

2022-05-31

Tue 31 May 2022, 14:00 - 16:00

Agenda

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

0 min

Oral *Chair*

 WC_Agenda_31May22 FINAL.pdf (2 pages)

1.1. Welcome and Apologies

Oral *Chair*

1.2. Declarations of Interest

Oral *Chair*

1.3. Minutes from the Previous meeting, held 15 March 2022

Attached *Chair*

 WC_Item_1.3_WC_Unconfirmed_Minutes_15March22.pdf (11 pages)

1.4. Matters Arising from the minutes of the Previous Meeting

Oral *Chair*

1.5. Workforce and Culture Committee Action Log

Attached *Chair*

 WC_Item_1.5_Action Log May 2022.pdf (2 pages)

14:00 - 14:00 **2. ITEMS FOR ASSURANCE**

0 min

Oral *Chair*

2.1. Welsh Language Standards Monitoring Report

Attached *Director of Therapies and Health Science*

 WC_Item_2.1_Welsh Language Standards Covering Paper.pdf (3 pages)

 WC_Item_2.1a_Welsh Language Standards Annual Monitoring Report 2021-2022.pdf (22 pages)

2.2. Equalities, Diversity and Inclusion Monitoring Report

Attached *Director of Therapies and Health Science*

 WC_Item_2.2_EqualitiesDiversity and Inclusion Covering Paper.pdf (4 pages)

 WC_Item_2.2a_Equality Annual Monitoring Report 2021 2022.pdf (17 pages)

2.3. Workforce Performance Report

Attached *Director of Workforce and OD*

 WC_Item_2.3_Workforce_Performance_Report_May 2022.pdf (13 pages)

2.4. Workforce Futures Strategic Update (Carers and Volunteers)

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Attached *Director of Workforce and OD*

 WC_Item_2.4_Workforce Futures Strategic Update.pdf (10 pages)

 WC_Item_2.4a_Powys Balance Programme Proof of Concept Feedback.pdf (11 pages)

14:00 - 14:00 **3. ITEMS FOR DISCUSSION**
0 min

3.1. Implementation of Agile Working and New Ways of Working

Attached *Director of Environment*

 WC_Item_3.1_Implementation of Agile Working and New Ways of Working.pdf (19 pages)

3.2. Staff Wellbeing Overview (Occupational Health and Update on Staff Survey)

Attached *Director of Workforce and OD*

 WC_Item_3.2_Staff Wellbeing Overview.pdf (9 pages)

 WC_Item_3.2a_Appendix_1_Wellbeing Action Plan.pdf (11 pages)

 WC_Item_3.2b_Appendix_2_OccupationalHealth & Wellbeing Report.pdf (4 pages)

14:00 - 14:00 **4. ESCALATED ITEMS**
0 min

There are no escalated items

14:00 - 14:00 **5. ITEMS FOR INFORMATION**
0 min

There are no items for information

14:00 - 14:00 **6. OTHER MATTERS**
0 min

Oral *Chair*

6.1. Corporate Risk Register - risks overseen by this Committee

Attached *Lead Directors*

 WC_Item_6.1_Committee Risk Report_May2022.pdf (2 pages)

 WC_Item_6.1a_Appendix_A_W&C_RiskRegister_May_2022.pdf (11 pages)

6.2. Committee Work Programme 2022-2023

attached *Chair*

 WC_Item_6.2_Committee_Work Programme_2022-23_240522.pdf (5 pages)

 WC_Item_6.2a_Workforce & Culture Committee_ToR_Sept21_Final.pdf (11 pages)

6.3. Items to be brought to the attention of the Board and/or Other Committees

Oral *Chair*

6.4. Any Other Urgent Business

Oral *Chair*

6.5. Date of the Next Meeting: 20 September 2022 via Microsoft Teams

Patterson, Liz
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Oral

Chair

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



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

**31 MAY 2022,
14:00 – 16:00,
VIA MICROSOFT TEAMS**

AGENDA

Time	Item	Title	Attached /Oral	Presenter
	1	PRELIMINARY MATTERS		
13:00	1.1	Welcome and Apologies	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Minutes from the Previous Meeting, held 15 March 2022	Attached	Chair
	1.4	Matters Arising from the minutes of the Previous Meeting	Oral	Chair
	1.5	Workforce and Culture Committee Action Log	Attached	Chair
	2	ITEMS FOR ASSURANCE		
13:10	2.1	Welsh Language Standards Monitoring Report	Attached	Director of Therapies and Health Science
13:30	2.2	Equalities, Diversity, and Inclusion Monitoring Report	Attached	Director of Therapies and Health Science
13:50	2.3	Workforce Performance Report	Attached	Director of Workforce and OD
14:10	2.4	Workforce Futures Strategic Update (Carers and Volunteers)	Attached	Director of Workforce and OD
	3	ITEMS FOR DISCUSSION		
14:30	3.1	Implementation of Agile Working & New Ways of Working	Attached	Director of Environment
15:00	3.2	Staff Wellbeing Overview (Occupational Health and update on staff survey)	Attached	Director of Workforce and OD
	4	ESCALATED ITEMS		
		<i>There are no escalated items</i>		
	5	ITEMS FOR INFORMATION		
		<i>There are no items for information.</i>		
	6	OTHER MATTERS		
15:20	6.1	Corporate Risk Register – risks overseen by this Committee	Attached	Lead Directors
15:35	6.2	Committee Work Programme 2022-23	Attached	Chair

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15:45	6.3	Items to be Brought to the Attention of the Board and/or Other Committees	Oral	Chair
	6.4	Any Other Urgent Business	Oral	Chair
15:50	6.5	Date of the Next Meeting: <ul style="list-style-type: none"> • 20 September 2022 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 15 MARCH 2022, 10:00 – 13:00 VIA MICROSOFT TEAMS

Present:

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

In Attendance:

Julie Rowles	Director of Workforce and Organisational Development
Pete Hopgood	Director of Finance and IT
Kate Wright	Medical Director
James Quance	Interim Board Secretary
Jamie Marchant	Director of Environment
Sarah Powell	Assistant Director Workforce and OD
Paula Walters	Associate Director of Corporate Business
James Field	Head of Communications and Engagement
Katelyn Falvey	Head of Organisational Design
Louise Richards	Workforce Planning Manager
Lucie Cornish	Assistant Director Therapies and Health Sciences

Observers:

Claire Powell	Business Manager CHC
Vivienne Harpwood	Chair, PTHB

Apologies for absence:

Ronnie Alexander	Independent Member
Carol Shillabeer	Chief Executive Officer
Hayley Thomas	Deputy Chief Executive and Director of Planning and Performance
Claire Madsen	Director of Therapies & Health Science

Committee Support:

Liz Patterson	Interim Head of Corporate Governance
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PRELIMINARY MATTERS	
W&C/21/23	<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/21/24	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were received.</p>
W&C/21/25	<p>MINUTES FROM THE PREVIOUS MEETING, HELD 28 JANUARY 2022</p> <p>The Committee APPROVED the minutes of the meeting held 28 January 2022.</p>
W&C/21/26	<p>MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING</p> <p>There were no matters arising</p>
W&C/21/27	<p>WORKFORCE AND CULTURE COMMITTEE ACTION LOG</p> <p>The Committee received the Action Log and raised the following queries:</p> <p>W&C/21/03 - The Committee requested evidence of best practice in employee engagement to support the already successful programme the health board have invested in. It was confirmed that any reporting on staff engagement would take into account best practice.</p> <p>W&C/21/15 - That the metrics provided to Committee include a measure of discretionary effort relating to Volunteers. The Powys Association of Voluntary Organisations (PAVO) had been asked if there was a method of reporting discretionary effort.</p> <p>All other actions relate to Work Programmes and the Interim Board Secretary confirmed that these items would not be lost during the preparation of Work Programmes.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
There were no items for approval, ratification, or decision at this meeting.	

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ITEMS FOR DISCUSSION

W&C/21/28	<p>MEDICAL JOB PLANNING ANNUAL REPORT</p> <p>The Medical Director presented the report resulting from a previous audit report recommending that a review and monitoring of the job planning process for substantive medical staff was undertaken. Over the last year practice had been reviewed and guidance updated to ensure that job plans are up to date. Medical job planning is an annual process and is challenging for most health boards. In the Health Board it had only been kept up to date in the Mental Health team. The other teams (Children's, Occupational Health and Old Age Medicine) were smaller and do not have a Clinical Lead to lead on job planning. The Medical Director confirmed that arrangements were now in place for all job plans to be undertaken. Benchmarking has taken place with other health boards and the British Medical Association, and all include supporting professional activities (SPA) in their job plans.</p> <p><i>Will Members be advised when the job planning process has been completed?</i></p> <p>The Medical Director confirmed that Members would be advised when the process had been completed.</p> <p><i>Will the absence of Clinical Leads in the Health Board mean job planning will continue to be difficult here?</i></p> <p>The Medical Director advised that the lack of Clinical Leads was a perceived barrier and whilst the Medical Director is unable to be involved in job planning, although can advise, the operational leads are now leading on this.</p> <p><i>When considering job planning is the Equality Act and the Well-being of Future Generations (Wales) Act considered, and if so, can this be evidenced in future reports?</i></p> <p>The Medical Director confirmed that consideration would be given to the best way of evidencing this in the next paper.</p> <p>The Committee NOTED the Medical Job Planning Annual Report.</p>
W&C/21/29	<p>WORKFORCE PERFORMANCE REPORT</p> <p>The Director of Workforce and OD presented the report which provided an update on key performance indicators across the organisation highlighting areas of high performance, areas where improvement was required and current trends in workforce data. It should be noted that the team was working to pre-pandemic establishment arrangements but that a paper</p>

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would be taken to Executive Committee regarding the establishment which would result in changes to the performance data. Attention was drawn to a number of areas:

- current Performance Appraisal and Personal Development Plan (PADR) compliance is at 73% and a focussed piece of work is planned so this increases to 80%;
- sickness rates for Quarter 3 were 5.36% which was not unexpected in light of covid-19. Whilst rates fluctuate there is an overall downward trend;
- recruitment data showed the time from vacancy creation to unconditional offer of 75.6 days in the Health Board compared to an all-Wales average of 85.2 days. There was an opportunity to reduce this by targeting the shortlisting time;
- six nurses have been secured through the national overseas recruitment programme and are due to arrive in May 2022. A further 17 nurses have joined the Aspiring Nurses programme. However, there are continuing issues in medical vacancies, particularly in Mental Health Services; and
- two Employment Tribunal Cases were reported, one of which has now concluded with a positive outcome for the Health Board.

When the Health Board has previously recruited from abroad not all those that sign up come. Is it expected that these nurses will arrive?

The Director of Workforce and OD advised that previously overseas recruitment had been arranged locally by individual health boards. This time the overseas recruitment had been organised on an all-Wales basis. It was noted that overseas recruitment was usually a temporary arrangement as staff did not always stay for a long period.

What is the cost of recruiting overseas staff?

The Director of Workforce and OD advised that the cost of recruiting overseas staff was approximately £10k per post. For this tranche Welsh Government were funding the initial costs. However, the Health Board would be responsible for support costs in helping the new staff settle in Powys.

In some areas the vacancy rates are showing as 30%. Are the training places available adequate and what more can be done to attract staff to Powys? Could additional incentives be offered to attract staff?

The Director of Workforce and OD advised that the issue regarding training would be covered later in the meeting in the

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	<p>section on Workforce Planning. With regard to recruitment, at the beginning of the year a recruitment campaign had been run which received no response. It is believed that the issue is there are no nurses to recruit rather than the Health Board is an unattractive place to work. There is a method by which health boards can apply to pay a recruitment and retention premium. This is for a limited period, and it is unlikely that it would be given to the Health Board as nurse vacancies is a national issue.</p> <p><i>Consideration should be given to applying for consent to offer this premium as the cost of living is demonstrably higher in the county.</i></p> <p>The Director of Workforce and OD confirmed that a relocation package was offered to support staff moving to the county and it was acknowledged that the cost of living in Powys did mean the Health Board was in a different position to other areas. The focus was now on trying to find new sources for staff such as through military resettlement.</p> <p><i>Does the Health Board offer flexibility to undertake research or sabbaticals?</i></p> <p>The Director of Workforce and OD confirmed that current arrangements did allow for an opportunity to undertake a sabbatical. Further training was also available through the Aspiring Nurses programme.</p> <p>The Independent Member (Trade Union) drew attention to the Union position which was against incentivising certain sectors of staff.</p> <p><i>Are joint appointments with other health boards under consideration?</i></p> <p>The Medical Director confirmed that all opportunities are under consideration. It is acknowledged that some junior staff prefer to work in hospitals and conversations are taking place with other Medical Directors regarding the potential to offer rotations. A regional approach to recruitment would be beneficial to all. Recruitment was an ongoing issue, but the real focus should be on retention.</p> <p>The Committee DISCUSSED and NOTED the Workforce Performance Report.</p>
<p>W&C/21/30</p>	<p>WORKFORCE FUTURES STRATEGIC FRAMEWORK UPDATE, INCLUDING HEALTH & CARE ACADEMY UPDATE</p>

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The Workforce Planning Manager gave a presentation outlining the joint work that was being undertaken with Powys County Council (PCC), the Powys Association of Voluntary Organisations (PAVO), and the Health Board to deliver the 2019 Health and Care Strategy.

The Workforce Strategic Framework spans the following 5 themes:

- designing, planning, and attracting the workforce;
- leading the workforce;
- engagement and wellbeing;
- education, training, and development; and
- partnership and citizenship.

There has been considerable investment in the Basil Webb building at Bronllys as the hub for the Health Care Academy and an adjacent adaptive living space which will be completed in April 2022 allowing learning in a home setting. The Health Board are pioneering this approach.

The focus is now on developing a digital learning management system and piloting continuing professional development through the four Academy schools (School of Professional and Clinical Education and Training; Schools of Research, Development, and Innovation; School of Leadership; and School of Volunteers and Carers.

An outdoor space is planned for Bronllys and a commitment to developing the spokes across the area has been given. The specification for the Newtown spoke has been prepared and discussions are taking place with colleagues for the capital required over the next 18 months for other spoke sites.

A mapping exercise has been undertaken as part of the mid project horizon point and high-level plans for 2022-25 were outlined within the report.

Funding has been received from a number of sources including in-kind investment from partners. Whilst this work sits within the partnership arena and Integrated Care Funding (ICF) has been available there will be a longer term need to move this project to core business.

The progression of this project is welcomed as is the high-level priority 'Building on our sound Partnership and Citizenship model that continues to embed resilience within our communities in Powys'. What does community resilience mean here?

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	<p>The Workforce Planning Manager outlined that from an Academy perspective this was enabling citizens to be part of the social care sector which as a volunteer would provide a return on investment, benefit the volunteer, and strengthen the community. The Director of Workforce and OD confirmed that whilst the Health Board were not experts in community resilience there was an opportunity to contribute to it.</p> <p><i>The importance of culture, behaviours and shared decision-making was noted. It will be necessary to do things with people rather than to people.</i></p> <p>The Workforce Planning Manager noted that this came under the wellbeing area and whilst there was no baseline data for this, consideration was being given to how people can have their voice heard.</p> <p><i>What opportunities are there for implementing new models of care?</i></p> <p>The Workforce Planning Manager advised that the team worked closely with the North Powys Wellbeing Programme team and Workforce Futures was embedded in planning for the future.</p> <p>The Director of Workforce and OD drew attention to all the work that was undertaken during covid-19 which provided evidence for decisions taken now.</p> <p><i>What work is being undertaken in the area of arts therapy?</i></p> <p>The Workforce Planning Manager confirmed that many groups had indicated a desire to work with the project, but it was necessary to understand demand and capacity to see what needs to be provided before these links are made.</p> <p><i>Some work has been undertaken regarding Health Care Support Workers and Physician Associates. Is this still being pursued via the Academy?</i></p> <p>The Workforce Planning Manager confirmed that the Primary Care Learning Model was being scoped and it was intended to repatriate learning opportunities into the county from a range of providers. It was important that staff could see opportunities for career development which would help with retention. a career escalator.</p> <p>The Committee DISCUSSED and NOTED the Workforce Futures Strategic Update.</p>
W&C/21/31	COMMUNICATIONS AND ENGAGEMENT – UPDATE

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The Associate Director of Corporate Business introduced the report outlining how in 2021-22 much of the focus had been in supporting the covid-19 response including with the local authority. Whilst there had been no face-to-face engagement, this had taken place via Teams including the Chief Executive briefings and staff recognition events. There had been an increase in public interactions via social media. However, staff engagement is heavily based on Powys Announcements and Facebook and there is a need to improve the focus of these. Current activity is under review to ensure greater alignment with the Integrated Medium-Term Plan.

The Head of Communications and Engagement outlined the intent to develop a comprehensive Communication and Engagement Plan to support the organisation. The team has been reviewed to ascertain where the best value could be added. The team was limited in capacity and ability to hold face-to-face meetings and the whilst the use of Teams will decline it will still be used.

A review of Powys Announcements is taking place and with the introduction of the new Intranet at the end of March there will be an opportunity for information to be accessible to all staff from any device.

What activities are planned to reach those people who are harder to reach?

The Head of Communications and Engagement advised that work had taken place with Powys County Council and PAVO to reach groups who it is not always possible to reach through existing channels. It is possible to effectively target groups using digital means. However, it was recognised that this does not reach everyone, and an appropriate mix of channels was required which will change from project to project.

How is it intended to reach staff who do not have access to laptops? What improvements are planned to Powys Announcements?

It is intended that more digital content will be used via the new Sharepoint intranet which is accessible through other devices rather than just via a staff laptop. With specific reference to Powys Announcements much of the detail will go onto the Sharepoint intranet which will allow Powys Announcements to focus on critical matters. The team is working with colleagues in other health boards who are further ahead to ascertain what works well.

The improvements to Powys Announcements are welcomed. How does the organisation interact with groups such as LGBT,

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	<p><i>Women's and Disabled? An online platform has powerful tools that allows targeted messages, but this takes investment. Is the team adequately resourced?</i></p> <p>The Director of Finance and IT noted that flexibility was needed to allow people to use the method they were most comfortable with whilst ensuring that the key messages were maintained.</p> <p>The Head of Communications and Engagement noted there was no 'one size fits all' approach and that it was necessary to have a consistent approach to understand the objective and audience then plan the methods and channels to be used.</p> <p>The Communications and Engagement report was NOTED.</p>
W&C/21/32	<p>WORKFORCE PLANNING ARRANGEMENTS AND EDUCATION COMMISSIONING</p> <p>The Director of Workforce and OD introduced the Workforce Planning Manager who presented the report. Education commissioning requirements are submitted annually to Health Education and Improvement Wales (HEIW) based on expected need 3-4 years ahead.</p> <p>The Workforce and OD Department co-ordinate this work based on commissioning of new registrants and education and training of current workforce. The requirement for new registrants was based on age profiling and predicted retirements which was a good baseline but insufficiently detailed. The previous methodology resulted in very high commissioned numbers in some areas which do not reflect reality and would be unmanageable.</p> <p>HEIW now require health boards to demonstrate they have vacancies for the commissioned numbers. This resulted in services creating vacancies for students that did not arrive (for example in Therapies).</p> <p>The new process bases submission numbers on the numbers of new staff that could be supported using more detailed data sets. However, this does not accurately reflect what the organisation will need in terms of future workforce requirements. It is now intended to use the All-Wales Workforce Planning Toolkit to expand the Grow Your Own scheme, and to develop workforce planning to include social care and the independent sector.</p> <p>The Director of Workforce and OD noted that the Health Board do not receive all the staff that have been</p>

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	<p>commissioned and, even if they had been available, it would not have been possible to support them. There appears to be a difficulty in recruiting recent graduates the Health Board and the Grow Your Own approach is expected to be more successful.</p> <p><i>How reactive is HEIW to changes that occur within the three-year period that is worked to? It is likely that there will be more retirements imminently with the proposed pension changes.</i></p> <p>It was confirmed that once the submission had been made there were no opportunities to change it.</p> <p><i>The expansion of the Grow Your Own scheme is welcomed. What support is available for staff in this scheme?</i></p> <p>HEIW do not offer an expanded scheme generally but have supported the Health Board with a Grow Your Own Radiographer as there is a recognised need. Support for learners is available including mentoring within the teams and via university supervisors. It is also intended to offer a Pastoral Café to enable students to meet with peers.</p> <p><i>The development of the methodology is welcomed but if the Health Board did not receive all the staff it previously asked for and are now asking for a reduced number, what will happen if these staff are not forthcoming?</i></p> <p>The Workforce Planning Manager confirmed that this was an issue. The system is not designed so that staff are commissioned for a particular health board but rather that a number of training places are commissioned, and the student has a choice of where to apply for work. The Health Board will request that HEIW instruct the universities to recruit for placements into PTHB. The Health Board also wish to work with the English system to enable students trained across the border to be placed in PTHB.</p> <p>The Director of Workforce confirmed that it would be necessary to move to whole system commissioning arrangements to ensure that there are sufficient trained staff across all sectors.</p> <p>The Workforce Planning Arrangements and Education Commissioning Report was NOTED.</p>
<p>W&C/21/33</p> <p>Patterson, Liz 05/25/2022 17:09:13</p>	<p>COMMITTEE BASED RISKS ON THE CORPORATE RISK REGISTER</p> <p>The Director of Workforce and OD confirmed two risks remain on the Risk Register:</p>

	<ul style="list-style-type: none"> • CRR 006 The Health Board is unable to sustain an adequate workforce • CRR 012 The Health Board does not comply with the Welsh Language Standards, as outlined in the compliance notice. <p>The Director of Workforce and OD noted in respect of CRR 006 that it might be possible to refine this to certain areas of the workforce and reduce it although it was expected it would remain a risk for some time. The meeting had earlier heard what actions were being taken to address this.</p> <p><i>CRR 006 outlines the risk for registered staff. What is the position in respect of staffing levels in other areas?</i></p> <p>It was confirmed that the risk was in relation to medical and clinical staff as the Health Board did not have a problem recruiting to porters, cleaners, and cooks.</p> <p>The Committee CONSIDERED the Corporate Risk Register.</p>
ITEMS FOR INFORMATION	
W&C/21/34	There were no items for inclusion in this section.
OTHER MATTERS	
W&C/21/35	ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES
W&C/21/36	ANY OTHER URGENT BUSINESS There was no other urgent business
W&C/21/37	DATE OF THE NEXT MEETING: 17 May 2022, via Microsoft Teams.

