongside other multi-disciplinary teams and professionals embedding peer support and collaborative working.

School of Research, Development & Innovation - The aim is to equip the County's health and care workforce with the skills and confidence to identify improvement needs in their areas, and to systematically make those improvements, measuring and demonstrating the impact that they have on citizen patient experience.

School of Leadership - Development of leaders across the whole health and care system in Powys. Investment in system and collective leadership and Wales Intensive Learning Academy (ILA) Digital Transformational Leadership

School of Volunteers & Carers - focus on providing education, training and development support to volunteers and carers, as a core and important part of the broader workforce. There will be a skills development portfolio on offer



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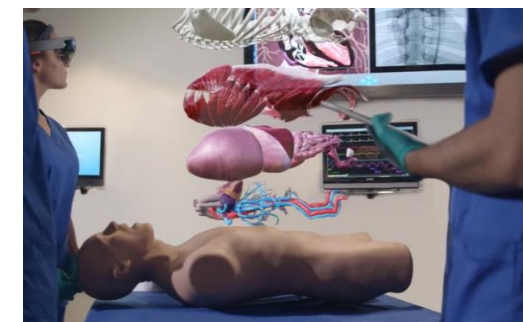


Ysgol Gwirfoddolwyr
a Gofalwyr
School of Volunteers
and Carers

The Health and Care Academy Model

School of Volunteers & Carers - focus on providing education, training and development support to volunteers and carers, as a core and important part of the broader workforce. There will be a skills development portfolio on offer

- Development of **the 5 Year Strategy** for Volunteers and Carers
- Carers Action plan that includes the scoping of the **Wellbeing gaps and solutions** for improving wellbeing for carers and volunteers
- Piloting a **range of transformational and transactional training opportunities** for volunteers and Carers as proof of concept during Feb – Mar 22 i.e. Powys Balance Programme, Body Hotel
- Development of a **skills matrix** that will support volunteers and carers navigate opportunities in the Health & Care System i.e. carer pathways and utilise their skills in the best way
- Reaching wider initiative piloted in the North of county to support **carers, foster carers and those leaving care access further education at level 4** through Bangor University
- Upscale of volunteers working alongside paid staff across the sector i.e. clinical, care homes and Mass Vaccination – over **500 mass vaccination volunteers** deployed during covid and **200 continuing** their volunteering roles since



Powys Health and Care Academy

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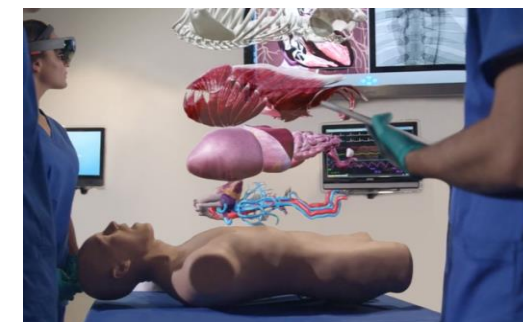


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School of Professional
and Clinical Education
and Training

The Health and Care Academy Model

School of Professional & Clinical Education & Training – This will build a strong reputation of applied study across all health and care specialities, giving learners the opportunities to gain professional and clinical skill and expertise in modern simulation environments, whilst studying alongside other multi-disciplinary teams and professionals embedding peer support and collaborative working.

- Developing the Joint induction framework for health and care in Powys
- New schemes – based on the Kickstart and Arwain models that targets unemployed citizens and support them into the employment through work experience and employability skills training. To date, **21 individuals** completing Kickstart & **42 delegates** completed Arwain
- Schools initiatives:
 - South Powys Schools program commencing as part of the schools curriculum from September 2022, Health & Social Care level 3 piloted out of Brecon and Gwernyfed comprehensives. Theory and practical learning delivered through placement, classroom and simulated environments spread across the term – **24 students placements**
 - Work experience piloted in Newtown High School consisting of hands on simulated training
- Career escalator work across the sector – based on the Aspiring Nurse programme... the development of clear visual pathway
- Reaching Wider project – working with carers and those living in deprivation areas to access education at a level 4 through the University of Bangor
- Increased apprenticeships across the sector – **Total: 15 HCSW roles, 5 Digital Technicians and 4 administrators**



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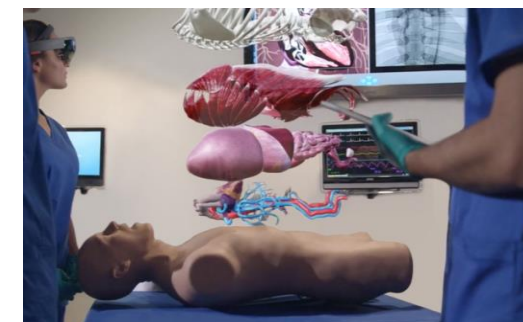
The Health and Care Academy Model



Ysgol Ymchwil, Datblygu
ac Arloesi
School of Research,
Development and
Innovation

School of Research, Development & Innovation - The aim is to equip the County's health and care workforce with the skills and confidence to identify improvement needs in their areas, and to systematically make those improvements, measuring and demonstrating the impact that they have on citizen patient experience.

- Trail and test **'Hololens' in an Education capacity** commencing in April. 3 x areas of work identified respiratory training, General Practice training and Dental training
- Develop the **Adaptive Living simulated space** to trial and test the latest technology including the use of Nurse Annie (simulated dummy) to support training in a home setting
- 3 x international **MBA students** on placement across the health Board, we will continue to take students in a research capacity
- Powys are working with USW and Welsh Government to support the **development the National Research model**
- Scope the **research element for the Academy** ensuring research is a golden thread across each of the schools



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Academi Iechyd a Gofal Powys
Powys Health and Care Academy

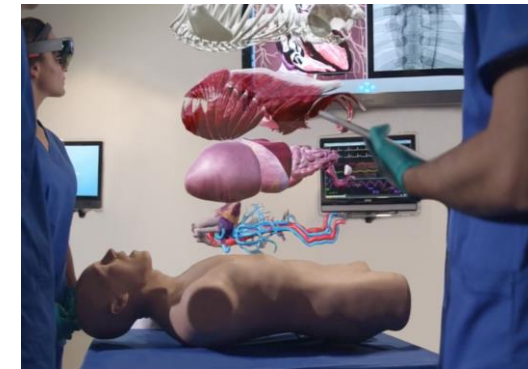


Ysgol Arweinyddiaeth
School of Leadership

The Health and Care Academy Model

School of Leadership - Development of leaders across the whole health and care system in Powys. Investment in system and collective leadership and Wales Intensive Learning Academy (ILA) Digital Transformational Leadership

- Leading the way in **Digital Transformational Leadership** by being awarded the pilot site in hosting one of WG Intensive Learning Academies (ILA). 'Digital Transformational Leadership ILA led by the university of South Wales; a full suite of CPD courses launched in January 2022. Total participants to date:
 - 8 x attended 'Design Thinking' boot camp
 - 36 x attended 'Digital Transformation' Boot camp
 - 13 x attended a range of short courses
- Digital Transformational Leadership MSc launched commencing in March – 2 year fully funded
- Leaders and managers having **access to national and local leadership programmes** i.e. ILA, HEIW and local Leadership and Management programmes;
- Supporting and scoping the enhancement of the **joint Leadership programmes from levels 3 – 7**;
- Support **Graduate Trainee Managers** work alongside professionals in Powys to support them chose Powys as a place to work. currently onboarding the HEIW & Academi Wales Graduate



Workforce Futures Strategic Framework

We still have work to do! Based on the mapping exercise done to date against the 2022 objectives and the work planned as part of the 2025 objectives, our high level priorities and plans for 2022-25 will include:

- Focus on a joint approach to **engagement and wellbeing**, including a specific focus on an enhanced support to volunteers and carers, ensuring we understand the lived experienced;
- Building on our sound **Partnership and Citizenship** model that continues to embed resilience within our communities in Powys.
- Build on the **development of the full portfolio of the schools** that will support education requirements for new models of care; whilst providing an enhanced access to the skills, education and development;
- Build up **the hub and spoke model** of the Health and Care Academy;
- Build **momentum of one of Wales Intensive Learning Academies** (ILA) led by USW, and hosted in Powys which specialises in 'Digital Transformational Leadership', ensuring we support a sustainable model;
- Roll out **of compassionate team-based development** across the sector will set us in good stead to enhance our current core leadership offer, embed leadership and wellbeing across all levels of the sector and lead news ways of working in a Rural community environment;
- Demand and capacity work will start as we begin to remodel our workforce based on the North Powys Wellbeing Programme **New Model of Care** and our **renewal priorities**. This provides us with a unique opportunity to further embed an integrated workforce across the sector and support the reduction of gaps in our staffing levels; Our Academy will be fundamental in ensuring we have the skills, development and education offer in place to support a range of new roles and skills development;





Workforce Futures Strategic Framework

Investment to date into Workforce Futures Programme, has been received from a variety of resources outside of core funding, including:

- ICF Investment
- ILA investment
- Regional In-kind investment/contribution
- Grant investment to support foundation laying of projects i.e. Volunteers & Carers
- Employability skills investment i.e. DWP
- PTHB investment
- HEIW & SCW investment
- PTHB Charitable Funds investment

Based on our gap analysis and planned work programme, we would be seeking a further investment for 2022-25 to support our workplan from ICF, to enable us to continue delivery across all themes of work of the Workforce Futures Strategic Framework, utilising the Health & Care Academy in the delivery across all themes of work....with a longer term vision of making the work programme core business.



Powys Health & Care Academy



Academi Iechyd a Gofal Powys
Powys Health and Care Academy

Questions?



Powell Bethan
04/19/2022 12:15:59

Agenda item: 3.4

Workforce and Culture Committee		Date of Meeting: 15 March 2022
Subject:	Communications and Engagement – Situation Report	
Approved and Presented by:	Paula Walters – Associate Director of Corporate Business	
Prepared by:	James Field – Head of Communications and Engagement	
Other Committees and meetings considered at:		

PURPOSE:

The purpose of this report is to provide an update on relevant employee-focused Communications and Engagement activity over the past six months and .

RECOMMENDATION(S):

This Report is for information purposes only.

Approval/Ratification/Decision¹	Discussion	Information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

EXECUTIVE SUMMARY:

This report records high level delivery against Communications and Engagement activities that are of interest and relevant to the Workforce and Culture Committee. The report focuses on activity delivered in Q3 and so far in Q4 2021/22.

DETAILED BACKGROUND AND ASSESSMENT:

Situation to date:

- Throughout 2021/22 the Communications and Engagement function has primarily been engaged in supporting internal communications and engagement activity for the COVID-19 Pandemic response, including the ongoing COVID-19 regulatory changes, Welsh Government guidance, the vaccinations programme and in-county Test, Trace, Protect (TTP).
- During the past three months the team has been led by a new interim Head of Communications and Engagement, who is seconded in from Public Health Wales. This is to back-fill for the Assistant Director of Communications and Engagement, who is currently on secondment as Programme Director for the COVID-19 Vaccinations and TTP programme for Powys.
- We have few internal communications channels, which currently rely on the Powys Announcements email newsletter, staff Facebook channel and MS Teams-led digital engagement with the Chief Executive such as the staff recognition events.

Actions to date:

- The ongoing programme of staff engagements has maintained the visibility of the Chief Executive and Executive team during the pandemic. We have not been able to return to face-to-face events, but the MS Teams technology has enabled the delivery of four Chief Executive briefings and two certificate of appreciation/long service awards, and one mass vaccinations and TTP team showcase event. This has allowed for the peer recognition of achievements across the health board, and signalled visible endorsement, support and appreciation for these efforts from the leadership team.
- As well as being employees, many of our staff are also residents of Powys. The programme of ongoing public and stakeholder engagement on behalf of the health board has also continued, including the delivery of four public briefings, four MP and MS briefings, and the development of new cooperative engagement/communication channels with PAVO, Powys County Council and Powys Community Health Council.