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Key:

Completed
Not yet due
Due
Overdue
Transferred

**WORKFORCE AND CULTURE
COMMITTEE**

ACTION LOG AS OF MAY 2022



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Minute	Meeting Date	Action	Responsible	Progress Position	Completed
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	Due
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	Completed
W&C/21/17	28 January 2022	A Board Development session requested to include evidence of best practice and the wider approach to measuring outcomes and timescales on an organisation wide basis	Interim Board Secretary	The Board Development session in April 2022 will include committee effectiveness, of which this is part. Further Board Development programme is in development.	Completed

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Workforce and Culture Committee		Date of Meeting: 31 May 2022
Subject:		
Approved by:	Claire Madsen Director of Therapies and Health Science	
Presented by:	Claire Madsen Director of Therapies and Health Science	
Prepared by:	Adam Pearce Service Improvement Manager for Welsh Language and Equalities	
Other Committees and meetings considered at:	N/A	
References	N/A	

PURPOSE:

The purpose of this paper is to provide the Welsh Language Annual Report for 2021-22 for review prior to submission to Board.

RECOMMENDATION(S):

That the Workforce and Culture Committee REVIEW the Welsh Language Annual Report 2021-22 and recommend the report to Board for approval.

Approval

Discussion

Information

✓

✓

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

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

EXECUTIVE SUMMARY:

As part of its Statutory Duty under the Welsh Language Standards, the health board is required to publish an Annual Report for each financial year outlining the steps it has taken to comply with the Welsh Language Standards.

DETAILED BACKGROUND AND ASSESSMENT:

The report is descriptive and details work carried out by the Equality team as well as other departments. Highlights from 2021-22 include:

- 100% staff turnover within the Equality & Welsh language function of the health board as well as the expansion of that function through the appointment of a new Equality and Welsh Language Officer;
- Continued promotion of Welsh language impact assessment procedures for strategic decisions such as policy, service development and/or redesign as part of the broader Equality Impact Assessment process, including training on assessing policies for the impact on Welsh;
- The establishment of new staff networks for Welsh speakers and learners, and the resumption of the Welsh Language Standards Service Leads group (following Covid-19 related disruption) to share good practice;

- Continued promotion of communication around national events such as Diwrnod Mae Gen i Hwl (Welsh Language Rights Day) and staff events such as a St. David's Day Bilingual Quiz and the ABUHB-hosted Welsh and Equality Week talks.

This Annual Report is an overview of some of the Health Board's key work to promote the Welsh Language Standards throughout 2021-2022. It also outlines our intentions for the future to build upon the work already undertaken.

NEXT STEPS:

- The Welsh Language Standards Annual Report 2021-22 be considered at Board for approval on 28 July 2022

Risk Assessment:					
	Level of risk identified				
	None	Low	Moderate	High	
					There is a small risk of reputational damage due to the lack of progress identified in some areas.
Clinical	x				Failing to publish could represent a compliance or reputational risk.
Financial	x				
Corporate	x				
Operational	x				
Reputational		x			

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Welsh Language Standards Annual Monitoring Report 2021-2022

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Foreword

2021-22 has been a difficult year for Powys Teaching Health Board, as for the wider Welsh NHS. Against the backdrop of the ongoing Covid-19 Pandemic, it has been year of record waiting lists, extremely high staff absences due to sickness and isolation, record numbers of clinical staff leaving the profession and difficulty in filling vacancies. The emergence in the Omicron variant in November 2021 represented a particularly difficult period and any sense in wider society that the pandemic is in its final stages, or even 'over', has not been reflected in the experience of NHS staff, who continue to operate under unprecedented pressure.

Work to promote the Welsh Language has not been immune to this pressure, with Welsh language compliance staff being redeployed to support the pandemic response, staffing demands and even the requirement to achieve minimum shift coverage reducing the ability of staff to attend training or to otherwise devote time to reviewing services or to system change. This has particularly hampered our efforts to address bilingual skill levels within the health board, which will remain a priority for the next financial year.

Recognising that this context has stagnated progress on our compliance with some of the standards, the health board has increased the resource of the function, bringing in a second member of staff as well as, for the first time, an in-house Welsh language translator. This has already borne fruit, with staff feeding back positive responses, and increased use of the translation service. We have also pressed on with ensuring that the organisation is fully compliant with the more operational standards.

Whilst recognising that progress in some areas may not have reflected our initial ambitions, we remain proud of our achievements in this very difficult context, and believe that this Annual Report demonstrates our ongoing dedication to meeting the needs of Welsh speakers and in growing PTHB as a genuinely bilingual organisation.

Claire Madsen

Executive Director for Therapies and Health Sciences

Executive Lead for Welsh Language and Equality.

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Executive Summary

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

It provides details on the progress made throughout 2021-2022 and the notable achievements which will improve our capacity to deliver health care services bilingually as services resume following the pandemic. These include improvements made in the following key areas:

- 100% staff turnover within the Equality & Welsh language function of the healthboard as well as the expansion of that function through the appointment of a new Equality and Welsh Language Officer;
- Continued promotion of Welsh language impact assessment procedures for strategic decisions such as policy, service development and/or redesign as part of the broader Equality Impact Assessment process, including training on assessing policies for the impact on Welsh;
- The establishment of new staff networks for Welsh speakers and learners, and the resumption of the Welsh Language Standards Service Leads group (following Covid-19 related disruption) to share good practice;
- Continued promotion of communication around national events such as *Diwrnod Mae Gen i Hawl* (Welsh Language Rights Day) and staff events such as a St. David's Day Bilingual Quiz and the ABUHB-hosted Welsh and Equality Week talks.

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

Background

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

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

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

All staff must take responsibility for implementing the Standards across PTHB. Service Leads will monitor compliance within their own service areas and will report progress to the Service Improvement Manager for Welsh Language who will advise and support the implementation of the Standards accordingly. At the end

of each financial year, the Service Improvement Manager for Welsh Language will draft an annual report which will be presented to the Executive Lead for Welsh Language and approved by the Executive Committee and the Board before being published on the health board's website.

2021-22 in Review

Overview

Like 2020-21 before it, 2021-22 has continued to be overshadowed by the ongoing Covid-19 Pandemic and in particular the outbreak of the Omicron variant from December 2021 onwards, which placed considerable pressure on the health board with staff absences running as high as 40% in some areas. The ongoing situation has made it difficult to carry those activities reliant on staff presence such as audit or face-to-face training; indirect issues such as the redeployment of key staff have also disrupted planning around the Welsh language.

In addition to the Pandemic the health board has seen a turnover of Welsh language compliance staff, with the sitting Service Manager for Welsh Language and Equalities moving on within the Welsh NHS and being replaced (also from within the Welsh NHS), with a certain amount of disruption inevitably taking place.

This disruption has, taken together, meant that it has not been possible to carry out all the actions previously intended during 2021-22. On a more positive note however, a range of actions have been carried as outlined in this report, many of them not originally a part of the ongoing work plan and which have instead become possible thanks to new team skills or opportunities arising. The health board remains confident that work is being done to continue to deliver and improve the provision of services in Welsh and its compliance with the standards.

The team has enjoyed a greater degree of resource than in the past with the appointment of a Welsh Language and Equality Officer to act as departmental deputy and support both agendas. The health board has also appointed a full time internal Welsh Translator for the first time, which has greatly increased the capacity for translation as well as improving turnaround. The latter appointment in particular has led to a number of positive comments from staff and wide recognition across the organisation, and the individual in question was given a staff award during their second month in post. It our belief that having a translator in-house actively encourages staff to ensure they operate bilingually and to make greater use of translation by making it easier and faster to do so.

Welsh Language Service Leads Steering Group

Following a Covid-19 related hiatus the Welsh Language Service Leads resumed their meetings in spring 2022 in order to review and monitor the implementation of their individual Welsh language action plans. The meetings provide an opportunity for service leads to raise issues, and for updates to be shared, as well as discussion on the implications of proposed changes to policy or processes, or of developments such as complaints or correspondence from the Welsh Language Commissioner.

Welsh Speaking Staff Networks

Following a variety of expressions of interest, during 2021-22 two new staff networks have been established in PTHB via MS Teams which allow staff to network, share experiences and collaborate with ongoing work relating to Welsh. The first of these networks is for fluent Welsh speakers and advanced learners, and the second for those with more basic language skills. The geographically disparate nature of Powys as an employer makes in-person meetings difficult and thus it is anticipated that these staff networks will remain primarily online.

Awareness Raising & Events

PTHB has continued to promote events and awareness raising opportunities such as Welsh Language Rights Day (*Mae gen i Hawl*) and *Dydd Miwsig Cymru* through platforms such as social media, the new staff networks (see above) and the internal newsletter. A bilingual St. David's Day Quiz (in collaboration with Powys County Council) provided a further opportunity to promote the Welsh language internally in a light-hearted context. Opportunities to learn the language have also continued to be promoted within the health board, as have new developments (see 'Compliance with the Welsh Language Standards' below) such as newly available Welsh language software and interfaces.

Staff from the Welsh language team have attended secondary schools in the county to promote the importance of Welsh language skills to the health board.

Additional Learning Needs and Education Tribunal (Wales) Act (ALNET)

PTHB has continued to lead on the implementation of this act on a collaborative regional basis across PTHB, Hywel Dda University Health Board and Swansea Bay University Health Board areas. The requirements of the act with respect to Welsh have been built into the three health boards' response to the act from the start. A tool has been developed to allow relevant departments to self-assess and record their capacity to provide services in Welsh; this information will then be centrally stored so that requests for assessments or other interventions under the act required in Welsh can be directed to an appropriate team. Additionally, the full range of training materials associated with the act have been made available in Welsh and are ready to be used as needed to deliver training in Welsh, or can be accessed online as reference documents.

Welsh Language Impact Assessment

Following a review of PTHB impact assessment procedures carried out in 2020-21, the new PTHB Equality Impact Assessment integrates impact on Welsh in accordance with Standards 69-78A. As a part of the process the health board has developed a training session on carrying out Impact Assessments which has been delivered to multiple groups covering a range of staff from different departments.

As well as the intended function of promoting opportunities to use Welsh, and ensuring that decisions do not treat Welsh less favourably than English, the assessment mechanism is also helpful in reminding staff of their obligations under the service delivery standards with respect to things like signage.

Welsh Translation Service

The appointment of a full-time in-house Welsh translator to the health board has led to a surge in requests. By the end of 2021-22 demand for translation (other than Job Descriptions; see below) each month is between four and six times as much as it was at the start of the period. This is likely due to the new service making the translation process quicker and more straightforward, as well as continual efforts to encourage and promote use of the service.

Anecdotally, a considerable amount of positive feedback has been received regarding the new service and the post-holder received a staff contribution award in their first month in post. We believe that bringing these services in-house has been a success. This represents an interesting case study for other organisations considering establishing an internal translation service.

Translation memory software has been acquired for us by PTHB, and an agreement has been reached for PTHB to share the translation memories of NHS Wales colleagues in Cwm Taf Morgannwg University Health Board and the NHS Wales Shared Services Partnership.

Translation of Job Descriptions

Working in a partnership between the Welsh language team, the job evaluation team and external translation companies a process has been put in place by which all vacancies are now advertised, including their job descriptions, entirely bilingually as per Standard 107(a). These job descriptions now make up a significant proportion of health board translation.

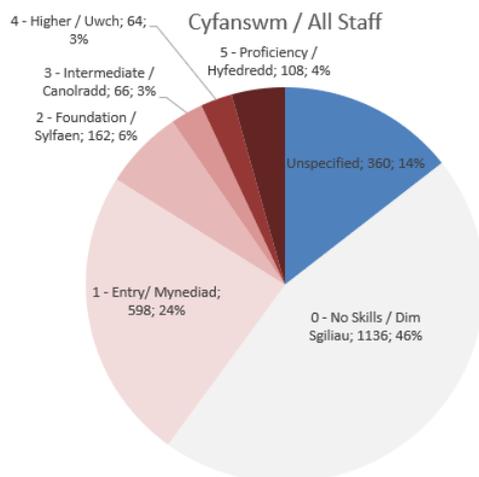
Powys Teaching Health Board has been recognised by the Welsh Language Commissioner as leading the sector in this regard, and in November 2021 was invited by the commissioner to deliver a presentation to our peers in other health boards.

Improving Bilingual Capacity

Current Welsh Language Skill Levels at PTHB

As of 31st March 2022, the 2,494 staff at PTHB staff indicated that their ability to speak Welsh was as follows:

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	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Unknown	885	554	333	911*	408	360
Level 0	556	846	1023	1077	1134	1136
Level 1	374	447	506	565	574	598
Level 2	87	117	126	151	153	162
Level 3	37	53	58	65	73	66
Level 4	35	45	48	58	62	64
Level 5	53	69	87	107	102	108

Removing unknowns and viewing the numbers as a percentage, it can be seen that these figures are consistent with previous years, suggesting that the proportion of Welsh language skills within the PTHB workforce has not changed significantly over the past five years:

	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Level 0	48.69%	53.65%	55.36%	53.24%	54.05%	53.23%
Level 1	32.75%	28.34%	27.38%	27.93%	27.36%	28.02%
Level 2	7.62%	7.42%	6.82%	7.46%	7.29%	7.59%
Level 3	3.24%	3.36%	3.14%	3.21%	3.48%	3.09%
Level 4	3.06%	2.85%	2.60%	2.87%	2.96%	3.00%
Level 5	4.64%	4.38%	4.71%	5.29%	4.86%	5.06%

(The significant temporary increase in 'unknowns' in 2019-20 likely reflects staff on temporary contracts related to Covid-19)*

The health board acknowledges that improving the Welsh language skills of its workforce will be necessary to provide improve compliance with the standards. If the health board is to address this this will require a change in approach to recruitment, with greater emphasis placed on Welsh language skills in recruitment (see Standard 106-109 below), as well as in training.

See "Moving Forward" below.

Compliance with the Welsh Language Standards

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

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Service Delivery Standards

Standards	Situation as of 2021-22	Proposed Actions during 2022-23
Standards 1-7 relating to correspondence sent by the health board	<p>As of October 2021 the health board now has an in-house translation service following the appointment of a full time Welsh translator. This has enabled the health board to greatly increase capacity reduce turnaround times, facilitating compliance with a range of standards relating to written information in Welsh.</p> <p>The work of our new translator has carried out has included the translation of additional template standard letters so as to ensure that patients pro-actively receive communications in Welsh as a matter of course.</p> <p>A considerable quantity of communication with the health board takes place over social media, which is managed by the communications team who have a Welsh speaker in post able to ensure that any correspondence received using that platform can be addressed in Welsh without recourse to translation.</p>	<p>Continue to ensure that correspondence is proactively translated as required.</p> <p>Promote Welsh language awareness training to ensure staff are aware of their responsibilities when it comes to corresponding with patients in Welsh.</p>
Standards 8 – 20 relating to telephone calls made and received by the health board	The Manager’s Resource and Guidance document includes information on dealing with Welsh speakers on the telephone. In addition, a separate guide on answering the telephone bilingually and dealing with Welsh speaking callers has been developed and is continually promoted to staff across the health board. At present, when contacting the health board’s main contract line a user receives a Welsh language service thanks to the skills of staff present. This will not necessarily be possible throughout all services as per recent interpretations of the standards however, due to the	The health board recognises this is primarily a question of the bilingual workforce (see above) and actions relevant to this aspect of the health board are relevant to this standard.

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	<p>relatively low number of staff able to deal with queries in Welsh.</p> <p>Training opportunities are promoted to staff continually, including opportunities for staff to develop existing Welsh language skills and improve confidence.</p> <p>In collaboration with Job Evaluation leads the health board has incorporated the requirement to assess Welsh language levels required for vacancies before advertising posts. This requirement is covered as part of the management training program, and the Welsh language team is able to support with recruitment (for example, where candidates' Welsh language ability cannot be assessed locally).</p>	
Standards 20-22CH relating to meetings that are not open to the public	<p>The Manager's Resource and Guidance document includes information on holding meetings with members of the public. Where Welsh speaking staff are not available to attend meetings, staff have access to interpretation services who can assist, and details of the approved interpretation services are available to staff on the intranet and have been promoted to staff.</p> <p>The requirement to use Microsoft Teams as the preferred video-conferencing protocol has been problematic due to the lack of functionality to support simultaneous translation (an issue across the Welsh public sector); however this has now been addressed on an All-Wales basis and in future it will be possible to support simultaneous translation using Teams.</p>	<p>Continue to monitor compliance levels and feedback.</p> <p>Implement any required changes following updates to MS Teams and promote the new functionality.</p>
Standards 23-25 relating to in-patients and case conferences	<p>In-patient language choice can be recorded via several channels across PTHB. Our WPAS and WCCIS electronic systems both have capacity to record patient language choice. Many of our service user referral forms also asks patients for their preferred language choice.</p>	<p>The health board recognises this is primarily a question of the bilingual workforce (see above) and actions relevant to this aspect of the health board are relevant to this standard.</p>

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	The capacity to deliver on these standards in practice is considered to be primarily a question of the bilingual workforce (see above).	
Standards 26-32 relating to meetings and events that are open to the public	The ongoing Pandemic has prevented all face-to-face public meetings during 2021-22, necessitating the use of online platforms. The Communications team has Welsh-speaking capacity and is able to facilitate receiving and responding to written questions and comments in Welsh. The 'Welsh Language – Communication and Marketing' procedural guidelines which includes information on how to comply with the Standards when arranging meetings which are open to the public continues to be promoted to managers and staff within their teams.	Continue to monitor compliance levels and feedback. Implement any required changes following updates to MS Teams and promote the new functionality.
Standards 33-38 relating to publicity and advertising, displaying material in public, producing and publishing document and forms (Standards 47-49 relating to signage; also Standards 111 – 113 relating to signage)	Guidance such as the Manager's Guidance and Resource and the Communications and Marketing Guidelines, is available and the need to ensure signage is compliant has been incorporated into Welsh Language Awareness training. Via the service leads group, Managers have been asked to pay particular attention to this requirement. Restrictions on staff attending sites in person has limited the ability of Welsh compliance staff to directly audit information displayed in public.	Explore the use of Internal Audit procedures to improve compliance systematically If restrictions allow, Welsh compliance staff could carry out an in-person audit/assessment of sites. Develop a 'Welsh language for managers' training course to emphasise this requirement.
Standards 39-46 relating to the health board's website, apps and social media	The new Powys Teaching Health Board website has been designed to be bilingual from the start, with A desktop audit exercise from the Welsh Language commissioner identified a small number of instances of non-compliance, largely centered around Covid-19 information. The staff responsible for these areas have been informed of their responsibilities and the issues of non-compliance have been rectified.	Continue to promote compliance amongst our staff.