- Staff side have presented important feedback on the content of Powys Announcements (PA), the bi-weekly email newsletter for Powys Teaching Health Board staff. From October 2021 to date 54 Powys Announcements and related newsletters (COVID-19 Vaccination Updates and New Updates) have been published. During times of peak demand at the height of the third wave COVID-19 response, PA editions were increased and frequently issued daily. New editorial policy and guidelines are being developed, in part based on feedback from Staff Side representatives, to ensure that the bulletins are easy to read and have bulk information is reduced. This work has a co-dependency with the intranet redevelopment, which is also ongoing. The changed editorial policy will see more material published by content producers to the new SharePoint site, with only key and timely news items being included in the updated PA newsletters.
- The ongoing intranet O365 SharePoint migration project will introduce a new intranet to facilitate Health Board wide communication and a new way to access files which are currently stored on shared network drives requiring VPN. The build of the new intranet is underway and the updated site will go live later this month (March 2022). The new site has an improved taxonomy to make it easier to navigate, and will allow access from any device (with no requirement for a VPN to do so). This makes the digital estate visible to frontline staff for the first time, which will bring potentially significant benefits for employee communications.
- The team also continues to support the Estates and COVID-19 programme teams' efforts to improve the look of the work environment for staff and patients. Projects delivered include the branding of our mass vaccination centres and testing sites in the county, the design and installation of large format graphics for the Bronllys canteen refurbishment, and ongoing work to design and install large format graphics for the physiotherapy suite in Brecon War Memorial Hospital.
- We know that staff also consume content from the health board's external digital and social channels. In line with the priorities set out in the Integrated Medium Term Plan 2020-2023, (prior to the pandemic), the Communications and Engagement team has continued to strengthen its social and digital channels, and the growth data for this period are impressive:
 - **Social media channels:** Facebook continues strong growth with 10,674 followers, up 14.7% since September 2021, and page likes up 7.1% to 9,854 likes in the same time period; Twitter has experienced sustained growth with 8,486 followers up 3.5%; and the Instagram channel continues to develop with 1,153 followers up 5.1% since September 2021.

- **Digital channels:** The Powys Teaching Health Board website has experienced exponential growth in 2021 compared to the previous 12-month period (January to December), as the following data illustrate:
 - English: 2085% increase in page views (to 1,518,195) and up 2043% for unique page views* (to 1,200,961) year on year.
 - Welsh: 496% increase in page views (up to 8,976) and up 577% for unique page views (to 7,348) year on year

* Note: Unique page views count the individual visitors that have viewed the web pages during the same session.

Continuing to capitalise on the health board website to adopt a “digital first” approach, the landing page has been updated in Q4 with a new section on “Keeping Well While You Wait” constructed and added to the navigation, which has combined with the new SMS service to allow internal services to collaborate and ensure that all members of the public currently on a waiting list receive online advice to support their wellbeing and manage symptoms while they wait.

During the past six-months (September to February) 81 news stories about work and initiatives delivered by Powys Teaching Health Board have been published to the PTHB website.

Actions to be completed:

- Development of an effective Forward Look/planning process, which will support and facilitate the development of a comprehensive communications and engagement plan to deliver against the IMTP. This will include staff and stakeholder communications and engagement activity. Engagement activity will be developed in consultation and partnership with the Workforce and Organisational Development team.
- A programme of staff-facing employee engagement events is planned for the new financial year, to include online Chief Executive Briefings, recognition and award events, alongside staff-facing events that will provide the Leadership team with profile and engagement opportunities. As in previous years, activity will also include citizen, political representative and stakeholder engagement activity too, which is also relevant to PTHB employees as residents, voters and consumers of health board services.
- The development of Powys Announcement content with a revised editorial policy will ensure that it is more focused, less bulky and is easier to read for all staff. This development work is co-dependent on the new SharePoint intranet site, and the training of content owners on the upload and management of their relevant information within the new SharePoint environment. This workstream will be developed as part of the SharePoint Development Board programme.

- The SharePoint development and launch of the new intranet site will continue during the new Financial Year. Once live, the SharePoint-based site will allow all staff, irrespective of role or location, to access the workforce-focused information and news they need from any device. It is an optional and not compulsory service development, but will allow front-line employees access to and the means to actively contribute to workplace discussions. The new SharePoint site is optimised for mobile, and includes blog and comment features. We anticipate organic growth as frontline staff start to use the site, which will be considerably more useful than the current Cascade-based site. Content owners (as designated by Directorates and teams) will also be able to upload their own content to the site.
- The new site also brings with it opportunities to use video, blog and interactive elements as part of our communications and engagement activity. The Communications and Engagement team has made an investment in a small studio facility on the Bronllys site to enable the production of video content. This will ensure that corporate messaging is delivered across a range of channels, is consistent and high quality.
- The Communications and Engagement IMTP response includes provision for the support of ongoing staff engagement activity. This will include ongoing support for recruitment campaigns, and staff wellbeing activity.

Conclusion:

The Committee is asked to NOTE the contents of the paper.

Powell Bethan
04/19/2022 12:15:59

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

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

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

	Level of risk identified				Statement
	None	Low	Moderate	High	
Clinical					Please provide supporting narrative for any risks identified that may occur if a decision is taken
Financial					
Corporate					
Operational					
Reputational					

Appendix 1 2021/22 IMTP entry

Engagement and Communication

We will continue to support our communities to be fully engaged with the health board

Partner, public and stakeholder engagement

- Maintaining robust engagement with key partners and stakeholders including Community Health Council, local politicians, press and media activity on key areas of interest and joint work.
- Continuing to strengthen our social and digital channels both for communication as well as for events and engagement.
- Ensuring the Powys resident's voice is heard in consultations on service changes, ensuring opportunities for stakeholder engagement and informed responses.
- Reviewing and re-establishing community engagement channels, aligned with the establishment of the new Citizen Voice body to replace the CHCs in Wales.

Key Programmes

- Supporting priority programmes of work locally, regionally and nationally including COVID-19, recovery & renewal and system resilience.
- This includes key campaign areas such as Help Us Help You, Keeping Well This Winter, and Keep Wales Safe to support appropriate access to services and help manage expectations in relation to recovery and renewal.
- Ongoing engagement in temporary and ongoing service change – both for the health board as a direct provider and commissioned services from neighbouring health boards – including continuing to implement the learning from COVID-19 in future service delivery.
- Continuing to capitalise on the opportunities through the health board website to adopt a "digital first" approach.

Staff engagement

- Concluding the programme for intranet migration to SharePoint as part of wider O365 deployment to strengthen staff communication and engagement and transformation opportunities.
- Continuing and consolidating programmes of digital engagement (e.g. staff briefings, showcase events) and returning to face-to-face subject to guidance.



Workforce and Culture Committee

Workforce Planning Arrangements & Education Commissioning

15th March 2022

Julie Rowles

Executive Director of Workforce & OD

Powell Bethan
04/19/2022 12:15:59

Education Commissioning

- ❖ Annual submission (forms part of the IMTP process)
- ❖ Coordinated by Workforce & OD
- ❖ Informs HEIW of our future workforce requirements
- ❖ Provides HEIW with the intelligence required to commission the necessary education on our behalf
 - ❖ Commissioning of new registrants (3-4 years ahead)
 - ❖ Commissioning of education/training for current workforce



Powell Bethan
04/19/2022 15:59

Previous approach to commissioning new registrants

- ❖ Solely driven by a limited set of workforce data
 - ❖ Age profiling
 - ❖ Predicted retirements based on normal retirement age
- ❖ Provided a foundation for commissioning data



BUT...

- ❖ Didn't consider the complexities and potential impact at service level
- ❖ Based on the assumption that everyone retires when they reach retirement age
- ❖ Didn't take into account workforce data trends in relation to vacancies and retirements

Previous approach to commissioning new registrants

- ❖ Table 1 provides figures that have been submitted in previous years for output 2021 & 2022
- ❖ Previous methodology resulted in very high commissioned numbers in some areas
 - ❖ eg 90 in 2021 and 120 in 2022 for Adult Nursing
 - Doesn't reflect reality
 - Unmanageable at service level
- ❖ 20/21 HEIW required HBs to demonstrate they had vacancies for the commissioned AHP numbers
 - ❖ Resulted in creation of new jobs and/or employing new registrants at risk & over-establishment

Table 1. Commissioned Figures for Nursing, Midwifery, AHPs, HCSs and PAs submitted for academic intake 17/18 and 18/19 for output during the last 2 years (2020 & 2021)

Nursing & Midwifery	Year of output	Graduates required	Year of output	Graduates required	AHP & HCS	Year of output	Graduates required	Year of output	Graduates required
Adult	2021	90	2022	120	Radiography	2021	5	2022	5
Child	2021	0	2022	2	Dietician	2021	2	2022	1
MH	2021	22	2022	34	OT	2021	12	2022	10
LD	2021	3	2022	3	Physio	2021	17	2022	14
Adult P/T	2022	16	2023	20	Podiatry	2021	3	2022	3
Child P/T	2022	1	2023	2	SLT	2021	8	2022	2
MH P/T	2022	8	2023	12	SLT Welsh Lang	2021	1	2022	1
LD P/T	2022	0	2023	1	Audiology	2021	2	2022	2
Midwifery	2021	6	2022	6	PA's	2021	6	2022	3

Previous approach to commissioning new registrants

- ❖ As a result, the process was adjusted and tested last year for AHP/HCS
- ❖ Data submitted was reflective of what clinical service areas could realistically support in terms of new preceptors
- ❖ Preferable approach BUT doesn't accurately reflect the organisational needs in terms of future workforce requirements

Table 2 shows the comparison between previously commissioned numbers for AHPs and HCS in 17/18 and 18/19 compared to last years adjusted approach 20/21

	Grads required in year of output 2020	Grads required in year of output 2021	Grads required in year of output 2024
Radiography	5	5	2
Dietician	2	1	1
OT	12	10	3
OT P/T	0	0	1
Physio	17	14	6
Podiatry	3	3	2
SLT	8	2	2
SLT Welsh Lang	1	1	1
Audiology	2	2	2

New Approach to Education Commissioning 2021/22 for academic intake 2023/24

- ❖ Detailed workforce data collected and analysed to support decision on final numbers commissioned
- ❖ Workforce Data sets used :
 - ❖ Average age of those retiring over the last 3 years for each profession
 - ❖ Actual and average vacancies for the last 3 years (WTE) for each profession
 - ❖ Current actual vacancies (WTE) for each profession
 - ❖ Starters and Leavers (WTE) over the last 3 years for each profession
 - ❖ Actual gain or deficit of workforce (WTE) over last 3 years for each profession
 - ❖ Average gain or deficit of workforce (WTE) per year for each profession
 - ❖ Number of staff who are at the average retirement age for their profession this year
 - ❖ Potential number of WTE's who will be at the average retirement age for their profession in 3 years
 - ❖ Numbers of registrants gained through Health Board planned workforce/recruitment initiatives (i.e. Aspiring Nurses Programme, Overseas Recruitment)

New Approach to Education Commissioning 2021/22 for academic intake 2023/24

❖ In addition to the detailed workforce data, all Clinical Heads of Service were requested to populate the relevant areas of the template based on:



- ❖ What number of new registrants (preceptors) could their service areas realistically cope with
- ❖ Any intelligence around workforce planning for service developments or service redesign that would require a change (increase/decrease) in the workforce requirements

❖ All of this information was then used to support and inform discussions with the Executive Clinical Directors to reach the final agreed numbers submitted

e.g. Workforce Data – Adult Nursing

Data Set	Average age of those retiring last 3 years	Average Vacancies last 3 years WTE	Current vacancies WTE	Starters - average WTE over 3 years	Leavers- average WTE over 3 years	Annual turnover (gain or deficit) last 3 years WTE	Average gain/deficit per year WTE	Potential who could retire now (headcount)	Potential WTE who will be average retirement age in 3 years	Number Commissioned for HB
Adult Nursing	61	-50	-62	73.95	93.5	-19.55	-7	34	51.69	44

Rationale

- ❖ Carried an average of 50 vacancies per year for the last 3 years
- ❖ Current vacancies 62
- ❖ Average loss/deficit of 7 staff in a year
- ❖ Potential number of registrants gained through Aspiring Nurse Programme (15 accounting for an attrition rate of 2/17) and International Recruitment (6)
- ❖ Consideration was given to numbers commissioned in previous years however we have no confidence that we will get the numbers through, based on experience to date
- ❖ Final numbers for HB (based on $62 + 7 - 25 = 44$) (24 Full Time / 20 Part Time)
- ❖ Additional 3 Full Time included for WAST

e.g. Workforce Data – Mental Health Nursing

Data Set	Average age of those retiring last 3 years	Average Vacancies last 3 years WTE	Current vacancies WTE	Starters - average WTE over 3 years	Leavers - average WTE over 3 years	Annual turnover (gain or deficit) last 3 years WTE	Average gain/deficit per year	Potential who could retire now (headcount)	Potential WTE who will be average retirement age in 3 years	Potential WTE who will be average retirement age in 3 years – upper age bracket	Number Commissioned for HB
MH Nursing	60	10	-28	37.89	45.91	-8	-3	30	44	15	44

Rationale

- ❖ Carried an average of +10 vacancies per year for the last 3 years
- ❖ Current vacancies 28 – big change!
- ❖ Average loss/deficit of 3 staff in a year
- ❖ Trends indicate an increased number of potential retirements in 3 years compared to now
 - ❖ There are 15 WTE's in the upper age bracket of the potential retirements (3 years time)
- ❖ Potential number of registrants gained through Aspiring Nurse Programme (2)
- ❖ Consideration was given to numbers commissioned in previous years however we have no confidence that we will get the numbers through based on experience to date
- ❖ Final numbers (based on $28 + 3 + 15 - 2 = 44$ (30 Full Time / 14 Part Time)

e.g. Workforce Data –Physiotherapy

Data Set	Average age of those retiring last 3 years	Average Vacancies last 3 years WTE	Current vacancies WTE	Starters – average WTE over 3 years	Leavers – average WTE over 3 years	Annual turnover (gain or deficit) last 3 years WTE	Average gain/deficit per year	Potential who could retire now (headcount)	Potential WTE who will be average retirement age in 3 years	Number Commissioned for HB
Physiotherapy	59	-5.18	-7.53	21.5	21.37	0.13	0	3	3.24	8

Rationale

- ❖ Carried an average of 5 WTE vacancies per year for the last 3 years
- ❖ Current vacancies 7.53 WTE
- ❖ No evidence of gain/deficit trends
- ❖ Average loss/deficit of 0 WTE staff in a year
- ❖ Retirement Potential (in 3 years) 3.24 WTE
- ❖ Service suggested 6 based on ability to support new preceptors
- ❖ Consideration was given to numbers commissioned in previous years however we have no confidence that we will get the numbers through based on experience to date
- ❖ Consideration given to service development plans such as cardiac rehab services
- ❖ Final numbers for HB based on the above = 8 (4 Full Time / 4 Part Time)

e.g. Workforce Data –OT

Data Set	Average age of those retiring last 3 years	Average Vacancies last 3 years WTE	Current vacancies WTE	Starters- average WTE over 3 years	Leavers – average WTE over 3 years	Annual turnover (gain or deficit) last 3 years WTE	Average gain/deficit per year	Potential who could retire now (headcount)	Potential WTE who will be average retirement age in 3 years	Number Commissioned for HB
OT	62	-5	-6.15	24.2	20.3	3.9	1.34	3	3.1	6

Rationale

- ❖ Carried an average of 5 WTE vacancies per year for the last 3 years
- ❖ Current vacancies 6.15 WTE
- ❖ Average gain of 1.34 WTE staff in a year (based on last 3 years)
- ❖ Retirement Potential (in 3 years) 3.1 WTE
- ❖ Service suggested 4 based on ability to support new preceptors
- ❖ Consideration was given to numbers commissioned in previous years however we have no confidence that we will get the numbers through based on experience to date
- ❖ Final numbers for HB based on the above = 6 (3 Full Time / 3 Part Time)
- ❖ Consideration given to needs of our Social Care Partners – 3 Part Time places commissioned in addition to the HB numbers

Commissioning Postgraduate Education

❖ Post Graduate Modules	
❖ Nursing & Midwifery	34
❖ AHP	22
❖ HCS	2
❖ Pharmacy	3
❖ Other Professions	132

❖ Independent Prescribing	
❖ Nursing & Midwifery	12
❖ AHP	3
❖ Optometrist/ Orthoptists	1
❖ HCS	0
❖ Pharmacy	6
❖ Other Professions	3

❖ Post Graduate Masters Programmes	
❖ Nursing & Midwifery	7
❖ AHP	8
❖ HCS	1
❖ Pharmacy	6
❖ Other Professions	7
❖ Supplementary Prescribing	
❖ Other Professions	3
❖ Limited Independent Prescribing	
❖ Nursing & MW	2

Workforce Planning Arrangements Going Forward

- ❖ All Wales Workforce Planning Toolkit
 - ❖ North Powys Wellbeing Project
 - ❖ Renewal Programmes
 - ❖ Work with services to support them to develop their future workforce models including skill mix review
- ❖ Expanding Grow Our Own Approach
- ❖ Refining WF Data analysis and Data sets
- ❖ Support HEIW to improve the gathering of intelligence across Organisations in Powys to inform commissioning for the whole System (Independent Sector and Social Care)





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Any Questions?