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	<p>On social media, the Health Board posts bilingually from single accounts on each platform. We believe this is the best approach to compliance as it give maximal visibility to the Welsh language and emphasises our status as a bilingual organisation. The Facebook group name was re-named to give it a bilingual title during this financial year.</p> <p>PTHB has high confidence that its website and online presence is wholly compliant within the standards.</p>	
Standards 47-49 relating to signage	<i>See Standards 33-38 above.</i>	<i>See Standards 33-38 above.</i>
Standards 50-53 relating to receiving visitors	<p>Badges, lanyards, and posters are all available and promoted for main reception staff to help identify Welsh speaking staff in these areas, and Welsh language training and learning opportunities are promoted amongst main reception staff. The requirement to assess vacancies for their Welsh language skills has been incorporated into the management training program.</p> <p>A more holistic description of the current situation with regards the Welsh speaking workforce is provided above.</p>	The health board recognises this is primarily a question of the bilingual workforce (see above) and actions relevant to this aspect of the health board are relevant to this standard.
Standard 63 relating to education courses offered by the health board	<p>The Health Board has arranged for the translation of all education materials relating to the Additional Learning Needs Education Tribunal Act in order to ensure that they are made available entirely in Welsh.</p> <p>Powys Teaching Health Board is the designated host for the All-Wales NHS Wales SilverCloud service, a new on-line Cognitive Behaviour Therapy Platform for mild to moderate mental health issues such as depression, anxiety, stress, etc. Service users are able to access a course of CBT resources as well as having access to a mental health</p>	Ensure that Welsh speaking staff are proactively offered the opportunity to request training in Welsh.

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	professional online. This service is therefore both an educational course and a clinical service. The service has been designed with consideration for Welsh at the fore, and the ambition is to be able to offer this service through the medium of Welsh during of 2022-23; this will be achieved by a combination of translation of materials and the recruitment of Welsh speaking professionals able to manage the service for Welsh speaking service users.	
Standard 64 relating to public address systems	As of April 2022 there are currently no public address systems in operation within PTHB.	N/A
Standards 65-68 relating to primary care	The new PTHB in-house translation service has been offered to primary care providers as per Standard 66 along with the opportunity to order badges / lanyards with the 'Iaith Gwaith' logo free of charge.	Develop a process to ensure that the information concerning information about Primary Care providers on the PTHB website is updated and maintained.

Policy Making Standards

Standards 69 – 78A relating to policy making decisions	<p>The assessment of policy decisions for their impact on Welsh continues to take place as part of the health board's wider Equality Impact Assessment (henceforth EIA) process.</p> <p>During 2021-22, a total of 3 training sessions were delivered on carrying out EIAs. The training session and the corporate template cover the requirements under the Welsh Language Standards. Because the Equality and Welsh Language functions at PTHB are covered by the same staff, the requirement to assess policies and</p>	Continue to monitor Equality Impact Assessments for evidence that this standard has been met.
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developments for their impact on Welsh is routinely reinforced as a matter of course as part of this broader process. All EIA training sessions are delivered by individual(s) with experience of Welsh Standards Compliance.



<http://pthb.nhs.wales>

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

Welsh Language

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

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

Questions to ask:

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

11 Equality Impact Assessment Training

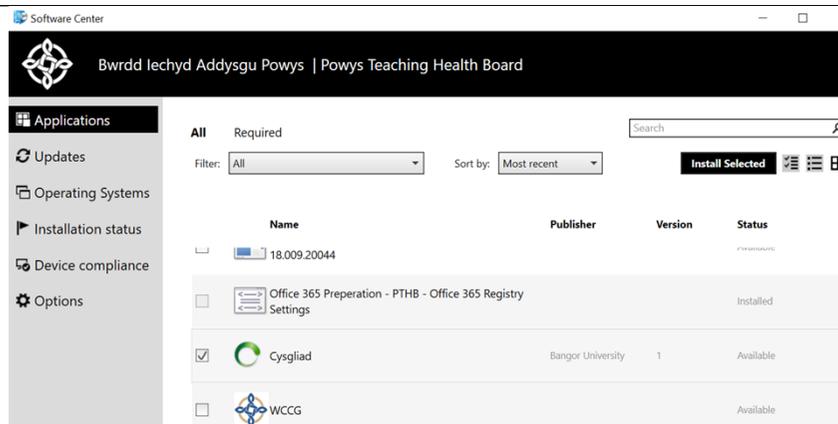
More information on the health board's Equality Impact Assessment process is available in the PTHB 2021-22 Equality Annual Report.

Operational Standards

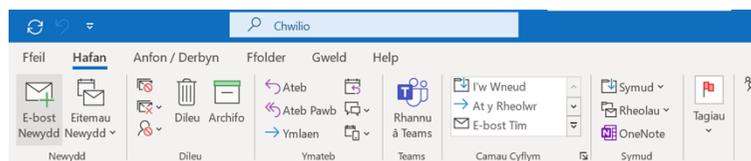
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Standard 79 relating to a policy on the internal use of the Welsh language	The Managers Guidance and Resource document doubles up as the policy for using Welsh internally which is published on the intranet. The use of Welsh is encouraged alongside the promotion of Welsh language training for those who wish to learn or improve their language skills.	Review the Managers Guidance and Resource to assess its suitability for the requirements of Standard 79.
Standards 80 – 81 relating to employment documents	As a part of the ongoing introduction of a new internal health board intranet, we have ensured that Welsh versions of documents (where they exist) are available alongside any English versions. As a result of the updates to ESR delivered to PTHB staff on 5th January 2022, the health board is now compliant with Standard 81 for the first time with respect to ESR. These changes have been highlighted and promoted amongst staff.	Ensure all relevant documents are available in the same place as the English versions on the completed intranet (subject to completion of intranet rollout).
Standard 82 - relating to operational policies	Some of the policies covered by Standard 82 are published bilingually due to being All-Wales policies. However, prior to 2021-22 most workforce policies produced internally in Powys were available in English only. A plan of work has been developed and put into place using the new internal translation service to ensure that these policies are all made available in Welsh over the course of the next two financial years.	Ensure that all future policies relevant to the standard are either drafted in Welsh / bilingually or translated, and put in place a system to ensure that any changes made are reflected in all versions of a policy.
Standard 89 relating to bilingual computer software interfaces	As of 8 th December 2021, Cysgliad Bilingual computer software for checking spelling and grammar has been made available to all PTHB staff:	ICT have been asked to explore the possibility of enabling the CySill plugin for Office, which enables use of Cysgliad without having to open a second application.

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Welsh interfaces for Office and for Windows had also been made available to staff as of 7th January 2022:



Although not a PTHB-led development, an update to ESR completed on 5th January 2022 has also enabled that system to be used with a Welsh interface.

All of these developments have been promoted internally, with guides published on the PTHB intranet on how to set them up.

Thanks to these developments it is now possible for staff who do not need access to clinical systems to work entirely in the medium of Welsh in terms of their own computer system interfaces.

Standards 90 – 95 relating to the intranet

The existing PTHB intranet is in undergoing an ongoing process of being shut-down and replaced with a new Sharepoint-based system. This will be fully compliant with the standards, however due to

Ensure the new intranet, once introduced, is fully standards-compliant.

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	ongoing delays with introduction of the system architecture the existing intranet is still in use in practice.	
Standards 96 – 101 relating to staff Welsh language skills and training	See the section above for reporting responsibilities. PTHB have continued to promote and financially support in line with the standards. Despite the staffing pressures caused by the Pandemic uptake has remained similar to previous year, with 19 expressions of interest (+1 compared to 2020-21) and 12 carrying out some kind of training (+/-0).	Continue to promote existing and new training options to staff across PTHB.
Standards 102-103 relating to Welsh language awareness training	The Welsh Language Awareness training has been updated and continues to be offered to all staff. Uptake has been low, due perhaps in part to staffing and other pressures caused by the pandemic but also busy training schedules with many competing demands, a context in which it is difficult to promote a non-mandatory course.	PTHB plan to revisit the concept of awareness training as part of a Bilingual skills review in 2022-23. PTHB are monitoring the development of the All-Wales ESR Welsh Language Awareness module.
Standards 104-105 relating to identifying Welsh speaking staff	Badges and lanyards to identify Welsh speaking staff and Welsh learners are available to all staff. Bilingual email signature templates are available on the Welsh language resource intranet page and also in the Managers Guidance and Resource document. The overwhelming majority of staff are using a Bilingual signature.	
Standards 106 – 109 relating to recruitment	Following the implementation of new vacancy approval procedures in 2019-2020, the health board continues to follow a robust set of procedures to ensure equity for Welsh in the recruitment process. The health board was recognised and praised by the Welsh Language commissioner for our sector-leading approach to Standard 107A in particular (requiring job descriptions to be made available in Welsh). During 2021-2022 PTHB advertised 1,040 vacancies:	Develop a new action plan to encourage an increase in the number and range of posts advertised as requiring Welsh language skills. Monitor and promote the use of the existing skills assessment tool to

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	<p>3 posts were advertised with Welsh language skills as essential. 922 posts were advertised with Welsh language skills as desirable. 115 posts were advertised with Welsh language skills as not required.</p> <p>The roles advertised with Welsh language skills as an essential requirement were a Welsh Language Translator, a Welsh Language and Equality Officer and the Service Improvement Manager for Equality and Welsh Language.</p> <p>Although the above figures represent a nominal increase from the previous year, the fact that all Welsh essential vacancies were in the Welsh language team suggests that staff across the wider organisation are not using the means available to them to use recruitment advertised remains extremely low disproportionately represented by individuals within the Welsh language team.</p> <p>An audit of recent recruitment instances was carried out and found that knowledge and implementation of existing recruitment frameworks was inconsistent. Ensuring that these systems are fit for purpose and working is vital to ensure compliance with the standards.</p>	<p>recruiting managers across the health board, and if necessary, revise or replace it.</p>
<p>Standards 110-110A relating to a plan for bilingual clinical consultations</p>	<p>This plan has been published on the health board's website and can be accessed here; it is updated annually. Promotion and implementation of the plan has been hindered by the impact of the pandemic, but progress has been made against the key objectives, in particular around recruitment procedures, opportunities to learn Welsh, and identifying and recording patient language choice.</p>	<p>The health board recognises that this standard is primarily a question of the bilingual workforce (see above) and our efforts to address this element of our activity will be relevant to this standard.</p>
<p>Standards 111 - 113 relating to signage</p>	<p>(See Standards 33-38 above).</p>	<p>(See Standards 33-38 above).</p>

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Concerns and Complaints

During 2021-2022 PTHB received no formal complaints in relation to the implementation of the Welsh Language Standards.

PTHB continues to follow the conditions set out in NHS Wales 'Putting Things Right' policy, which include information on dealing with complaints made in Welsh and relating to Welsh language provision. Copies of these documents can be found [here](#).

During 2021-2022, PTHB received the following informal complaints in relation to its compliance with the standards:

- November 2021 – Recorded Telephone message for a Mass Vaccination Centre provided only a greeting in Welsh and was otherwise in English only (Standard 20¹)

The issue raised was highlighted to the team in question, and the issue was resolved to the satisfaction of the correspondent.

- December 2021 - Signage in English only at a Mass Vaccination Centre (Standard 47²)

The issue raised was highlighted to the team in question, and the issue was resolved to the satisfaction of the correspondent.

- January 2022 – English-language only text message regarding Covid-19 Track and Trace (Received via the Welsh Language commissioner) (Standard 5³)

It transpired that the text message in question did not in fact originate from PTHB, but the UK-wide Track and Trace system. The Commissioner was informed of this in order to pass on to the complainant, and no subsequent correspondence was received in relation to the matter.

¹ Standard 20: Any automated telephone systems that you have must provide the complete automated service in Welsh.

² Standard 47: When you— (a) erect a new sign or renew a sign (including temporary signs); or (b) publish or display a notice; any text displayed on the sign or notice must be displayed in Welsh (whether on the same sign or notice as you display corresponding English language text or on a separate sign or notice); and if the same text is displayed in Welsh and in English, you must not treat the Welsh language text less favourably than the English language text.

³ Standard 5: If you don't know whether a person wishes to receive correspondence from you in Welsh, when you correspond with that person you must provide a Welsh language version of the correspondence.

- January 2022 – the Welsh on two signs at Brecon Hospital was inaccurate (Standard 49⁴)

The individual drawing the team’s attention to this provided photographs as evidence for one fixed sign with non-standard Welsh and another which was inaccurate. Both instances were passed onto the estates department to be flagged for replacement.

Additionally, although not a complaint as such, a representative of the Welsh Language Commissioner drew attention to a number of documents on the website which were not available in Welsh. Each of these documents was either subsequently provided in a Welsh version and made available on the website, or an explanation provided under Standard 36 for why the document was not available in Welsh.

Moving Forward

The primary target area for 2022-2023 will be taking steps to address the lack of progress in increasing the Welsh language skills of the PTHB workforce. Central to achieving this will be encouraging recruiting managers take advantage of opportunities to advertise vacancies with Welsh language skills as essential, and finding out what the obstacles are which are preventing staff from taking advantage of training opportunities, and whether these can be addressed.

With a new Health Board intranet anticipated to be up and running during the first quarter of 2022-23, the Welsh Language team hope to provide a comprehensive collection of resources for staff that will be a considerable improvement on what has previously been available.

The ‘Proposed Actions during 2022-23’ column in the above section suggests further avenues of work during the next financial year.

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

⁴ Standard 49: You must ensure that the Welsh language text on signs and notices is accurate in terms of meaning and expression.

Workforce and Culture Committee		Date of Meeting: 31 May 2022
Subject:	Equalities, Diversity and Inclusion Annual Monitoring Report	
Approved by:	Claire Madsen Director of Therapies and Health Science	
Presented by:	Claire Madsen Director of Therapies and Health Science	
Prepared by:	Adam Pearce Service Improvement Manager for Welsh Language and Equalities	
Other Committees and meetings considered at:	N/A	
References	N/A	

PURPOSE:

The purpose of this paper is to provide the Equality Annual Report for review prior to submission to Board.

RECOMMENDATION(S):

That the Workforce and Culture Committee REVIEW the Equality Annual Report and recommend the report to Board for approval.

Approval

✓

Discussion

✓

Information

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

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

EXECUTIVE SUMMARY:

As part of its Statutory Duty under the Equality Act 2010, the health board is required to publish an Annual Report for each financial year outlining the steps it has taken to meet the Public Sector Equality Duty.

DETAILED BACKGROUND AND ASSESSMENT:

The report is descriptive and details work carried out by the Equality team as well as other departments. Highlights from 2021-22 include:

- The provision and rollout of in-house training in such as Equality-relevant areas such as Equality Impact Assessment and Equality for Managers.
- Training for staff across the organisation to produce documents in EasyRead format, improving accessibility for a wide range of potentially vulnerable groups.
- Commencement of an exciting new Patient Stories project, collecting the experiences of a deliberately diverse range of patients in order to inform service and project delivery across the health board.
- Promotion of a regular series of virtual talks and events for staff via our internal communications channels, including opportunities for staff to respond to consultations and collaborate on internal projects.

- A new Staff Wellbeing hub on the Intranet.
- New opportunities for staff to network with their colleagues, including across the wider Welsh NHS.

This Annual Report is an overview of some of the Health Boards key work to promote equality, diversity and inclusion throughout 2021-2022. It also outlines our intentions for the future to build upon the work already undertaken to continue to improve the health and wellbeing for individuals and reduce inequalities.

NEXT STEPS:

- The Equality Annual Report be considered at Board for approval on 28 July 2022

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	<p align="center">Statement</p> <p>As part of the health board's broader work around Equality, publishing the Equality Annual Report is a key part of our accountability process and will promote better outcomes for all groups.</p>
Age				x	
Disability				x	
Gender reassignment				x	
Pregnancy and maternity				x	
Race				x	
Religion/ Belief				x	
Sex				x	
Sexual Orientation				x	
Marriage and civil partnership				x	
Welsh Language				x	
Risk Assessment:					
	Level of risk identified	There is no risk associated with the publishing of this report. Failing to publish could represent			

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	None	Low	Moderate	High	a compliance risk.
Clinical	X				
Financial	X				
Corporate	X				
Operational	X				
Reputational	X				

Powys
Teaching Health Board

**Equality, Diversity &
Inclusion Annual Report
2021-2022**

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Introduction

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

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

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

Our [Strategic Equality Plan](#) (SEP) for 2020-2024 and objectives has also been designed to sit alongside our 10-year Health and Care Strategy and our IMTP; and each year, the Executive Lead for Equality agrees an annual work plan to identify priority equality actions for the year. Highlights from our work in 2021-22 include:

- The provision and rollout of in-house training in such as Equality-relevant areas such Equality Impact Assessment and Equality for Managers.
- Training for staff across the organisation to produce documents in EasyRead format, improving accessibility for a wide range of potentially vulnerable groups.
- Commencement of an exciting new Patient Stories project, collecting the experiences of a deliberately diverse range of patients in order to inform service and project delivery across the health board.
- Promotion of a regular series of virtual talks and events for staff via our internal communications channels, including opportunities for staff to respond to consultations and collaborate on internal projects.
- A new Staff Wellbeing hub on the Intranet.
- New opportunities for staff to network with their colleagues, including across the wider Welsh NHS.

This Annual Report is an overview of some of the Health Boards key work to promote equality, diversity and inclusion throughout 2021-2022. It also outlines our intentions for the future to build upon the work already undertaken to continue to improve the health and wellbeing for individuals and reduce inequalities.

About the Powys Teaching Health Board Area

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There are approximately 133,000 people living in Powys - a large rural county of 2000 square miles, which accounts for a quarter of the land mass of Wales.

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

A corollary of this is that the health board as an organisation is noticeably smaller than would be expected allowing for population alone, employing 2495 staff (as of 31 March 2022) alongside volunteers. This total staff count represents fewer than a typical District General Hospital in other Welsh health boards, and reflects a very different mix of staff in terms of roles and specialisms with a greater proportion of allied healthcare professionals and correspondingly fewer medical and nursing staff. These issues should be borne in mind whenever comparing PTHB with our colleagues in other health boards.

With adversity comes opportunity however, and PTHB has long been a champion of remote working, even before Covid-19 brought such practices into the mainstream. Due to the lack of centralised sites the staff body is also quite disparate, and many staff live outside the county.

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

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

Diversity within Powys

PTHB appreciates the diversity of our population and the need to treat one another with dignity and respect. It is important that we ensure that marginalised or seldom heard groups of people are involved and have access to services. These include people who fall within each of the protected characteristics categorised in the Equality Act 2010, but most notably people from within the following groups:

- Age – Powys has an ageing population with a higher national average of persons aged 65+.
- Disability – 21% of the population of Powys have a limiting long-term illness or disability.

A sparse population spread across a large rural land mass means that PTHB faces many challenges in addressing health inequalities for people who live within Powys. Our [SEP](#) includes more details about these challenges and outlines our aims and objectives to reduce inequality.

SEP Objectives 2020-2024

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

Long-term Aim 1: Engagement

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

Equality Objective:

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

Long-term Aim 2: Service Delivery

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

Equality Objective:

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

Long-term Aim 3: Workforce

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

Equality Objective:

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

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COVID-19

The ongoing Covid-19 pandemic has continued to disrupt Equality and Diversity related activity as it has all other aspects of the health board's activity during this period. Particularly disruptive was the arrival of the Omicron variant during winter 2021-22 which caused a considerable degree of disruption due to issues such as staff absence due to illness and isolation, the redeployment of staff, the cancellation of training and other events and the reduction of face-to-face contact between staff and both colleagues and patients.

Conversely, the proliferation of remote working tools as a result of the restrictions of the pandemic has empowered some patients, as identified by our work on Patient Stories (see below) which has identified individual patients who see considerable benefits to undergoing clinical consultations remotely using video-conferencing.

An increased focus on home-working has enabled the organisation to cast a wider geographical net in terms of recruitment, invaluable when working in a rural, decentralised context like Powys.

Activity during 2021-2022

Notwithstanding the difficult context, PTHB has continued to work hard to meet its duties under the Equality Act. The following activity has taken place during 2021-2022, and in each case the activity has been cross-referenced to one or more of the Long Term Aims/Equality Objectives outlined in our SEP (see above) :

Communication of Key Messages and Information (Objective 1)

PTHB has continued to promote positive messages internally and on social media relevant to the broader Equality agenda, putting into place an Equality calendar to ensure that particular dates are recognised and promoted.

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

- A series of talks to commemorate LGBT Pride Month (hosted by NHS Wales); as well as promoting the event among staff Powys THB contributed by hosting one of the talks.
- Participation in consultation activities e.g. Carers UK on Ethnic Minority Carers, UK Government Disability Workforce Reporting consultation, NHS Wales Ethnic Minority Staff focus group, and the Audit Wales study on Equality Impact Assessment processes.

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- Promotion of a series of NHS Wales talks (hosted by Aneurin Bevan UHB) to mark dates such as Black History Month (October 2021), Sensory Loss Awareness Month (November 2021), Welsh and Equality (March 2022).
- An LGBT & Menopause Awareness event in February 2021.
- A series of talks/events for Neurodiversity Celebration Week 2022 (March 21st-27th).

Accessible Information: EasyRead (Objectives 1, 2 & 3)

In order to promote the use of Accessible Information Formats for patient information, the health board has arranged EasyRead training for a total of 15 staff from teams across the health board including as Equality & Welsh Language, Living Well, Value & Transformation and Communications (further cohorts could also be trained subject to demand). Attending this training has empowered these staff to produce EasyRead versions of patient information leaflets without needing to outsource these externally; from a very low baseline (prior to 2022 the health board did not routinely produce any documents in this format) it is now anticipated that production of EasyRead documents will significantly increase across the health board.

Our hope is that approaching the issue in this way (training individuals as opposed to outsourcing individual commissions) will prove cost effective as well as making the process easier for staff, ensuring a far wider distribution of EasyRead material. This will be of benefit first and foremost to service users with Learning disabilities, but also a wide range of other groups such as children, deaf people, those with poor educational outcomes for a variety of reasons.

Equality Impact Assessment (Objective 2)

Following the introduction of the new Equality Impact Assessment process in 2020-21 (see 2020-21 PTHB Equality Annual Report) we have continued to promote the revised and updated process.

As well as providing 1:1 support with individual Equality Impact Assessment exercises, following on for the training offered to board members late last year the Equality team have organised bespoke training sessions to targeted staff groups including:

- Workforce & Organisational Development (HR)
- Heads of Services
- Planning

The training sessions are also been made available to staff across the health board as well as to local Primary Care staff and to local third sector organisations via Powys Association of Volunteer Organisations.

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Equality Training ((Objectives 2 & 3)

The new Service Improvement Manager for Welsh Language and Equalities is an experienced deliverer of training and the PTHB Management Development program (for staff with new management responsibilities) now includes a mandatory module on interpreting Equality legislation for management, focusing on minimising the risk of discrimination and harassment in the workplace.

The health board has also delivered training sessions (either internally 'in-house' or by sourcing external expertise) for its staff on Equality Impact Assessment (See above) and on Gender Diversity Awareness.

We have also developed a module on Equality which will form part of the mandatory staff induction for all staff, meaning with time that all new PTHB staff will have had some professional direction focused on showing them where to find more information and resources about Equality.

Patient Stories (Objectives 1 & 2)

Starting in December 2021 the health initiated a new and ongoing project to capture patient stories in a variety of formats, which will be used to provide a patient voice and contribute to a wide range of projects as well as being used in training courses and awareness raising exercises. Coordinated by the Equality and Welsh Language team, one of the intentions of the project is to provide a particular focus on stories from patients in protected groups, and where there is an intersectional angle touching on multiple aspects of an individual's identity simultaneously.

The intention is that this will be an ongoing project over the next few years.

Staff Networks (Objective 1 & 3)

As per the Strategic Equality Plan the Health Board has continued to support the establishment and development of virtual networks to support staff. Each of the networks is targeted at a different group, however follows a similar model, providing a number of functions:

- An opportunity for staff from across the organisation to meet, network professionally and to socialise, irrespective of seniority or department.
- An opportunity for staff to share experiences and support one another.
- An opportunity for staff to contribute by consultation and/or co-creation for events, resources, policies, or other projects.

Where staff networks have relevance to a Protected Characteristic under the Equality Act 2010, they can be consulted as part of the Equality Impact Assessment process.

The following staff networks met in 2021-22:

Menopause Café

This group, set up by a PTHB midwife, has continued to meet to provide support to staff experiencing Menopause.

Neurodiversity Network

This network, spontaneously organised by PTHB and PCC staff with a range of Neurodiverse perspectives, as continued to meet, providing an opportunity for staff to network and share their experiences. The network collaborated with the Equality team on projects such as the corporate response to the Workforce Consultation from the UK government Disability Unit, and we hope to continue to involve the network in future co-creation opportunities.

Welsh Speakers & Learners

Two separate new networks were established during November 2021 to promote opportunities to use the Welsh language. The first is intended for fluent Welsh speakers and is intended to provide opportunities for staff to network and share experiences in Welsh, and to practice their Welsh, as well as providing an additional communication channel for vacancies and other opportunities as well as co-creation opportunities for policy and other developments.

The second group, for Welsh learners, aims to provide a space in which learners can share their experiences and offer advice. Advanced learners are welcome to join both groups.

Partnership Networks

Through partnership agreements with the staff networks of other NHS Wales organisations, PTHB is able to offer membership in LGBT and BAME networks. Contact the Equality team for details.

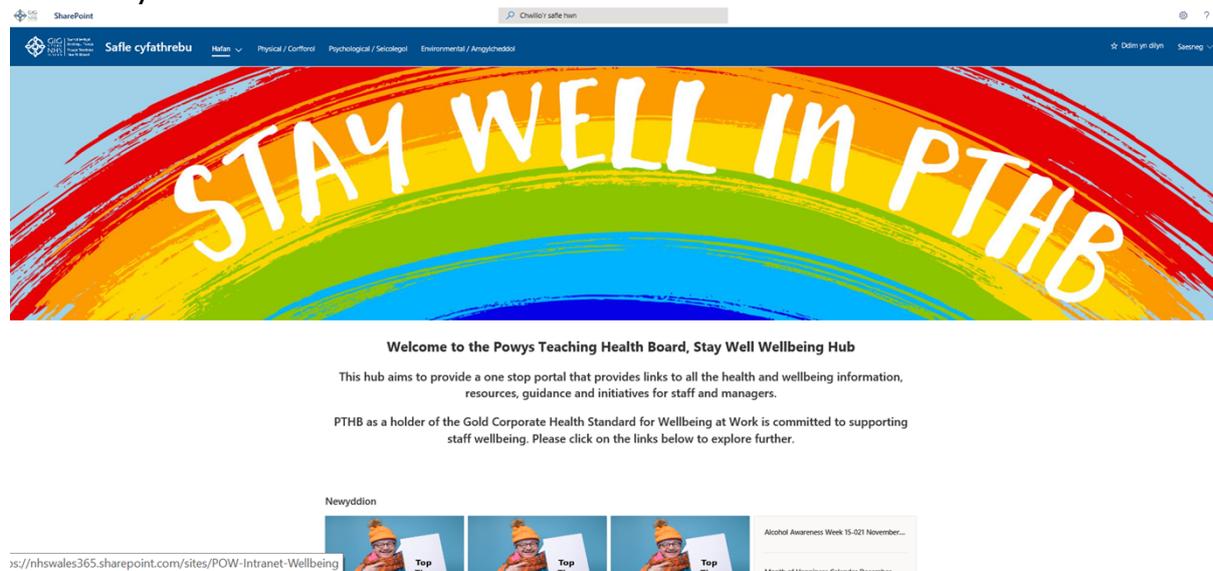
Please note that staff networks are organised and directed by the participation of their members, and the presence (or absence) of a staff network for a particular group does not reflect any kind of priority treatment for such a group.

Individuals interested in joining any of these networks or in setting up new network(s) should contact the Equality and Welsh Language team: powys.equalityandwelsh@wales.nhs.uk.

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Staff Wellbeing Hub (Objective 3)

PTHB is proud to hold the Gold Corporate Standard for Health and Wellbeing at Work and as part of the transition to a new staff intranet architecture, one of the first areas to be made available to staff was the Wellbeing Hub. With material organised into sections of physical, environmental and psychological wellbeing as well as links to further information and support from external and partner organisations, the aim is for the site to function as a 'one stop-shop' for staff wellbeing resources of all kinds. The resources have a particular focus on psychological health and wellbeing, which is of obvious relevance to mental health related disability.



Pride Cymru (Objectives 1, 2 & 3)

PTHB took part in national online Pride Cymru and LGBTQymru events during the summer of 2021, and open invitations were sent to all PTHB staff to participate in the events.

Powys Pride 2022 (Objectives 1, 2 & 3)

Summer 2022 will see the inaugural Powys Pride event taking place in Llandrindod Wells, following previous postponements due to Covid-19. PTHB has sponsored the event with a financial contribution and also intends to hold a stall at the event – with all staff invited to attend – which will be sharing a variety of relevant information. This promises to be an exciting occasion and PTHB is proud to be sponsoring such an event locally.

SilverCloud Online Cognitive Behavioural Therapy (Objectives 1, 2 & 3)

SilverCloud is an exciting new resource for adults, children and young people aged 11+ experiencing mild to moderate mental health issues such as anxiety, depression or stress. Although hosted by PTHB the

service is available to anyone in Wales (including PTHB staff), can be accessed by self-referral, is online-based and can be accessed from anywhere, anytime. The service offers a range of programmes catered to specific issues such as money worries or social anxiety, among many others. Although online-based the service is supported by a team of psychologists and online cognitive behavioural therapy co-ordinators.

By offering the service online not only is the service made easy to access and potentially able to reduce demand on conventional mental health services, but is also specifically more attractive to particular groups such as young people or disabled individuals who may face particular obstacles or stigma in accessing mental health care.

Extension of Musculoskeletal First Contact Practitioner Services (Objective 2)

As a part of the ongoing Orthopaedic Redesign project, the provision of First Contact Practitioners for Musculoskeletal Services is being extended to five practices in mid-Powys, having already been available in one practice the north of the county. The First Contact Practitioner concept involves placing a specialist practitioner as a patient's first point of contact (for example in Primary Care settings such as GP practices). This means that patients have more immediate access to a clinician with specialism in this field, which accounts for between 17-30% of GP appointments ([source](#)).

This approach to access means reduced travel for patients, reduced waiting times, and reduced need for referral to a secondary care setting. Its expansion to a larger part of the county therefore represents a significant positive step for access to services, the area where Powys ranks lowest on the Welsh Index of Multiple Deprivation. This is a valuable contribution towards ensuring a socio-economic equality of opportunity.

Health Disability Activity Practitioner (Objectives 1 & 2)

The Health Disability Activity (HDA) Partnership is a Wales wide partnership established to create enhanced awareness, understanding and greater coherence between the Health sector and (disability) sport network to create a pathway which informs and supports disabled people to get involved with physical activity (including sport) opportunities in the community.

As part of this partnership the health board has employed a Health Disability Activity Practitioner whose role is to support colleagues in the healthboard in referring individuals with disabilities to opportunities for inclusive and disability specific physical activity / sports within their local areas, with the aim of increasing participation among a group which has often been under-represented.

Moving Forward: Priorities for 2022-23

Following a disruptive period, a crucial aim for the health board during the next financial year will be to attain a measure of stability and to ensure that existing processes fully embed, particularly the strengthened Equality Impact Assessment procedure and the new Patient Stories processes.

During 2021-22 the health board's intranet has been undergoing wholesale replacement, and this has slowed the development of staff resources (the staff wellbeing hub (see above) was a pilot development on the new system). It is our ambition that the new staff intranet will offer a comprehensive set of Equality relevant resources second to none in the Welsh NHS. These will include such as details of available training, advice and guidance, as well as downloadable resources for working with protected groups.

Following our sponsorship of the inaugural Powys Pride event we intend to participate at the event itself during July 2022. We will use the opportunity to promote healthier lifestyles as well as the services available to the citizens of Powys. We will also promote Powys as an inclusive employer, as well as co-creating some new resources for LGBT patients.

The following is an outline of our priorities for the next financial year:

- Ensuring that the EIA procedures are fully embedded and that all new and revised policies and strategies undergo a rigorous assessment process;
- Continue to promote our new training opportunities as well as expanding these to cover new areas;
- A comprehensive Intranet-based Equality resource where staff can access guidance, training opportunities and be directed to further information.
- A new signposting resource for Trans* patients which clearly lays out the pathway in Powys and where to go for support.
- Evaluate the rollout of EasyRead training and ensure that it is reflected in a greater quantity and range of accessible documents for PTHB patients.

These priorities are naturally subject to change. PTHB Remains committed to Equality, Diversity and Inclusion will continue to take advantage of new opportunities to promote this agenda as and when they arise.

Further information

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

Further information on the health board's broader initiatives and achievements throughout 2021-2022 can be found in the [Annual Reports](#) section on the health board's website.

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

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Appendix A: Workforce Data

Note: All the information in this section reflects the situation as of 31st March 2022.

Gender Pay Gap Reporting

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

As of 31st March 2022, the Gender Pay Gap in Powys Teaching Health Board was as follows:

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	19.4481	16.5214
Female	16.5189	14.9614
Difference	2.9292	1.5600
Pay Gap %	15.0615	9.4425

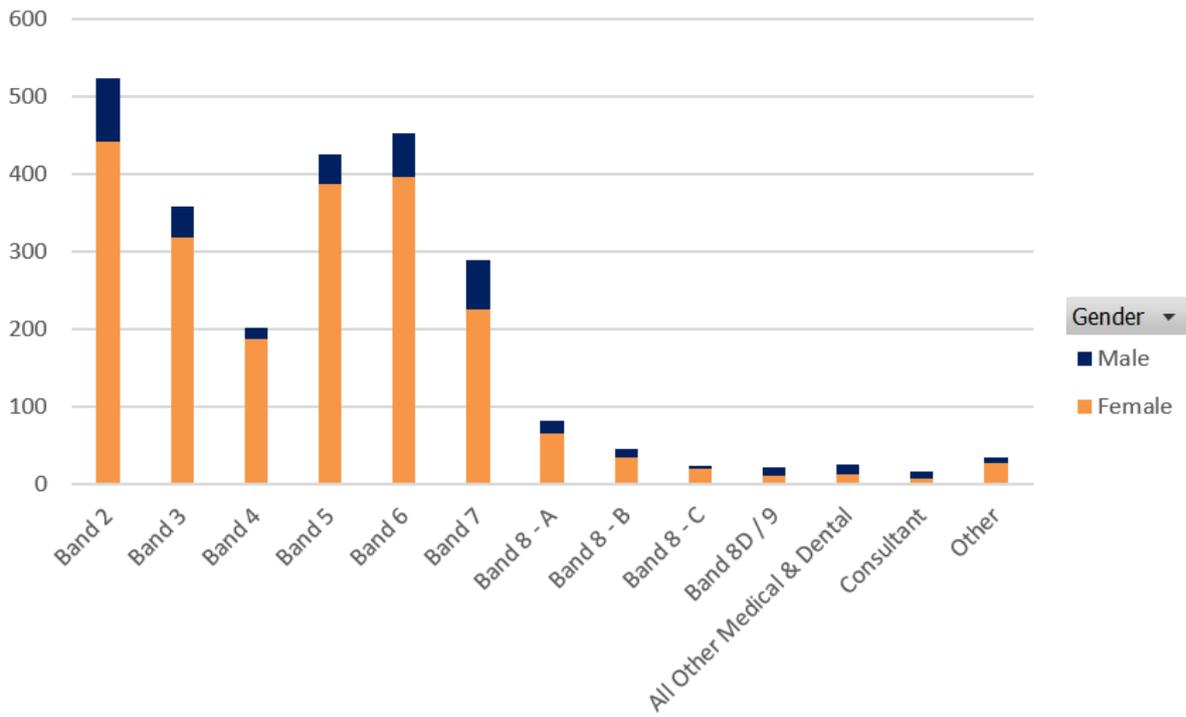
Of our 2,494 staff, 2,127 are women (85%) and 367 are men (15%). This is very similar to other NHS Wales organisations; however our gender pay gap of 15.1% is slightly below the UK average (15.4% in 2021) and compares very favourably with healthcare providers in general, and especially other Welsh health boards.

This may reflect the lower proportion of the PTHB workforce from both the medical profession (typically both higher paid than the HB average and more likely to be male) and nursing (typically slightly lower paid and more likely to be female).

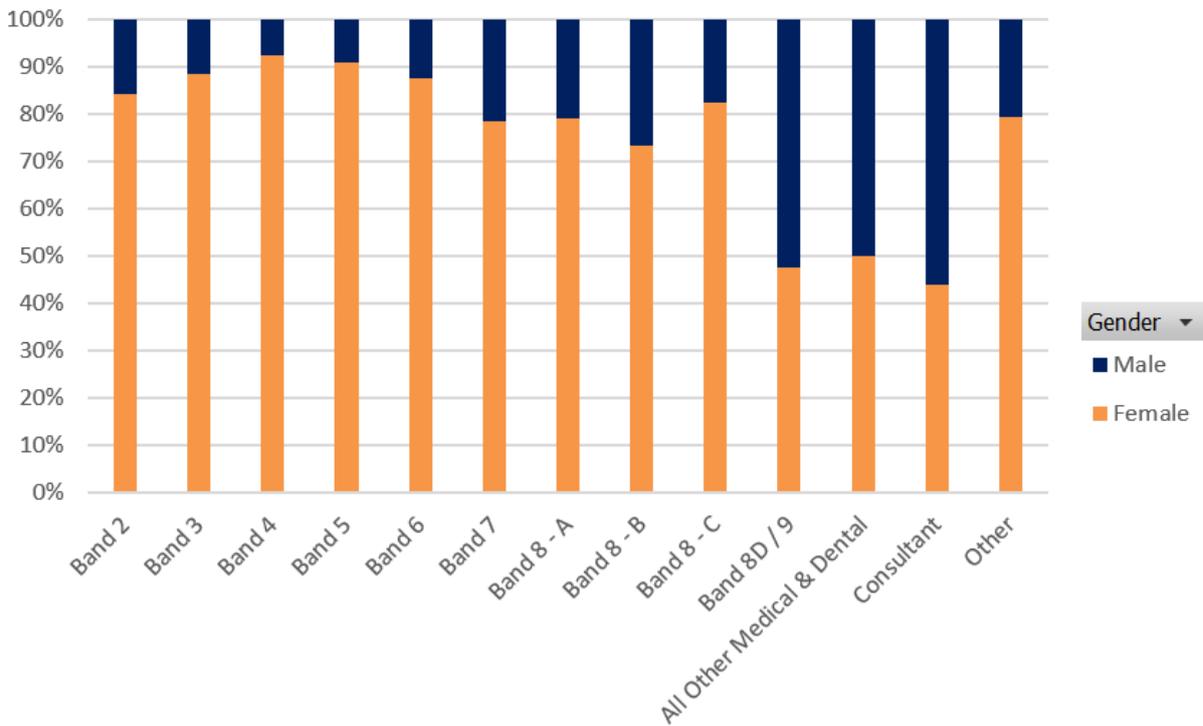
(note: due to small numbers, in the following graphs Bands 8D and 9 have been merged)

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Gender by Paygrade (Total Numbers)



Gender by Paygrade (Proportion)



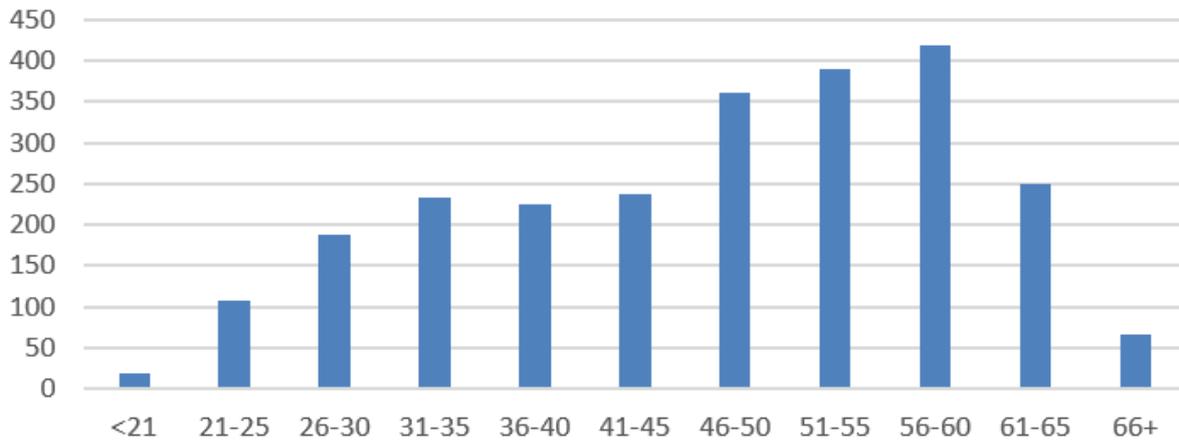
Women are well represented in PTHB across the workforce, including senior management. Our gender pay gap arises from the high proportion of women employed in more junior roles in the organisation.