Powell Bethan
04/19/2022 12:15:59

[Master Education Commissioning Feb 22 for 23-24 POWYS.xlsx](#)



Agenda item: 3.6

WORKFORCE AND CULTURE COMMITTEE		Date of Meeting: 15 March 2022
Subject:	COMMITTEE BASED RISKS ON THE CORPORATE RISK REGISTER	
Approved and Presented by:	Interim Board Secretary	
Prepared by:	Interim Corporate Governance Manager	
Other Committees and meetings considered at:	n/a	

PURPOSE:

The purpose of this paper is to provide the Committee with the end of January 2022 version of the Committee Risk Register for information.

RECOMMENDATION(S):

It is recommended that the Committee CONSIDERS the risks identified as requiring oversight by this Lead Committee.

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

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

Strategic Objectives:	1. Focus on Wellbeing	
	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:

The purpose of the Committee Risk Register is to draw together relevant risks for the Committee from the Corporate Risk Register (CRR), to provide a summary of the significant risks to delivery of the health board's strategic objectives.

BACKGROUND AND ASSESSMENT:

The CRR provides a summary of the significant risks to the delivery of the health board's strategic objectives. Corporate risks also include risks that are widespread beyond the local area, and risks for which the cost of control is significantly beyond the scope of the local budget holder. The CRR is reviewed by the Executive Committee on a bi-monthly basis and is noted by the Board.

The Committee is asked to DISCUSS the risks relating to Workforce and Culture and the risk targets within the Committee Risk Register, and to CONSIDER whether the targets identified are achievable and realistic.

The full Committee Risk Register is attached at **Appendix A**.

NEXT STEPS:

The Risk and Assurance Group will lead the ongoing development of the CRR, escalating any organisational risks for proposal to the CRR, for consideration by the Executive Committee.

Powell Bethan
04/19/2022 12:15:39

COMMITTEE RISK HEAT MAP: January 2022

There is a risk that...

Impact	Catastrophic	5					
	Major	4				<ul style="list-style-type: none"> The Health Board is unable to sustain an adequate workforce 	
	Moderate	3				<ul style="list-style-type: none"> The Health Board does not comply to the Welsh Language standards, as outlined in the compliance notice 	
	Minor	2					
	Negligible	1					
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost Certain
			Likelihood				

COMMITTEE RISK DASHBOARD – January 2022

Risk Lead	Risk ID	Main Risk Type	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DWOD	CRR 006	Quality & Safety of Services	The Health Board is unable to sustain an adequate workforce	4 x 4 = 16	↑	Low	12	✓	Workforce and Culture	Organisational Priorities Underpinning WBO 1 to 8
DTHS	CRR 012	Regulation & Compliance	The Health Board does not comply with the Welsh Language standards, as outlined in the compliance notice	4 x 3 = 12	→	Low	6	✗	Workforce and Culture	Organisational Priorities Underpinning WBO 1 to 8

KEY:

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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Executive Lead:	
CEO	Chief Executive
DPCMH	Director of Primary, Community Mental Health Services
DN	Director of Nursing
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director of Public Health
DWODSS	Director of Workforce & OD and Support Services
DTHS	Director of Therapies & Health Sciences
DPP	Director of Planning & Performance
BS	Board Secretary

RISK APPETITE		
Category	Appetite for Risk	
Quality & Safety of Services	Low	Risk Score 1-6
Regulation & Compliance	Low	Risk Score 1-6
Reputation & Public Confidence	Moderate	Risk Score 8-10
Finance	Moderate	Risk Score 8-10
Innovation & Strategic Change	High	Risk Score 12-15