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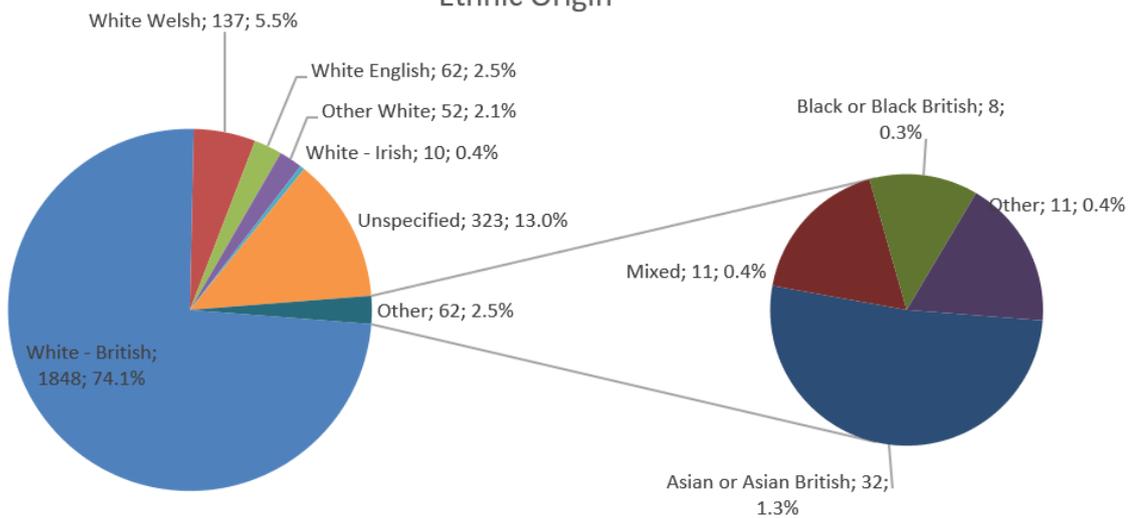
Workforce Protected Characteristics Data

Powys Teaching Health Board employs 2,494 staff. Some small groups may be merged or hidden in the following graphs to preserve anonymity.

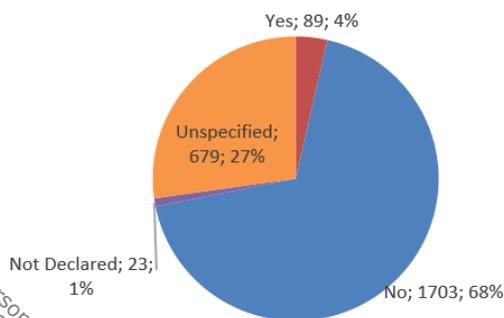
Age



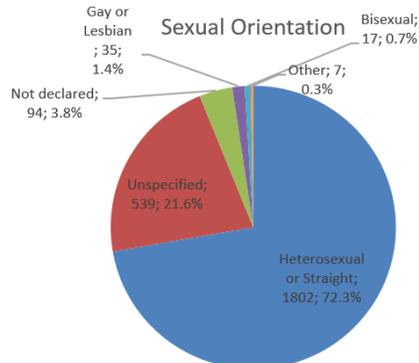
Ethnic Origin



Disability



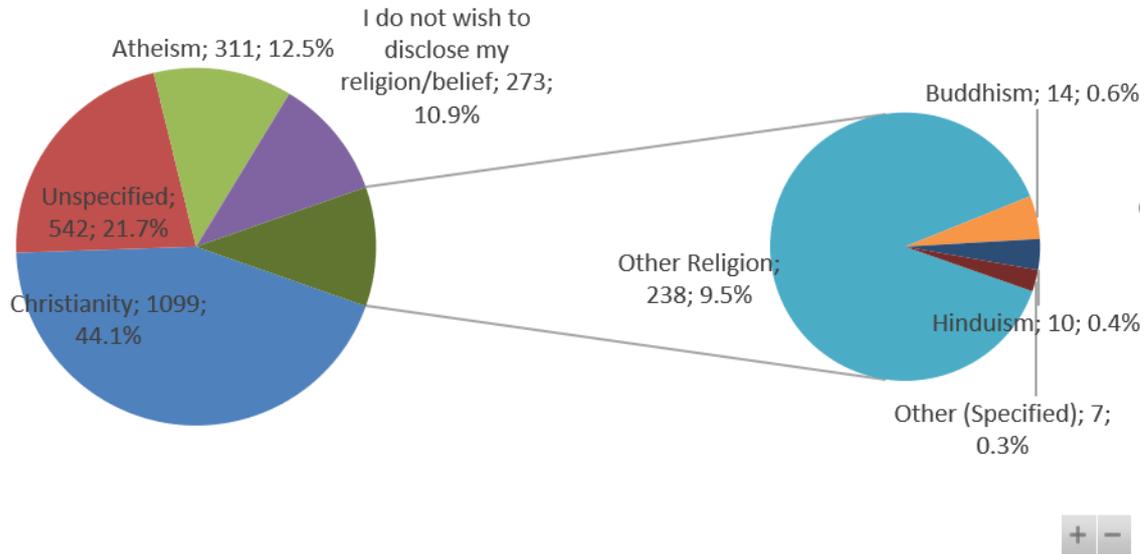
Sexual Orientation



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

Religious Belief



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

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Workforce & Culture Committee		Date of Meeting: 31 May 2022
Subject:	Workforce Performance Report	
Approved and presented by:	Mark McIntyre, Deputy 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 18 th May 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/Decision¹	Discussion	Information
x	✓	✓

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

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:

Table1: High level Quarterly KPI's

Indicator	Q1. 2021/22	Q2. 2021/22	Q3. 2021/22	Q4. 2021/22	Quarterly Direction
Staff in Post (WTE)	1869.76	1854.40	1864.12	1888.83	
Turnover (%)	10.98%	12.17%	13.13%	13.98%	
Bank & Agency Usage (WTE)	109.86	116.10	109.07	107.53	
Sickness Absence (Rolling %)	4.95%	5.21%	5.36%	5.56%	
PADR (%)	69%	70%	73%	74%	
Statutory & Mandatory Training (%)	79%	81%	81%	82%	

In 2021/22 based on the quarterly average performance across the workforce indicators the health board has seen:

- A small increase to the overall WTE of staff employed by the health board
- An ongoing increase in staffing turnover
- A 0.61% increase in rolling sickness absence compared to Q1 this year
- A relatively unchanged amount of bank and agency usage across the year
- A small increase in PADR and statutory and mandatory training compliance

The key challenge for the health board during 2021/22 continued to be in relation to **workforce capacity** with stepping up of a Mass Vaccination Service, increased staff absence and vacancies (particularly in clinical roles) being the key areas of focus. We are also continuing to see a reduction in organisational stability, alongside increases in the turnover rate across all Directorates since 2019/20, with the exception of Women & Childrens and Mental Health. These two Directorates have seen an increase in organisational stability, despite an increase in turnover rates (see Table 4: Annual Turnover & Organisational Stability). Within Corporate, Public Health and Covid Prevention and Response, these variations are likely reflective of significant increases in the percentage of fixed term contracts that are in place, due to short term service requirements.

In response to increased staffing demands, throughout 2021/22 there has been a number of recruitment campaigns which have been delivered at pace, in order to meet health board staffing requirements, such as:

- Renewal recruitment
- Mass Vaccination and Test Trace Protect
- Health Care Support Worker
- Increased levels of Bank recruitment

The key areas for challenge across Health Board directorates continues to be those areas where we employ the higher number of clinical roles, particularly in the following areas:

Inpatient Wards: Nursing

Inpatient nursing wards over the last 12 months have experienced increased levels of nursing vacancies, increased levels of absence and consequently, an ongoing reliance on bank and agency staffing to maintain staffing levels. Despite the challenges, the wards have maintained safe staffing levels and steady levels of compliance in relation to statutory and mandatory training and PADR's. In response to the ongoing challenges, a task and finish group has been established via the Director of Nursing and Director of Primary, Community Care and Mental Health to review the current staffing establishment.

Medical Staffing:

Medical staffing remains particularly challenging in respect of vacancy levels, of which the majority are within the Mental Health Directorate. The heavy reliance on locum cover within the directorate is an ongoing cause for concern in relation to service sustainability. As a result, a specific programme of work to review the overall staffing model for Mental Health has been identified as a key priority within the Health Board's IMTP objectives.

Mass Vaccination & TTP Services:

Whilst staffing capacity within the services have been maintained, throughout the year, the service has been required to respond to fluctuations in service demand, relying on the use of bank and redeployed staff in order to meet short term requirements as well as significant recruitment and training needs. Furthermore, the lack of clarity in

relation to longer term service delivery has resulted in the ongoing need to utilise fixed terms contracts, therefore impacting upon turnover and the stability index within these areas.

2. DETAILED BACKGROUND AND ASSESSMENT:

2.1 Workforce Capacity

Over the last 3 years, the Health Board has seen a **10%** increase (on average) in the number of whole time equivalent (WTE) staff employed, increasing from an average of **1,668.17 WTE** in 2019/20 to **1,841.59WTE** in 2021/22. On average, the number of staff employed in this financial year has increased by **93.79WTE** when compared to 2020/21.

Table2: Average Annual WTE/%of Fixed term contracts:

2019/20		2020/21		2021/22	
Average annual WTE	% of contacts identified as fixed term	Average annual WTE	% of contacts identified as fixed term	Average annual WTE	% of contacts identified as fixed term
1,668.17	6.04%	1,747.80	7.72%	1,841.59	11.28%

As can be seen from the above table, during the last 2 years there has been an increased reliance in the use of fixed term contracts. This is reflective of the increased variable and more difficult to predict demand identified through Mass Vaccination, TTP and Renewal activity.

Alongside an increase in the number of substantive staff employed, the table below identifies the significant increase in the number of bank staff recruited over the last 3 years:

Table3: Headcount of Average number of bank staff

Quarter 3/4	RN Bank Only	HCSW Bank	All Other Bank	Total
Oct 2021 - Mar 2022	156	202	332	690
Oct 2020 - Mar 2021	126	173	268	567
Oct 2019 - Mar 2020	99	132	214	445

The average number of bank staff in quarters 3 & 4 2019/20 compared to quarters 3 & 4 2021/22) has seen an average increase of **55%** in the number of bank staff recruited. This demonstrates the significant levels of recruitment activity that has taken place to support staffing capacity.

Table4: Annual Turnover & Organisational Stability

Directorate	Turnover	Stability Index	Turnover	Stability Index	Turnover	Stability Index
	2019/20		2020/21		2021/22	
Corporate	9.76%	84.96%	11.37%	81.90%	14.70%	77.43%
Community Care & Therapies	11.84%	88.14%	11.15%	87.87%	13.82%	84.35%

Community Dental Service & Primary Care	10.53%	93.98%	4.43%	83.13%	10.67%	90.78%
MHD Mental Health	9.92%	86.42%	11.37%	87.30%	13.10%	87.18%
Women and Children Directorate	7.26%	87.05%	9.75%	93.10%	10.77%	88.32%
Environment Directorate	10.86%	92.98%	6.88%	92.79%	9.87%	89.19%
Directorate	Turnover	Stability Index	Turnover	Stability Index	Turnover	Stability Index
	2019/20		2020/21		2021/22	
PHD Public Health Directorate	0.00%	100.00%	0.00%	50.00%	44.34%	43.24%
COVID 19 Prevention and Response	0.00%	0.00%	11.38%	0.00%	23.63%	62.50%
Grand Total	10.63%	88.14%	10.36%	88.16%	13.98%	84.61%

The health board has seen **turnover** increase and **organisational stability index decrease** although this is likely linked to the increased levels of fixed term contracts and the impact this has on staff only remaining with for shorter durations.

An analysis of the top 3 reasons staff have provided for leaving the health board in the last 12 months, are:

- Voluntary Resignation - Other/ Not Known (25%)
- Retirement Age (23%)
- Voluntary Resignation – Relocation (10%)

Alongside the 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, particularly where the reason "Other" or "Not Known" has been selected. Completion of these exit questionnaires is not a mandatory requirement and throughout this financial year, only **28%** of leavers completed one.

Overall, analysis of the questionnaires completed indicated that **a higher proportion of positive responses are received in comparison to negative responses.**

Some staff choose to include additional positive feedback as comments, some of which are highlighted to the right:

"I am happy to retire and return, my workplace in Powys is a happy/friendly place to work and I look forward to returning on slightly less hours."

"Thank you to all at PtHB for promoting my learning and development. I wouldn't hesitate to recommend anyone work within the organisation."

"Management are really supportive and make the role enjoyable, if I was not relocating, I would stay in the position."

Of the 87 staff that selected the reason Voluntary Resignation (Other/Not Known) only 20% of these completed an exit questionnaire (18 completions). Analysis of these

responses indicated that there were a higher proportion of positive overall responses received when compared to negative or neutral responses to each of the questions. Of those that gave a negative response, the following reasons were given for leaving:

- Department morale
- Appropriate workload
- Manageable workload

2.1.1 Recruitment Activity

Across the organisation, the health board has raised in the region of **674** job advertisements on the Trac recruitment system to date (excluding bank advertisements). The table below identifies key national recruitment performance indicators and the Health Board's performance against these by quarter:

Table5: Recruitment KPI's

Measure	Target Times (Days)	Responsibility	Q1 Avg. Days	Q2 Avg. Days	Q3 Avg. Days	Q4 Avg. Days	Annual Average	All Wales monthly average (March 22)
Time to approve vacancy request	10	Org	9.4	6.9	5.3	7.1	7.2	8
Time to Shortlist	3	Manager	6.2	6.6	8.3	11.2	8.1	8
Time to update interview outcomes	3	Manager	2.4	1.9	2.2	2.8	2.3	2.2
Conditional Offer to ID appointment attended	10	Candidate	6.2	7.7	7.5	8.6	7.5	8.2
Vacancy Creation to unconditional offer	71	All	60.3	60.9	79.5	76.9	69.4	83.5

Based on an **annual average**, the health board is exceeding the national targets across the range of performance measures for all areas, with the exception of "time to shortlist". 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. 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. However, the overall length of time taken from vacancies being created to an unconditional offer of employment being made to a candidate **continues to exceed the national target of 71 days** and is 5.9 days less than all Wales average.

2.1.2 Recruitment Challenges

Attraction to vacancies in our clinical areas remains the key workforce risk as identified in the Corporate Risk Register and is the main reason behind the ongoing reliance and use of variable pay and off contract agency.

Inpatient wards:

Inpatient ward areas continue to have significant challenges attracting registered nurses although this is reflective of the national shortage. Across the year, the wards have continued to experience high levels of staffing deficits, influenced by much higher absence and increased registered nurse vacancy levels. The table below shows the average number of staff in post for each quarter against the **current budgeted nursing establishments within community services**.

Table 6: Community Inpatient Wards Establishment Analysis (RN&HCSW)

Community Inpatient Wards	Avg Q1. 2021/22	Avg Q2. 2021/22	Avg Q3. 2021/22	Avg Q4. 2021/22	Avg Q4. 2019/20
Establishment	257.6	257.6	257.6	257.6	257.6
Staff in Post	219.1	213.9	209.7	207.4	209.8
Absence	26.9	29.9	24.4	22.7	20.6
Total Deficit	65.4	73.6	72.3	72.9	68.4
TSU Requests bank (WTE)	21.66	22.47	15.78	17.41	22.90
Agency on contract (WTE)	17.95	21.96	24.74	24.99	19.1
Agency off contract (WTE)	20.09	17.94	12.96	12.93	14.03
Unfilled (WTE)	0.22	0.32	0.28	0.88	0.27
Total Variable pay Utilised	63.48	65.93	56.23	63.55	60.9
Remaining Deficit	1.92	7.67	16.07	9.35	7.5
Deficit %	1%	3%	6%	4%	3%

Analysis of quarterly data across the inpatient general wards areas has identified that:

- The overall deficit on the wards have increased over the year and there were **11.7WTE** fewer staff in post in Q4 than there were at Q1. However, staff in post is only **2.4WTE** lower than in Q4 2019/20. Taking into account staff absence overall deficits have increased by **4.5WTE** in Q4 2021/22 compared to Q4 2019/20.
- On average, the wards have also seen an increase of **4.79WTE** in agency usage, which is likely to reflect the increased level of deficits.
- The health board (reflective of the national picture) are experiencing a particularly challenging position in respect of registered nurse vacancies, with an overall vacancy deficit of **29%**. This is more of an acute issue in 2 wards which have a deficit of 50% or over. This has increased by 3% when compared to pre-pandemic performance (26%) for the same period in 2019.
- The general inpatient ward in Knighton remains temporarily closed due to significant challenges in recruiting to safe staffing levels. This is being managed through temporary redeployment whilst the health board continues to actively seek to recruit to these vacancies.

Despite the particularly challenging period the Health Board, through a combination of Bank and Agency, has managed to maintain safe staffing levels on our wards. However further work has been started and an initial review of in-patient ward establishments was undertaken in March 2022. This has resulted in a programme of working being established which is now being led by the Director of Nursing and Director of Primary, Community Care and Mental Health. The aim of this work will be to explore opportunities to strengthen and optimise existing staffing levels by reviewing the skill mix, roster practices and demand.

Work is also underway to recruit to a further **9** substantive and up to **11 fixed term** Health Care Assistants to reduce the reliance on both off and on contract agency use. Prior consideration will be given to the substantive roles for apprentices who are just completing their training. This will demonstrate not only the Health Board's commitment to the apprenticeship pathway but will showcase the opportunities that exist for those currently undertaking their training.

Mental Health Services are also experiencing similar recruitment challenges, with particular challenges being experienced in Crug ward. Due to the significant staffing deficits, a decision to temporarily close Crug ward has been taken by the health board. During this time, an enhanced recruitment campaign is being developed and staff have been temporarily deployed to either community or inpatient ward. Review with staff and the team in which they are deployed are being undertaken regularly.

Although not unique to Powys, the supply of registered nurses in particular is a challenge at the present time. However, as well as a focus on the more immediate need to recruit by placing regular open adverts and continuing to operate a fast-track recruitment process on to Bank, the health board has also focused on building longer term resilience by:

- Developing the Aspiring Nurse programme
- Strengthening links with HEIW and the clinical education commissioning processes
- Participating in a national programme of work in relation to overseas nurse recruitment

Medical & Dental:

Although the health board has maintained medical staffing levels this has increasingly been reliant on the use of agency locums to fill our substantive staffing vacancies. Sourcing consultant locums has become increasingly challenging since the start of the pandemic. As identified in the table below, there are currently **13.5 WTE** medical vacancies within the health board.

Table7: Medical Staffing Vacancies

Role	Average Staff in Post vs Budget Variance (- is over established)			
	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22
Consultant	6	6	7	9
Speciality Doc	4.5	4.5	4.5	4.5

Current vacancy levels have increased by **3 WTE** when compared to Q2 this year. Of the current vacancies **11 WTE** are covered via the use of locums. One consultant post for Radnorshire is out with all agencies but has received limited response.

A significant proportion (92%) of the health board's medical roles are within the Mental Health Directorate. 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 within Mental Health. Project support has been sought to undertake the transformation work, including a band 8a Transformation Programme Manager and a band 5 Project Support Officer.

Therapies:

There are currently **29.9WTE** vacancies within the Therapies speciality in the Community Services Group. Of the 29.9 WTE, **10 WTE** are currently being offered to applicants through the All-Wales Student Streamlining process. This has the potential to significantly reduce the vacancy levels. All remaining vacant 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:

Table8: Renewal & Transformation Recruitment Update

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	8.20	0	2.00

Scheme 3: Long Term Conditions and Well Being	400	0.00	1.00	3.00
Scheme 4: Children and Young People	6.90	6.90	0	0
Scheme 5: Cancer	4.00	2.00	0	2.00
Scheme 6: Respiratory	12.5	8.5	2.5	1.5
Scheme 7: Infrastructure	13.00	13.00	0	0

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)**. However, this scheme is currently being supported by the Welsh Cancer Network and the delivery model is being reviewed to reconsider how these posts will be filled.
- Despite success in recruiting to most clinical posts, recruitment to the **Sleep Physiologist (1.00 WTE)** remains vacant, despite 6 recruitment campaigns. A review of the role requirements is underway.
- **Scheme 3 continues to** face challenges in recruiting to vacant posts, with both the **Assistant Practitioner (1.00 WTE)** and **Business Support Manager (1.00 WTE)** remaining vacant, despite numerous recruitment attempts.