Trend	
↑	risk score increased
→	risk score remains static
↓	risk score reduced


CRR 006 Risk that: the Health Board is unable to sustain an adequate workforce	Executive Lead: Director of Workforce & OD and Support Services Assuring Committee: Workforce and Culture Date last reviewed: January 2022																																																						
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 8																																																							
<div><div><div>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 4 = 12</div><div>Date added to the risk register January 2017</div></div><div><table><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Dec-17</td><td>16</td><td>4</td></tr><tr><td>Mar-18</td><td>16</td><td>4</td></tr><tr><td>Jun-18</td><td>16</td><td>4</td></tr><tr><td>Sep-18</td><td>16</td><td>4</td></tr><tr><td>Dec-18</td><td>16</td><td>4</td></tr><tr><td>Mar-19</td><td>16</td><td>4</td></tr><tr><td>Jun-19</td><td>16</td><td>4</td></tr><tr><td>Sep-19</td><td>12</td><td>6</td></tr><tr><td>Dec-19</td><td>12</td><td>6</td></tr><tr><td>Mar-20</td><td>12</td><td>6</td></tr><tr><td>Jun-20</td><td>12</td><td>6</td></tr><tr><td>Sep-20</td><td>12</td><td>6</td></tr><tr><td>Dec-20</td><td>12</td><td>6</td></tr><tr><td>Mar-21</td><td>12</td><td>6</td></tr><tr><td>Jun-21</td><td>12</td><td>12</td></tr><tr><td>Sep-21</td><td>12</td><td>12</td></tr><tr><td>Dec-21</td><td>16</td><td>12</td></tr></tbody></table></div></div>	Date	Risk Score	Target Score	Dec-17	16	4	Mar-18	16	4	Jun-18	16	4	Sep-18	16	4	Dec-18	16	4	Mar-19	16	4	Jun-19	16	4	Sep-19	12	6	Dec-19	12	6	Mar-20	12	6	Jun-20	12	6	Sep-20	12	6	Dec-20	12	6	Mar-21	12	6	Jun-21	12	12	Sep-21	12	12	Dec-21	16	12	<div>Rationale for current score: The Health Board continues to have difficulties recruiting and retaining certain posts to areas of the health board. It is recognised that for some professions, the workforce is ageing and so there is a need to have clear succession and recruitment plans in place. There have been significant increases in demand owing to the temporary requirements due to the effect of COVID on absence and also the requirement for increased capacity for Mass Vaccination. This risk has increased in the context of the Omicron variant and modelling of potential staff absence rates of up to 20% and a core focus on supporting staff wellbeing across all staff groups.</div> <div>Nursing The Health Board continues to experience recruitment challenges in respect of the Nursing Workforce. In particular, there is a 29% vacancy deficit of registered nurses across the wards (as of 30 November 2021), which is a 2% decrease since August 2021. The temporary staffing unit is continuing to provide support to meet this demand and has filled on average 30.08 WTE of ward registered nursing requests and 32.37 WTE ward unregistered nursing requests (per month) with either bank or agency staffing between September and November 2021. However, there is a continued reliance on agency staffing to meet this shortfall.</div> <div>Medical Following two recent appointments, the health board currently has 11.38 WTE medical vacancies. All vacancies are currently being covered via locums.</div>
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		<p>Recruitment to medical roles remains challenging for the organisation with a large number of long-term locums in place, predominantly within the mental health service. A proposal for a new medical support structure within mental health is to be submitted to executive committee. This will take into consideration recommendations from existing long-term medics on how to make the organisation more attractive and enhance the offer to consultants. Vacancies continue to be advertised.</p> <p>To support the recruitment and retention of Medics within the health board a task and finish group is being arranged to capture views from medical staffing in relation to areas which could be developed to support recruitment within this staffing group.</p> <p>Clinical Pharmacist</p> <p>There are significant recruitment challenges within the Medicines Management department due to the ongoing work as part of the renewal and recovery priorities. Currently there are 2.74 WTE Clinical Pharmacist vacancies within the service, and despite the posts being advertised, there has been no successful uptake. A review of the current model was due to take place on the 27th of September to understand how the service can function differently, but due to COVID pressures this has not yet happened.</p> <p>Therapies</p> <p>There are currently 18.76 WTE vacancies across the Occupational Therapy and Physiotherapy services, although 8.6WTE posts have been appointed to and are in various stages of the appointment process. Work will continue to understand how the roles can be shaped differently to support recruitment to these vacancies.</p> <p>Mass Vaccination</p> <p>Due to changes to the COVID booster programme and delivery timelines, the health board has, at short notice, covered a number of additional shifts ensuring that additional vaccination days are covered. This has successfully been achieved through bank,</p>
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		overtime, additional hours and short-term release of substantive staff.															
		<p>Occupational Health</p> <p>There are significant recruitment challenges within the Occupational Health (OH) team. Despite advertising twice for the OH manager, we have not been able to attract any applicants. A review of the OH model is underway to understand how the service can function differently.</p>															
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)															
<p>Bank and Agency</p> <ul style="list-style-type: none"> ▪ Ongoing recruitment and monitoring of demand to support the identification of supply requirements for the temporary staffing unit. ▪ Weekly reports on temporary staffing are produced and shared with Community Service Managers and reviewed mid-week to ensure optimum cover options are explored. ▪ The Health Board temporarily implemented an enhanced rate for bank worker shifts for bank workers and substantive staff for the period December 2021 to 31 March 2022. This will now be reviewed in order to establish its effectiveness. <p>Operational Delivery</p> <ul style="list-style-type: none"> ▪ 8 Aspiring Nurse roles were advertised externally and all 8 posts were recruited to. The new recruits will commence in January 2022. ▪ All previous vacancies reported (3WTE) in Theatres have now been appointed to with 2WTE already commenced and 1WTE commencing on the 4th January 2022. Since the previous update, another 1WTE post become vacant, but the post was advertised and an appointment made. ▪ Radiology have secured funding for 'grow our own' Radiographer. Recruitment will commence in coming months and an appointed candidate will start academic training September 2022 		<table> <tr> <th>Action</th><th>Lead</th><th>Deadline</th></tr> <tr> <td>Develop a strong, distinctive employment offer that captures the uniqueness of Powys Teaching Health Board</td><td>DWODSS</td><td>Ongoing</td></tr> <tr> <td>Implement Standard Operating Procedures for internal operational workforce planning and work with directorates to develop their workforce plans</td><td>DWODSS</td><td>Yearly in line with Annual planning/ IMTP</td></tr> <tr> <td>Implement an approach to succession planning: identify critical posts</td><td>DWODSS</td><td>March 2022</td></tr> <tr> <td>To support temporary arrangements in response to the COVID-19 pandemic</td><td>DWODSS</td><td>Ongoing</td></tr> </table>	Action	Lead	Deadline	Develop a strong, distinctive employment offer that captures the uniqueness of Powys Teaching Health Board	DWODSS	Ongoing	Implement Standard Operating Procedures for internal operational workforce planning and work with directorates to develop their workforce plans	DWODSS	Yearly in line with Annual planning/ IMTP	Implement an approach to succession planning: identify critical posts	DWODSS	March 2022	To support temporary arrangements in response to the COVID-19 pandemic	DWODSS	Ongoing
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<ul style="list-style-type: none"> ▪ We are currently exploring international overseas recruitment which is being co-ordinated on an all Wales basis and the health board has submitted 21 places in the first cohort due in early 2022 ▪ Ensure that recruitment timescales are minimised and that issues of delay are appropriately and proactively managed to ensure recruitment performance indicators are consistent with national targets. ▪ Recruitment support has been identified for renewals post to provide input into all recruitment processes and support recruitment to the posts at pace. ▪ Streamlined recruitment processes are in place for registered nurse roles which includes, open ended adverts and automatic invite to interview for registered nurses if they provide NMC registration. ▪ Extensive recruitment activity is being managed internally to support the health board in managing vacancies related to mass vaccination and bank recruitment. ▪ Health Care Support Worker Apprenticeship Programme in place and recruitment to the next cohort is underway. ▪ The Health Board is acting as a gateway employer on behalf of Powys Social Services department, PAVO and PTHB to roll out the Kick Start Programme. A partnership lead has been appointed to lead the programme of work across the three partners. ▪ New volunteering approach has been developed including central coordination of all volunteering, acknowledgement of the memorandum of understanding between PAVO and PTHB and an introduction of an improved standard operating procedure for the deployment of volunteers in PTHB. ▪ Agile ways of working have been developed to mitigate impact on recruitment due to COVID-19 work restrictions; this includes virtual interviews and online pre-employment checks. The new Agile Working policy has been approved. <p>Strategic Activity</p>			
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<ul style="list-style-type: none"> ▪ Developmental roles have been explored due to a difficulty in recruiting to posts. Discussions continue to take place with services where appropriate to do so, this has included developmental roles under annex 21 of the agenda for change terms and conditions of service. ▪ Work is progressing to look at developing creative and redesigning roles to meet the changing health needs of the local population. This includes working with the National Nurse Staffing Group to maximise the development of band 4 roles to encourage opportunities for growing and retaining our own staff within the Powys area. However, nationally, this work has been delayed as organisations have been responding to the COVID 19 pandemic. 			
<p align="center">Current Risk Rating</p>	<p align="center">Additional Comments</p>		
<p align="center">4 x 4 = 16</p>	<p>Controls and mitigation are in place so far as reasonably possible to manage the risk at its current level, to inhibit escalation higher than the current score of 16. However, the Health Board continues to face a challenged position in respect of its ability to meet staffing requirements particularly within clinical roles, resulting in an increased reliance on agency staffing in particular to meet these demands.</p>		

CRR 012 Risk that: the Health Board does not comply to the Welsh Language standards, as outlined in the compliance notice Risk Impacts on: Organisational Priorities underpinning WBO 1 to 8		Executive Lead: Director of Therapies & Health Sciences Assuring Committee: Workforce and Culture Date last reviewed: January 2022																																								
Risk Rating – (likelihood x impact): Initial: 4 x 3 = 12 Current: 4 x 3 = 12 Target: 2 x 3 = 6 Date added to the risk register March 2019	 <table><caption>Risk Rating Data</caption><thead><tr><th>Period</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Mar-19</td><td>12</td><td>6</td></tr><tr><td>Jun-19</td><td>12</td><td>6</td></tr><tr><td>Sep-19</td><td>12</td><td>6</td></tr><tr><td>Dec-19</td><td>12</td><td>6</td></tr><tr><td>Mar-20</td><td>12</td><td>6</td></tr><tr><td>Jun-20</td><td>12</td><td>6</td></tr><tr><td>Sep-20</td><td>12</td><td>6</td></tr><tr><td>Dec-20</td><td>12</td><td>6</td></tr><tr><td>Mar-21</td><td>12</td><td>6</td></tr><tr><td>Jun-21</td><td>12</td><td>6</td></tr><tr><td>Sep-21</td><td>12</td><td>6</td></tr><tr><td>Dec-21</td><td>12</td><td>6</td></tr></tbody></table>			Period	Risk Score	Target Score	Mar-19	12	6	Jun-19	12	6	Sep-19	12	6	Dec-19	12	6	Mar-20	12	6	Jun-20	12	6	Sep-20	12	6	Dec-20	12	6	Mar-21	12	6	Jun-21	12	6	Sep-21	12	6	Dec-21	12	6
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Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Welsh Language Steering Group continues to monitor progress against the Standards and is sharing and encouraging best practice.Response to Internal Audit Report completed and recommendations implemented.Departmental Action Plans updated – compliance self-assessment completed and returned to WL Commissioner. Compliance levels have increased again during 2020-2021. End of year monitoring meetings held with WL Service Leads.Overarching Welsh Language and Equality action plan updated for 2021-2022 in line with WL Standards, MTJW Strategic Framework and SEP. This has been submitted as of October 2021.New Service Improvement Manager appointed October 2021 alongside new Full-Time internal Translator and Equality & Welsh Officer (on 12 month Secondment initially).Welsh language awareness session developed and delivered to some key staff groups to promote the Standards and the Active Offer principle. Session also added to ESR to monitor attendance.Increased compliance with bilingual communication – patient leaflets, letter templates, website information. Additional cost implications included in approved budget for 2021-22.		Mitigating actions (What more should we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Implement Welsh Language Improvement Plan</td><td>DOTHs</td><td>In line with Annual Plan for 2021-22</td></tr><tr><td>Assess effectiveness of internal monitoring and auditing procedures within nursing and ALNET operations group before rolling out to other service areas</td><td>DOTHs</td><td>Dec 2021</td></tr></tbody></table>			Action	Lead	Deadline	Implement Welsh Language Improvement Plan	DOTHs	In line with Annual Plan for 2021-22	Assess effectiveness of internal monitoring and auditing procedures within nursing and ALNET operations group before rolling out to other service areas	DOTHs	Dec 2021																													
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<ul style="list-style-type: none"> WL Annual Monitoring Reports completed and submitted on 30th September 2021. Internal monitoring and auditing procedures developed for nursing and ALNET operational group. Plans are in place to roll out audit procedures to other service areas. Continue to monitor compliance levels within each service area and work with Service Leads to address any gaps in compliance. 			
<p>Current Risk Rating</p>	<p>Additional Comments</p>		
<p>4 x 3 = 12</p>	<p>Due to COVID-19 pressures, staff have little capacity to move WL initiatives forward.</p>		