2.2 Staff Wellbeing

Rolling sickness absence levels across the health board have continued to see increases over the last 3 years with more significant increases being experienced since the start of the pandemic, and especially over the last 12 months:

- Rolling sickness % 19/20: **4.91%**
- Rolling Sickness % 20/21: **4.95%**
- Rolling sickness % 21/22: **5.70%**

The below table provides the current rolling sickness absence figures for each directorate, by quarter, alongside the current rolling sickness absence data (March22):

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Table9: Rolling Sickness Absence

Directorate	Avg Headcount of Q4. 2021/22	Qtr 1. 2021/22	Qtr 2. 2021/22	Qtr 3. 2021/22	Qtr 4. 2021/22	Qtrly Direction	Mar-22
Corporate	296	2.12%	2.25%	2.48%	3.03%	↑	3.27%
Community Care & Therapies	935	5.87%	6.01%	6.01%	6.10%	↑	6.25%
Comm. Dental Service & Primary Care	87	4.36%	5.59%	6.32%	6.32%	↔	6.39%
MHD Mental Health	391	5.50%	5.79%	5.96%	5.92%	↓	5.98%
Women and Children Directorate	226	3.58%	3.84%	4.35%	5.11%	↑	5.46%
Environment Directorate	260	6.09%	6.93%	7.36%	7.67%	↑	7.62%
PHD Public Health Directorate	93	0.64%	1.55%	2.34%	3.17%	↑	3.46%
COVID 19 Prevention and Response	39	0.27%	0.55%	0.89%	1.68%	↑	2.20%
Grand Total	2,327	4.95%	5.21%	5.36%	5.56%	↑	5.70%

The rolling sickness absence rate has increased by 0.61% for the health board during 2021/22. However, this is more pronounced in directorates, which have a larger proportion of staff in patient facing roles. This is especially the case for;

- Community Care & Therapies
- Environment
- Mental Health
- Dental and Primary Care

In quarter 4 this year, across wards and facilities staffing, sickness absence levels on average were around 8% with some areas experiencing absence as high as 20%. This resulted in some particularly challenging staffing scenarios, which resulted in an increased reliance on bank and agency staffing to manage these shortages (across both nursing and facilities staffing). Across these services, the top 3 reasons contributing to sickness absence were:

- Anxiety, Stress and Depression (27%)
- Infectious Diseases (11%)
- Other known causes – not elsewhere identified (10%)

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

- Continues to ensure an offer of staff counselling services via NOSS which delivers, on average around 85 sessions per month. This provision has recently been extended ahead of a potential formal retendering exercise should this continue to be required.

Ensures the ongoing provision of wellbeing information via the staff wellbeing pages.

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- Continues to provide HR advisory support to managers to manage long term sickness absence and that 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
- A Business case to review the delivery of Occupational Health Services and increase capacity has been approved and recruitment to vacant posts is underway.

2.3 PADR & Statutory and Mandatory Training

Table 10: PADR Compliance

Directorate	Avg Headcount of Q4. 2021/22	Avg Qtr 1. 2021/22	Avg Qtr 2. 2021/22	Avg Q3. 2021/22	Avg Q4. 2021/22	Qtrly Direction	Mar-22
Corporate	296	70%	76%	80%	79%	↓	78%
Community Care & Therapies	935	72%	69%	75%	71%	↓	62%
Comm. Dental Service & Primary Care	87	58%	64%	66%	62%	↓	63%
MHD Mental Health	391	60%	64%	60%	63%	↑	65%
Women and Children Directorate	226	76%	77%	75%	80%	↑	81%
Environment Directorate	260	81%	83%	82%	77%	↓	77%
PHD Public Health Directorate	93	40%	63%	72%	79%	↑	84%
COVID19 Prevention & Response	39	46%	65%	59%	64%	↑	91%
Grand Total	2,327	69%	70%	73%	74%	↑	73%

Although there has been a 4% **improvement** in PADR compliance when compared to performance at the start of the financial year it remains 6% lower when compared to the average for 2019/20. This is largely down to the increased service pressures and higher staff absence. PADR compliance reports continue to be regularly shared with directorates and directorates have been tasked with ensuring appropriate recovery plans are in place to achieve pre-pandemic performance rates.

Table 11: Statutory and Mandatory Training Compliance

Directorate	Avg Headcount of Q4. 2021/22	Avg Qtr 1. 2021/22	Avg Qtr 2. 2021/22	Avg Q3. 2021/22	Avg Q4. 2021/22	Qtrly Direction	Mar-22
Corporate	296	81%	84%	84%	87%	↑	85%
Community Care & Therapies	935	79%	81%	82%	82%	↔	82%
Comm. Dental Service & Primary Care	87	76%	78%	80%	82%	↑	83%
MHD Mental Health	391	74%	74%	75%	75%	↔	76%
Women and Children Directorate	226	83%	82%	81%	82%	↑	82%
Environment Directorate	260	85%	86%	85%	87%	↑	87%
PHD Public Health Directorate	93	56%	75%	80%	85%	↑	87%
COVID19 Prevention & Response	39	79%	82%	80%	87%	↑	88%
Grand Total	2,327	79%	81%	81%	82%	↑	82%

The health board has maintained a **steady level of compliance** in relation to statutory and mandatory training across the financial year. March 22 performance has only seen a **1%** decline when compared to the average performance in relation to statutory and mandatory training in 2019/20. Working with directorates, the Workforce & OD team 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

Table12: ER Case Summary

Area	2019/2020	2020/2021	2021/2022	March 2022
Disciplinary Cases	20	7	19	Below 5
Formal Grievance	Below 5	8	Below 5	Below 5
Informal Facilitated Discussions or referrals for Mediation	NA	NA	6	Below 5
Formal Capability	Below 5	5	5	Below5
Raising Concerns Investigations			Below 5	Below 5
Listed Employment tribunal cases (Active and Closed)			2	1

The level of employee relations activity relating to disciplinary issues significantly reduced during 2020/21. However disciplinary cases increased significantly in early part of 2021/22 and although there was no pattern or common themes identified for this other it is likely down to the fact that managers were possibly addressing issues informally or delayed addressing matters at the start of the pandemic, due to the need for a focus on service continuity and sustainability. This activity has now normalised and is now reflective of pre-pandemic levels. As we progress into 2022/23, there are a smaller number of ongoing cases (below 5) across the Health Board.

The introduction of the Healthy Working Relationships policy now encourages an informal approach to resolution using 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 whether this has resulted in a reduction in formal grievances.

During the last quarter of 2021/22 the Health Board had 1 Employment Tribunal case held over from 2019. The case against the Health Board was dismissed. There is 1 remaining on-going case which is due to go to Tribunal in July 2022.

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



Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board



Bwrdd Partneriaeth
Ranbarthol Powys
Iechyd a Gofal
Cymdeithasol



Powys Regional
Partnership Board
Health and
Social Care

Powys Health & Care Academy

School of Volunteers and Carers

Workforce and Culture Committee – May 2022

Louise Richards – Joint Strategic Workforce Lead

Presentation, Liz
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Academi Iechyd a Gofal Powys
Powys Health and Care Academy



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.

5 themes:



Theme 5: 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.*





Volunteer offer Pre-Pandemic

Partnership and Citizenship –
‘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’.



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Our achievements to date

Successfully deployed **over 500 volunteers** into the mass vaccination programme during covid, with **over 95% of volunteers and teams satisfied with the model of working, and recognising the enhancement to services**further expansion of volunteer rolesover 100 volunteers continue to support this service area and PTHB have continued its financial support to PAVO in this area

Face to Face Volunteers in clinical/care settings

- **Reintroduction of clinical volunteers** approved by PTHB Executive Committee in October 2021 to support winter pressures;
- Role descriptor co-created, for roles on wards across the Health Board with a focus on activity based interventions and support. Supports the wider team to **understand the role of the volunteer**;
- Recruitment campaign has commenced, via MOU with PAVO which includes a **full training programme** for volunteers. Topics include role specific training i.e. RITA, the role of a volunteer on a ward and activity based encouragement and communication;
- National risk assessment process being applied, to ensure the risk **model presents no to patient/volunteer** or wider team members;
- **Targeting** FE Health & Social Care students, community volunteers and others interested in the opportunity i.e. possible family members; 2 deployed , a further 16 onboarding
- Supports the **widening access into sector** initiative, through volunteering and work experience.
- Enhances the service delivery
- Discussions continue with **Care Homes to pilot a similar model**....two pilot sites have been identified



Partnership and Citizenship –
‘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’.

Volunteer role

- Volunteers must have clearly defined roles, they are not in any way intended to take the place of paid staff, their role is to effectively enhance the resident experience, this role must be clearly distinct from paid staff.
- Meeting the expectations and needs of the service areas and the volunteers
- Not a one size fits all approach
- The overall aim of the role is to act as a motivator, befriender or support to the residents and therefore the staff. This will NOT include advocacy, counselling, discussions with relatives, clinical procedures or administration of medication or personal care duties.
- Work areas must have clear guidance pre –deployment to best support the volunteer



Skills Matrix development

Building on the work PAVO and Credu have done to scope the needs of carers and volunteers, we are now developing a skills matrix which will help volunteers and carers navigate opportunities, whilst also enabling organisations to understand the skill available to us through this strong resource

Development to date

- Engagement work underway
- Training needs analysis (TNA) survey has been developed and shared with volunteers and carers within PTHB, PCC and PAVO; there has been a positive response with 105 responses received to date
- Training scope has been agreed with the identification of courses offered within Powys, this will form part of the Mandatory training offer
- Focus groups have taken place to identify motivations, benefits of volunteering, delivery methods and accessing the training, introduction to the skills matrix

Further focus groups will be held to test the skills matrix, materials and resources to ensure they are fit for purpose





Ysgol Gwirfoddolwyr
a Gofalwyr
School of Volunteers
and Carers

Amser i Ni / Time for Us

Aim

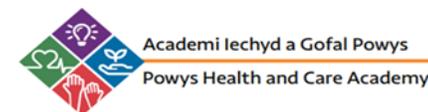
The time banking project is a non-monetary place-based Community Exchange/Time approach that can improve social contact and cohesion, and help mobilise families, neighbourhoods, communities, and their assets in beneficial ways for health. PAVO led this programme of work to date, and have:

- Set up 9-time banks across the county
- Seeking further funding of which we have managed to secure through WFF and RIIC hub funds to continue the research study and developing a capacity improvement model in this work.
- Specific outcomes include:
 - development of an impact reporting framework that helps us to evaluate the health and well-being benefits that arise from time banking
 - an engagement piece to better understand of the value of an embedded time banking model in promoting health and well-being in our communities across Powys
 - a research piece that will add further data to the research discussions on the model in a rural environment



Partnership and Citizenship –
‘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’.

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Reaching wider

Aim

‘Provide pathways for carers, care leavers and those who support those in care to access level 4 learning via Bangor University’

Development to date

- Engagement work has started with Foster Carers and Carer leavers to look at their needs, and how best the project can support them. Face to face workshops taking place in the Health & Care Academy on the Bronllys Campus
- Developing a portfolio of learning both transactional and transformational to support this group of care leavers and those who support them



Partnership and Citizenship –
‘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’.

Powys Balance Programme

Aim:
'enable volunteers and carers to balance the needs of others, without losing the essence of themselves'

To date:

- Proof of concept has taken place, including:
 - 1 x 8 week Mindful Based Living Course,
 - 1 x Doing Well course,
 - 8 x 121's
 - 7 x participants signed up for the retreat 9th April at Bronllys Campus
 - Over 30 further enquiries and lots of conversions!...
- From the interventions, so far, there has been 94% reduction in distress, with 1 participant starting at a very calm position and remaining that way throughout the learning
- The Body Hotel pilot....virtual exercise sessions.....less successful
- Summary report available – [link](#)
- Second Cohort commences during May 22



Partnership and Citizenship –
'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'.



Ysgol Gwirfoddolwyr
a Gofalwyr

School of Volunteers
and Carers



Diolch/ Thank you

Questions?

Partnership and Citizenship –
*‘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’.*

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POWYS BALANCE PROGRAMME PROOF OF CONCEPT PHASE

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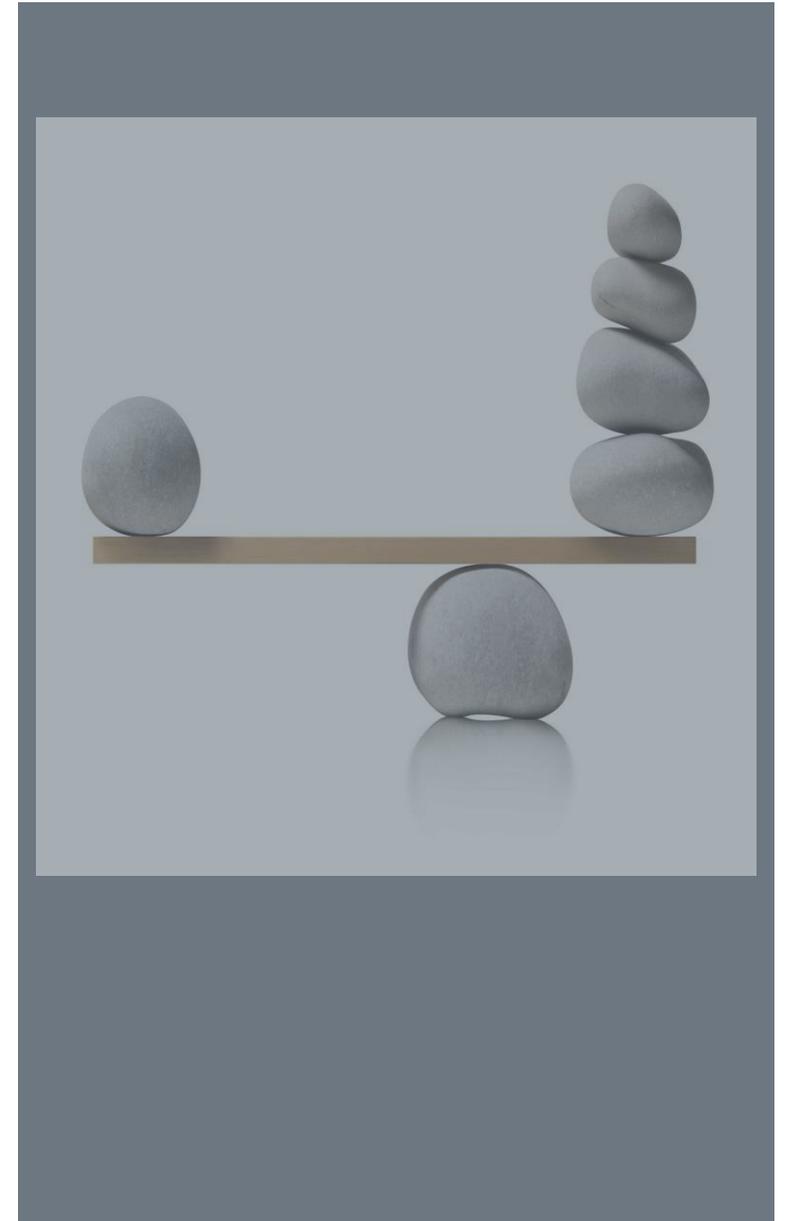


**PHOENIX MINDFUL
LIVING**

NIKKI THOMAS-ROBERTS

**POWYS BALANCE
PROGRAMME AIMS TO
ENABLE VOLUNTEERS AND
CARERS TO BALANCE THE
NEEDS OF OTHERS, WITHOUT
LOSING THE ESSENCE OF
THEMSELVES.**

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BALANCE MEANS TO PUT SOMETHING IN A STEADY POSITION, SO IT DOES NOT FALL

The ethos of the 'Powys Balance Programme' is to guide volunteers and carers to balance the needs of others whilst being able to caring for themselves and to;

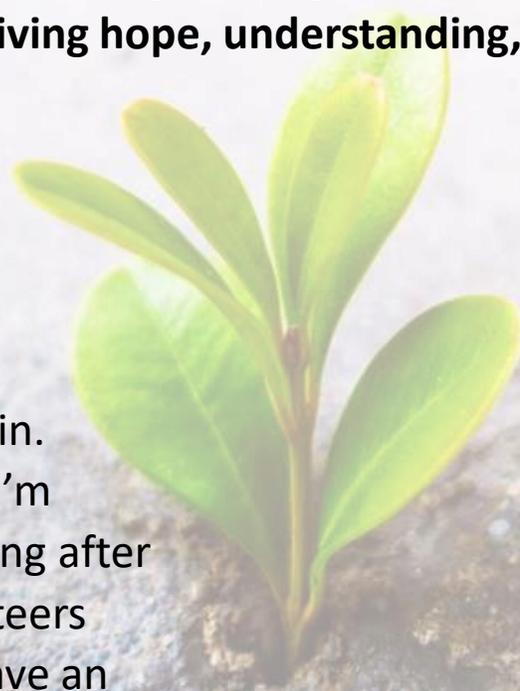
- ❖ Better understand the emotional complexities of caring and the potential impact on them personally
- ❖ Embrace and manage complex emotions related to the nature of suffering
- ❖ Appreciate the positive emotions and resilience that arise from the acts of caring
- ❖ Develop and enhance coping strategies amidst difficulty
- ❖ Grow connections with others in similar situations through, learning together, sharing and understanding the potential benefits of self-compassion

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AIMS AND INTENTION

The programme aims to support individuals with tools, resources and the embodied experience of emotional regulatory and self-compassion practices. These skills and felt experience can enhance and sustain resilience, energy, living hope, understanding, awareness, courage and fulfilment within the caring role and life in general.

‘A good space to hold the day in. Altogether a gift of a day and I’m impressed that PHTB are looking after the needs of carers and volunteers and looks like management have an outward looking stance’.



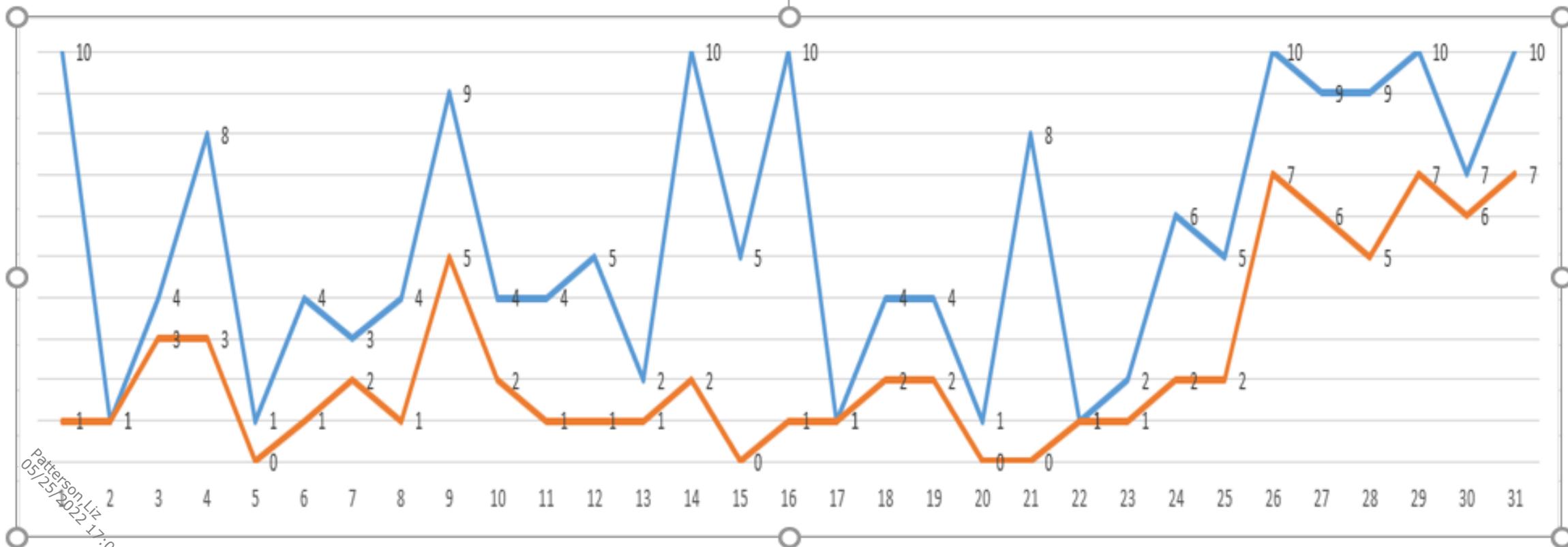
WHAT WENT WELL

- ❖ Initial engagement and interest (35 calls, emails and conversations)
- ❖ Overall a 94 % improvement of SUDS
- ❖ Qualitative Data and Quantitative Data collection via Carer and Volunteer narrative, video and feedback. Flexibility of the programme, via phone, Intranet and face to face
- ❖ Social Media to engage
- ❖ Supporting hard to reach carers
- ❖ Evidence that the Balance Programme concept can achieve aspirational aims, with the right engagement and connection
- ❖ Connecting Carers and Volunteers
- ❖ Sharing experience and reducing isolation

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Subjective Units of Distress

0=Calm 10=Distress



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Number of Participant Interventions

CHALLENGES

- ❖ Session set up and IT access, despite flexing with MS Teams and Google meet, Teams was the best option
- ❖ Later engagement, following initial contact
- ❖ Ensuring the Balance Programme meets the needs and is meaningful to them
- ❖ Awareness of pressures on Carers and Volunteers and meeting them where they are (First interaction for some was enough!)

Patterson, Liz
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Aspirational Aims and Outcomes

- ❖ **Better understand the emotional complexities of caring and the potential impact on them personally**

'I am more tolerant/accepting of other people. I *try* not to react to their actions or what they say without considering why.'

- ❖ **Embrace and manage complex emotions related to the nature of suffering**

'Helpful reminders of what I can do to ease my own body and mind, with and through suffering'.

- ❖ **Appreciate the positive emotions and resilience that arise from the acts of caring**

'Thank you so much, I have found the course so enlightening and fresh, something I have never experienced before and I will definitely take on the tools and start to help myself and totally give myself a break! More self-love, more forgiveness!'

- ❖ **Develop and enhance coping strategies amidst difficulty**

'I now have tools to help me relax, unclutter my brain and destress'

- ❖ **Grow connections with others in similar situations through, learning together, sharing and understanding the potential benefits of self-compassion**

'I've been able to grow connections with others in similar situations through, learning together, sharing and understanding the potential benefits of self-compassion It has made me calmer, and I feel more in control. I also made a new friends!'



Personal-Containment
Emotional-Regulation
Experience
Emotionally-Comfortable
Mental-Comfort
Signpost TRUST
Being-Heard
SHARE

Patterson, Liz
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AIMS AND OUTCOMES

The programme aims to support individuals with tools, resources and the embodied experience of emotional regulatory and self-compassion practices. These skills and felt experiences can enhance and sustain resilience, energy, living hope, understanding, awareness, courage and fulfilment within the caring role and life in general.

MBLC

'I now feel comfortable and in control and able to really listen when my friends share problems with me.'

One to One sessions

'Supportive, makes me feel valuable. I'm more light hearted, positive. I'm in a better place'

Retreat

'A good space to hold the day in. Altogether a gift of a day and I'm impressed that Powys Health and Social Care are invested in looking after the needs of carers and volunteers and looks like management have an outward looking stance'.

Doing Well-Staying Well

This opportunity came to me at a really pertinent time as I was feeling quite overloaded by volunteer & caring roles. I really appreciated being able to share openly thoughts & feelings & for both of us to be able to tune into what might best support me.

Having had some previous experiences of mindfulness & meditation it also gave me a chance to revisit & enhance my knowledge, & hear about new ideas in the field e.g. psychology. Taking me through the practical application of different methods was extremely useful too.

I came away with more 'tools' & feeling refreshed, with different ways & reminders to support myself in my daily life & community outreach.

I look forward to the Retreat day to further consolidate & learn.

Agile Working and New Ways of Working

**Workforce and Culture Committee 31st
May 2022**



Patterson, Liz
05/25/2022 17:09:13

Contents

- Define Agile Working
- The national context
- Reflect on what PTHB has done to date
 - PTHB Agile Policy update
 - Agile Working survey findings (2021)
- The national context
- Understand hurdles and challenges
- Next steps

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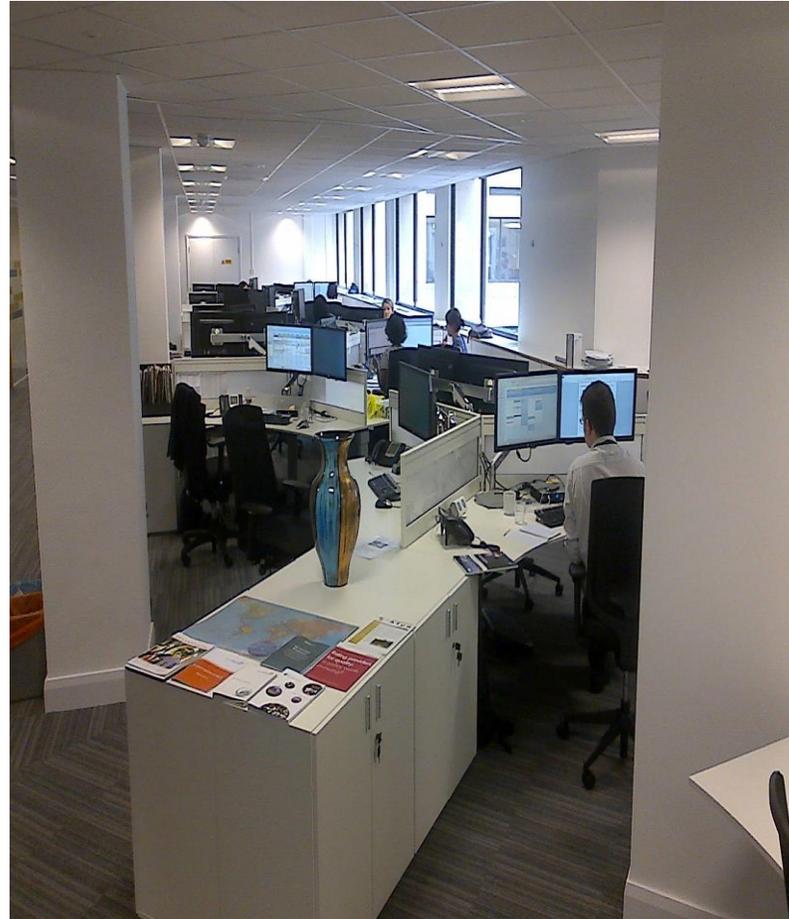
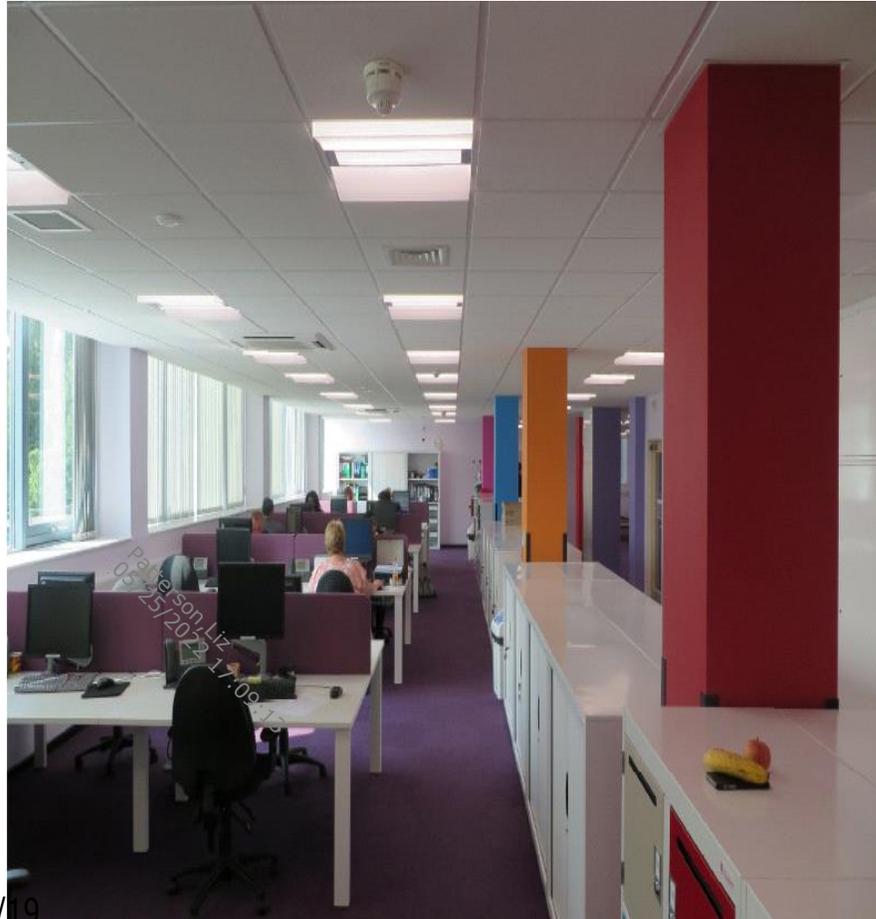
Agile Working

- Defined by NHS Wales/NHS Wales Employers as *“aligning people, processes and connectivity with technology, time and place to find the most appropriate and effective ways of working to carry out a particular task”*.
- It goes further in categorising work as **Mobile** (on the move), **Flexible** (carry out work from a variety of locations*) and **Fixed** (the majority of time from a fixed location).
- It is important to note that **the needs of service must always come first**.

*NOTE: this is not the same as flexible working hours which is a different matter).

- Agile working is **not about doing things in the old way** with some new IT and redesigned offices.
- It’s about a new way of working using new tools, new processes and **new approaches to management and teamwork**.
- It requires **different types of behaviours**, skills and different expectations about how work is done.
- It’s about taking a comprehensive and strategic approach to **modernising working practices**.
- It’s about making best and effective use of underutilised office space and creating a modern, vibrant and flexible workplace to ensure staff can work together to deliver at their optimum performance.

Open Plan – Flexible Use



Break Out Spaces and Storage Space



Benefits of Agile Working?

Improving **business continuity** – processes less dependent on physical location

Reducing Costs with less office space

Improving **sustainability** less space + travel = less CO2

Improving **intra and inter-team dynamics** – ability to work next to different people

Improving **ability to recruit and retain** – work and location changes with life needs



**Organisation
benefits from
becoming more agile**

Improving cross disciplinary working – **getting teams together rapidly**

Improving **image as a modern employer** – workplace and work styles supports brand values

Improving **productivity** – using the right spaces and tools for different activities

Improving **easing reorganisation** teams

Scalable business – **elastic space** that accommodates change without a property event

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National context update

National Initiatives already in place/progress:

In **Autumn 2020** NHS Wales published a national document, created in social partnership, which referenced **guidance and principles**. A number of these principles have been **incorporated in PTHBs Agile / flexible workstyles policy** review:

- *A focus on results and performance, rather than time and attendance*
- *One size will not fit all*
- ***Desks shared and not owned***
- *Employees empowered to **work across locations***
- *Decisions needed as to whether an application process /agreement is needed or whether it is “just the way we work here”*
- *Maintaining contact*

PTHB is the NHS Employers representative on the **Workforce Partnership Council Agile and Flexible Working Task and Finish Group**. The group is set up to **develop guidance and best practice documents** to promote and support agile, flexible and homeworking across public services in Wales and will consider:

- Anticipated changes to Human Resource policies
 - Health, Safety and Wellbeing
 - Workforce development including management development
 - Remuneration and allowances

Work is due to be concluded in May 2022

PTHB Agile Working/Flexible Workstyles Policy

The Agile policy put **in place September 2020** to support the Health Board employees to work from home during the pandemic.

Policy was **reviewed and refreshed in November 2021** strengthening the following areas:

- The policy title 'Agile' has had '**Flexible Workstyles**' added; the '**how and where**' staff work
- Linked to the All Wales guidance and principles
- Reference to Welsh Govt Decarbonisation Strategic plan 2021-2030 and the target of 30% of the workforce to work remotely
- The sharing of office facilities on a **team basis**, with the intention that **very few employees will have an office or workstation for their exclusive use only**

The main considerations for agile working are:

- The effect on the ability to deliver 100% of our services
- The setting of work output and outcomes
- The ability to work safely and healthily
- Fairness and equality
- Staff member's health and wellbeing
- Reduction in the carbon footprint

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PTHB Agile Working/Flexible Workstyles Policy

Line managers and employee sections strengthened to include:

- ✓ Agreement of requested **workstyle** to be confirmed in an email – **building on current trust process, but regularly reviewed in line with service need**
- ✓ Ensure that a DSE **workstation assessment** has been completed then reviewed at least annually or when any changes are made to the workplace and the **equipment required has been provided** e.g laptop, mouse, desk, chair etc
- ✓ An agreed **balance of time spent agile working and working from the agreed base**, to ensure all service/ business requirements and staff members wellbeing needs are met
- ✓ Ensure **regular contact** is in place for those working in an Agile/Flexible workstyles arrangement
- ✓ Ensure there is suitable and sufficient **induction** to the Agile approach to working **for new members** of the team
- A refreshed **meetings etiquette** as an appendix to the policy, to act as reminder/ top tips **in relation to virtual / 'Teams' meetings**

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Staff Agile Survey Results Overview Sept 2021

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Agile Working

Responses 525 in total

During the Covid-19 Pandemic, what has been your work situation?

- Working mainly at home 265
- Working mainly in the workplace 260



Roughly, how far do you travel to get to your work base from home?

- Less than 10 miles 251
- 10 to 30 miles 197
- More than 30 miles 77



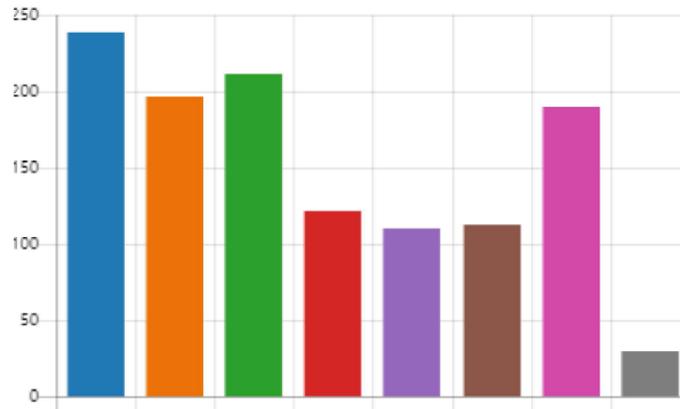
For those working at home:

- 82% rated their experience of doing so a 5-6 out of 6
- The positive points included:

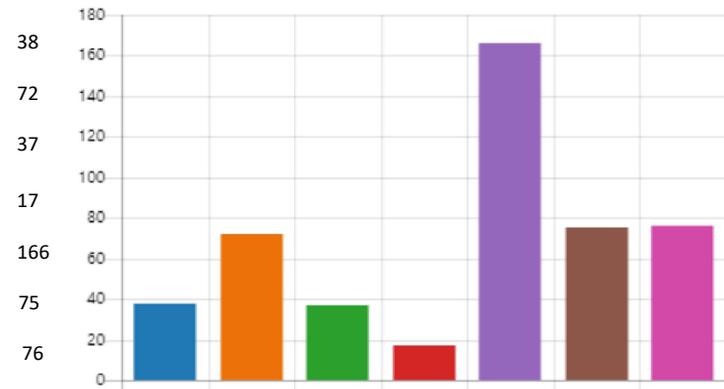
For those working at home:

- The negative points included:

- Reduced Travel 239
- I can concentrate on my work 197
- Easier home/work-life balance 211
- It is more comfortable 122
- More time for exercise 110
- More time to prepare healthy meals 112
- Flexible working 190
- Other 29



- I don't have the space 38
- I can't switch off from work 72
- I feel I have to be available outside of working hours 37
- Home life is too busy, I get distracted 17
- I miss being with the team 166
- I feel I miss out on important communications 75
- Other 76

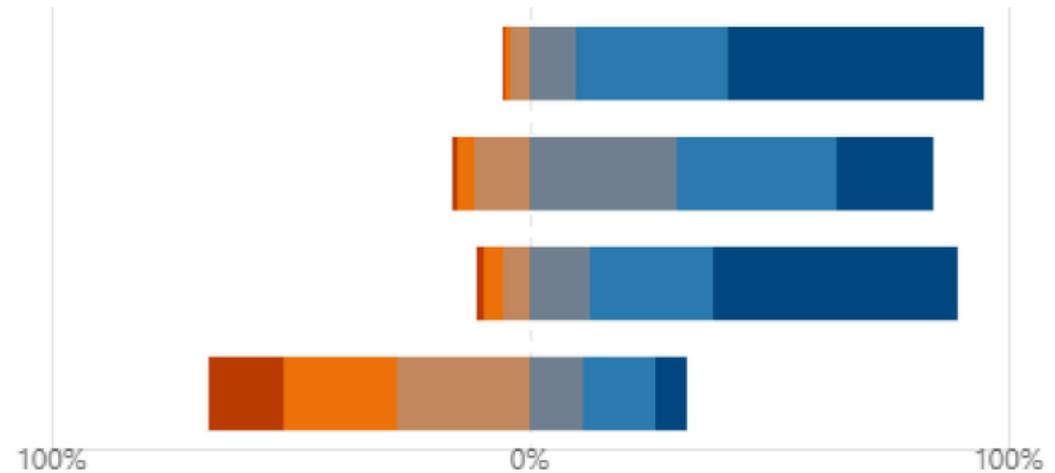


Productive Environments – Staff Working at Home

Where do you believe you are most productive?

■ Unproductive
 ■ 2
 ■ 3
 ■ 4
 ■ 5
 ■ Highly Productive

- Working at home
- Working in a dedicated office space (at my desk)
- Being able to choose where I work depending on what I need to achieve
- Working in an office at a hot desk/shared space



Free-text responses themes

Positive

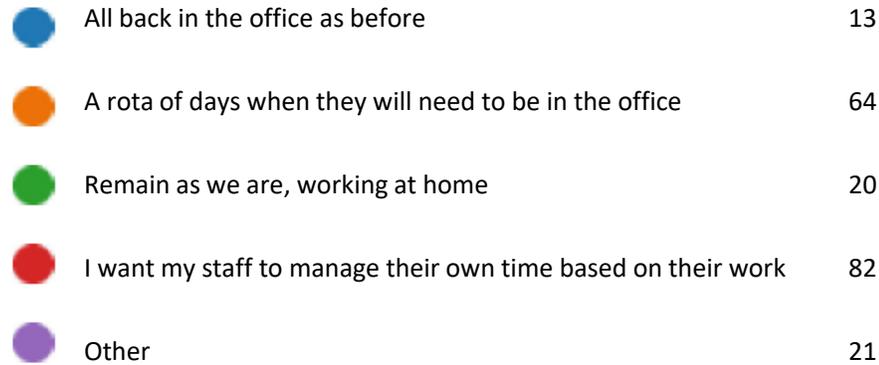
Negative

What do you feel has the greatest positive impact upon your productivity when working in the workplace?		
Theme	No. responses	Percentage of total respondents (235)
Team Cohesion	104	44.25
Colleague Network	65	27.66
Working Equipment	36	15.32
Working Environment	35	14.89

What do you feel has the greatest negative impact upon your productivity when working in the workplace?		
Theme	No. responses	Percentage of total respondents (235)
Distractions	167	71.06
Working Environment	38	16.17
Commute	26	11.06

Managing Teams Working From Home

When restrictions are eased, how would you like your team to work



What are the positive outcomes of your team working at home?		
Theme	No. responses	Percentage of total respondents (125)
Flexibility and Work-Life Balance	58	46.6
Productivity	48	38.4
Commute	34	27.2
Well-being	27	21.6
Team Connectivity	20	16
Covid-19 Safety	14	11.2
Environmental	9	7.2

What are the negative outcomes of your team working at home?		
Theme	No. responses	Percentage of total respondents (118)
Team Working and Communication	44	37.29
Social Connection	43	36.44
Oversight	19	16.10
Environment	19	16.10
Isolation	18	15.25
IT Issues	15	12.71

Feedback on the Future of Agile Working-

- 425 respondents made comments and recommendations about the future of agile working. Themes included:
 - Provision of the **right equipment** -.
 - **Choice and flexibility** of working location. Majority of those working at home wish to remain doing so, or have a choice about where to work based on business (and own) needs. Majority of managers also preferred this.
 - Right team processes and activities to maintain well-being and productivity (clarity of plans, regular communication etc.)
- Respondents were also asked to consider the physical environment with themes including:
 - Good hot-desking facilities that were centrally bookable. **Hot-desking is the least preferred style of working.** However, if hot-desks are to be used, then they need to be in clean comfortable environments, as close to home as possible and correctly equipped. Potential for partner organisation facilities
 - **Other useable spaces that can be booked for whole teams such as meeting rooms. A preference for more team spaces so that when staff are in the workplace they can meet with colleagues.**

Focus Groups

- 79 staff have volunteered to take part in focus groups around Agile Working and Well-being

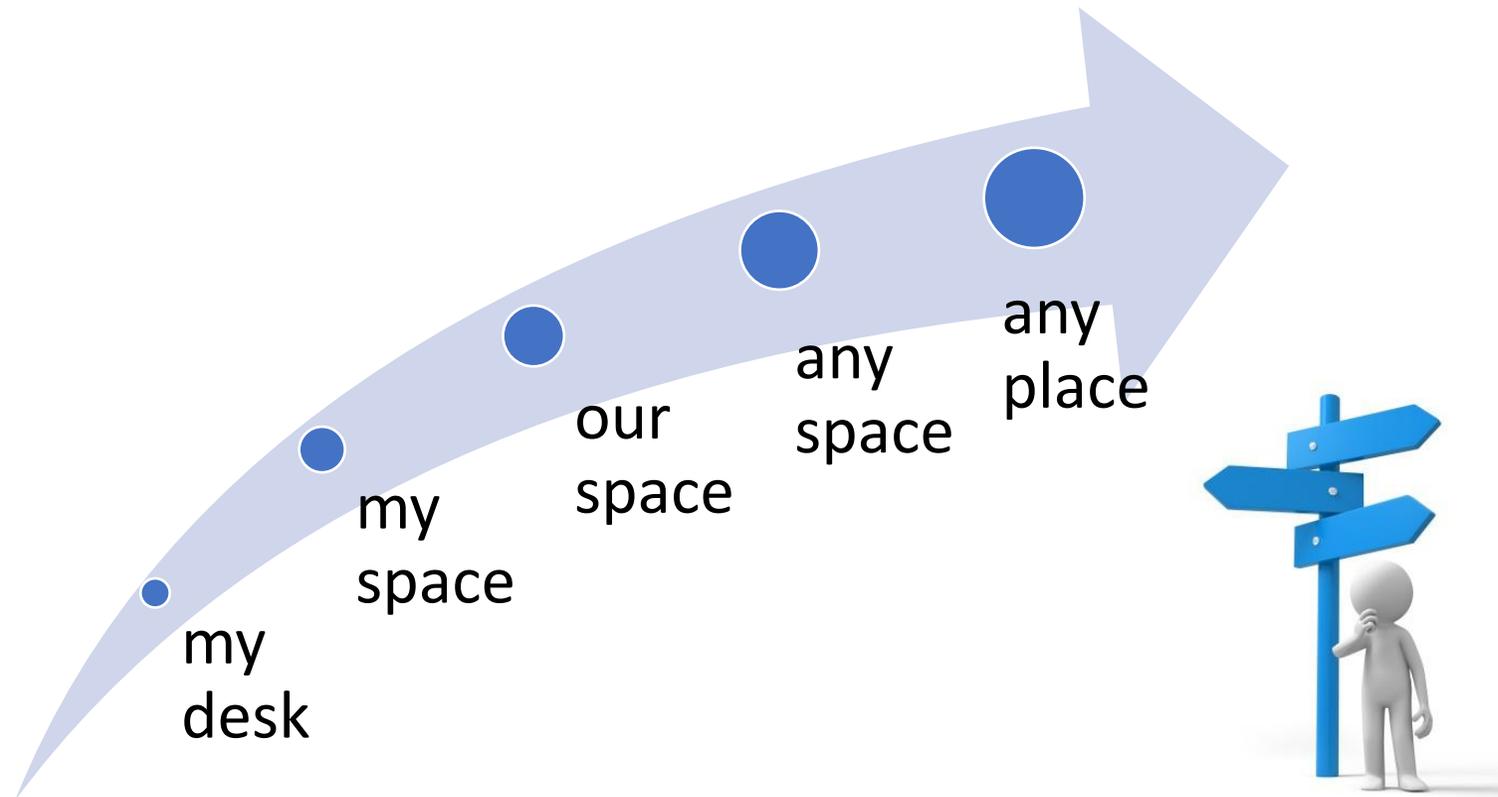
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Agile Working

Behaviours and Management

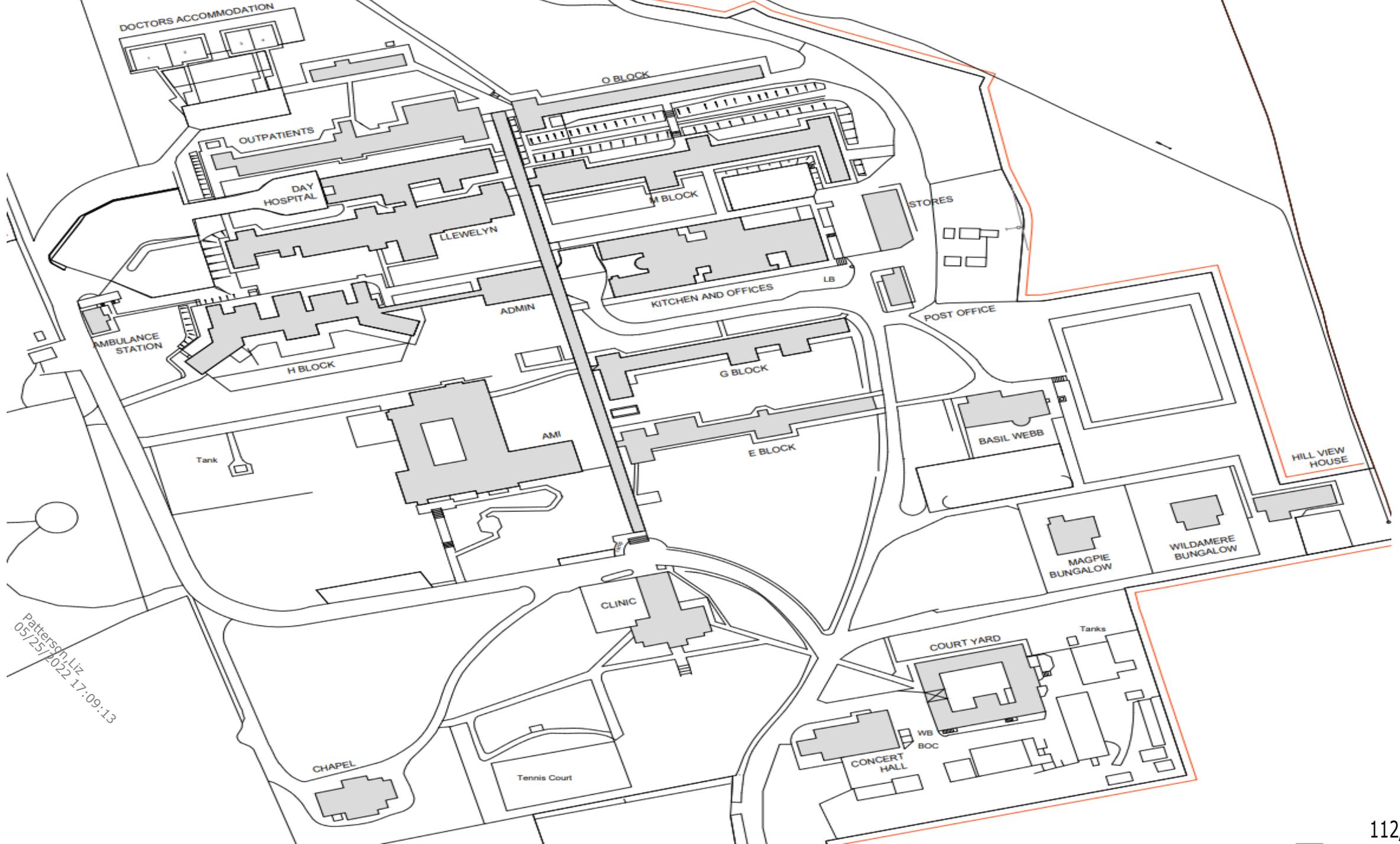


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Agile Working – Estate and ICT Enablers

- Agile working policy in place. But agile working is more than just WFH and is about options for office working across Powys
- Flexible working is not agile working and there needs to be an element of separation of these concepts and discussions- agile is 'how' and 'where', but flexible also adds in the 'when'
- Covid moved the WFH agenda at incredible pace but agile is about options of locations
- Agile working supports staff to undertake their role in different locations not just their fixed base
- Estates and ICT are key enablers to agile working.
- Agile working will require us to commit to a new way of thinking (as well as working) which is not about 'my office' or 'my desk' but to a shared workspace and hot desking abilities.
- In reality the current position for office based staff is 1 desk per each person (i.e. 1:1)
- Agile working ratio will be higher with ranges in some councils of 1:4. This was possibly not realistic pre covid but with high WFH numbers it could be possible



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Delivery Hurdles – Agile Working



- Wholesale return to pre-Covid attitudes and attendance at workplace
- Agile working is about flexibility and needs flexible estate and IT to support it
- Inflexible aged infrastructure – large capital investment in an attempt to shoehorn agile into existing buildings
- No direct funding stream to initiate capital work to create Agile workspaces – can Powys develop an “invest to save”
- Agile Organisation states the “*main barriers to agile working revolve around culture and mindset*”
- A move from current 1:1 ratio is best served by a more open plan and interchangeable work area Potential for more shared buildings with other bodies needs to be explored but most organisations are pushing an aggressive building rationalisation programme
 - Simple geographical distance between our sites is also a limiter to rationalisation
- Support materials requirements – lockers, IT, bookable system, for example
- Reluctance from staff to give up “their desk” and/or “their office” (ie move from 1 person to 1 desk (i.e. 1:1 to a higher ratio of 1:3 for example)
- Must not just focus on agile working of office workers and need to consider clinical delivery models which reduce patient and staff transport - we can learn from covid approaches
- Can be bookable or “first come first served” (both have challenges)
 - Need clear workspace practices, protocols on information and data also
- Powys buildings not always conducive to this (age and design of estate)
- Will WG give us money for this? – will need an invest to save case
- Reducing buildings or parts of our buildings does not save money in reality - only reducing sites will do that

Next Steps

- The existing Policy will be re-communicated
- A form has been created (on line) for individuals to self declare their home working is appropriate on grounds of health and safety (DSE etc), confidentiality and governance
- This form will also provide accurate numbers of home workers and their extent of home working in an average week
- Linked to our strategic work on estate we need to undertake an accommodation survey to inform our Development Control Plans (taking account of office/space utilisation):
 - This will take time and will need to be prioritised
 - Bronllys with its backlog maintenance/age of estate and high number of “office” functions would be good “test case” and should be considered alongside any PTHB or rented estate in Brecon area also

Patterson, Liz
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Agenda item: 3.2

Workforce & Culture Committee		Date of Meeting: 31 May 2022
Subject:	Wellbeing and Experience Action plan and Occupational Health Service update	
Approved and Presented by:	Mark McIntyre, Deputy Director of Workforce and OD	
Prepared by:	Sarah Powell, Assistant Director OD	
Other Committees and meetings considered at:	The Staff Well-being and Experience Framework and Action Plan approved at Executive Committee November 2021 Occupational Health Business Case approved at Executive Committee March 2022	

PURPOSE:

This paper seeks to provide assurance on the activities that have commenced as part of the Wellbeing and Experience Framework / Action Plan. The paper also provides an overview of the current Occupational Health and Wellbeing services provided to our workforce.

RECOMMENDATION(S):

The Workforce and Culture Committee is asked to discuss and note the information presented within this report.

Approval/Ratification/Decision¹	Discussion	Information
	✓	✓

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

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level
Staff Wellbeing Overview
(Occupational Health and update on Staff Survey)

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:

A Healthier Wales, the National Workforce Strategy, our Health and Care Strategy, Workforce Futures Strategic Framework and Organisational Development Framework all recognise the importance of staff well-being in delivering high quality patient care.

Whilst rolling sickness absence levels across the health board have continued to see increases over the last 3 years, with more significant increases being experienced since the start of the pandemic, the Health Board has consistently stayed below the All Wales NHS levels (full details are provided in the Workforce Performance Report agenda item).

The NHS Staff Survey 2020 demonstrated the high staff engagement levels within the health board, (the highest of all Health Boards). The survey also highlighted the need for improvement and a focus on culture, communication, management practice and team working. This has led to a strengthening of our alignment with an approach based around the Compassionate Leadership and Healthy Working Relationships model.

In 2020 and 2021, an internal staff Wellbeing Survey was undertaken to continue to monitor wellbeing during the pandemic. (See Appendix 2 survey snapshot). Wellbeing was rated 4.15 out of 6 for the 2021 survey.

Since the start of the Covid-19 pandemic, the Occupational Health (OH) service has seen significant increases in the demand in support for staff requiring clinical referrals, along with an increase in Counselling demand. Individual counselling sessions have increased from an average of 33 per

month to an average of 92, with the greatest demand in areas of workplace stress, home life stress, anxiety, depression and bereavement.

The Staywell Wellbeing pages on the share point site seek to signpost staff to tips, forms and additional self-help support mechanisms; such as Silver Cloud. Over the last two years demand on the OH service has exceeded capacity; however a business case has been approved and will see additional resources within the service.

The IMTP Strategic Priorities 2022/23 – 2024/25 sets out a commitment: 'To deliver improvements to staff wellbeing and engagement working closely with Trade Unions in Social Partnership on key joint priorities'

'Staff have been asked to make extra-ordinary efforts throughout the past two years and the focus on well-being support to help recover and restore will remain important'.

In response to increasing absence and stress levels, and to support staff wellbeing at work, the health board approved the adoption of the Staff Wellbeing and Experience Framework in Nov 2021. Local Wellbeing and National staff survey results informed the plan, **with an emphasis on developing the right Team and Leadership environments.**

The delivery of the **framework is focused around 6 pillars** which identify the **key characteristics that any individual needs to experience to have an engaging working environment.** The pillars combined with the work being led nationally through HEIW with Professor Michael A. West CBE on 'Compassionate Leadership' have also been used to inform our approach. This has provided the Health Board with the opportunity to be the **lead for Wales in piloting the Co-Lead team based working model.**

Although there have been delays due to winter pressures and the Omicron variant, initiatives and activities within the plan have now been instigated. Key aspects are described in the detailed section below along with the full action plan and progress update in Appendix 1.

At this stage in the delivery of the framework it is too early to measure the impact of the agreed activities. However, going forward a range of quantitative and qualitative data will be available to allow for assurance to be gained. These included:

- sickness absence levels;
- reasons for absence
- counselling demand;
- numbers of new Occupational Health referrals;
- numbers of Respect and Resolution cases;
- the outcomes from wellbeing pulse surveys;
- a new NHS national survey, which is currently planned for the autumn

DETAILED BACKGROUND AND ASSESSMENT:

1. Wellbeing and Experience Framework

The Heath Board has focused its delivery of wellbeing and engagement around 6 pillars which identify the key characteristics that any individual needs to experience to have an engaging working environment.

Clarity of Purpose	My work has purpose – I have a sense of purpose and feel that my work makes a difference to other people’s lives. I have pride in what I do and a sense of achievement. The role of my team within the organisation is clear.
Feeling of Influence	I have enough influence and control – I feel I have enough influence and sense of control over my work and my working life. I have autonomy & ownership and feel empowered and trusted
Cared for by others	I feel cared for and care for others – I have a sense of wellbeing and experience compassionate and thoughtful leadership. I can be myself at work. My manager and my organisation help me feel safe.
Sense of Belonging	I have a sense of belonging – I feel I belong here because I have a meaningful bond with my team and PTHB. I have clarity about my role, a strong team identity and feel connected. Joy and fun are part of my experience at work.
Sense of Value	My work is valued – What I do is distinctive and valued. I am part of a learning culture where I am supported & challenged. I understand what success looks like in my role, am rewarded, recognised and appreciated for the part I play.
Treated Fairly	I am treated fairly – I work in a system which is fair. There is openness, transparency and honesty. I am treated with dignity and respect and feel safe and secure.

The 6 pillars enable each member of staff to reflect on what might be causing a reduced sense of wellbeing and engagement, and managers to consider what they might need to do within their teams to help create the right environment

The recent: CIPD Health and Wellbeing at Work survey findings (April 2022) highlights that line managers play a key role in supporting the Health and Wellbeing of their Staff –

Key extracts from the survey that are linked to PTHBs wellbeing framework and action plan are:

- **Train line managers and supervisors to manage people well. Line managers are key to employee wellbeing** and should ensure people’s workloads and deadlines are manageable. **They should have the confidence to have sensitive conversations with people** and offer support and flexibility if a team member needs adjustments to help manage their health and work
- **The key link in the employee wellbeing chain is the supportive role that line managers play.** Managing people, and supporting their health, is a big job – and an important one. **Management style remains among the most common causes of stress at work**

- **Access to counselling services** and employee assistance programmes remain the most common wellbeing benefits provided. Financial wellbeing remains the most neglected area
- **As a priority, organisations need to ensure their line managers have the confidence and capability to nurture trust-based relationships with those they manage**, so individuals feel they can talk about any work or wellbeing issues. To perform this role effectively, managers need the behaviours, education and skills they will only gain from receiving effective training, support and expert guidance. **They also need the time and space to devote to people management, which should be a core part of their role.**

In 2020 and 2021, an internal staff Wellbeing Survey was undertaken in PTHB as a pulse survey, to gauge how staff were coping during the pandemic. (See Appendix 2 survey snapshot). Despite the **2020** survey being carried out in the early days of the pandemic, the respondents rated their sense of **wellbeing as 3.92 out of 6**. The survey also highlighted the need for good online information for staff and directly led to the development of the Staywell Wellbeing SharePoint pages.

The 2021 survey was wider ranging than the 2020 survey, whilst enabling a greater ability to interpret the data due to asking more demographic questions about work roles and situation. **Wellbeing was rated 4.15 out of 6 in the 2021 survey.**

Previous National All Wales NHS surveys had reported that incidences of bullying and harassment were high across Wales, as well as occurrences of stress. Due to Covid-19, workplace stress remains an area of concern and an important focus of wellbeing activity. This led to the development of all Wales Respect and Resolution Policy and an active roll out of training has already taken place across the Health Board.

Health Boards often measure the success of their survey by the percentage of responses from their workforce and the engagement index scores achieved. **PTHB** has consistently had the highest percentage response rate, and the **highest Engagement Index score compared to other health boards in Wales.**

One of the main internal recommendations, following data analysis of the results, has been to improve leadership and team development. This has coincided with the introduction of the Compassionate Leadership model.

Local Wellbeing and National staff survey results were utilised to inform the Wellbeing and Experience Action plan within the framework which was approved at Executive committee in November 2021.

The framework has an emphasis on developing the **right Team and Leadership environments**. The aims are to ensure staff feel:

- their workplaces caring and compassionate
- they have a sense of purpose and value
- they can influence their work
- have a sense of belonging to the team and they are treated fairly

The Co-Lead toolkit developed by University College Dublin has now been approved for use by the research panel with PTHB leading the pilot for HEIW in Wales.

Progress to date against the actions in the plan are set out below with the full details found in Appendix 1)

- **Mental Health and LD service teams identified to trial the Co-Lead project**
- Bid submitted to NHS Charities Together grant (Welsh Government) for additional resources to support the delivery of the Co-Lead project
- Initial discussions have taken place for PTHB to **work with HEIW and Prof West** to develop a training programme on behalf on NHS Wales which introduces **Compassionate Leadership**
- **Initial discussions** taken place in PTHB **about** the content of an **internal Clinical leadership programme**
- Intensive Learning Academy in Digital Transformational Leadership **(ILA) has just started** year 2 with a formal collaboration agreement between PTHB and USW signed, which demonstrates commitment from both parties for the next 4 years.
- The **Powys Manager's Programme** and the Exec and Assistant Directors programmes have been **re-activated**, each will have **wellbeing and resilience included**
- Draft terms of reference prepared for the **reforming the Wellbeing at Work Group**
- An Occupational Health service structure and delivery model review and business case approved with recruitment to new roles activated
- Staff **Wellbeing survey** undertaken and utilised to inform Agile working approach which is now being led by the Director of Environment.
- A move towards utilising the Cohort system and digitalising records.
- An initial **Occupational Health dashboard** has been developed and is presented at the Health and Safety Group meetings.
- **Ensuring staff have access to immunisations:** Waiting lists are currently at 8 weeks for consultant; and 4 weeks for Occupational Health Nurse clinics.
- **Delivery of the flu peer vaccination model-** 52.1% of all staff were vaccinated. 55.4% of our staff with direct patient contact being vaccinated, with only 3 other health boards achieving higher than this. There were 58 peer vaccinators recruited.
- **Re-tendering the staff counselling provision** - Tender specification being evaluated during May - New contract to be awarded from July 2022

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- **Healthier working relationships - Training and awareness sessions delivered to 213 staff.** More sessions being planned with facilitated conversations being undertaken where required

2. The Health Board's Occupational Health service

In early 2020, PTHB was successful in retaining our Gold Corporate Health Standard award status, demonstrating the positive activity already taking place. The Covid-19 pandemic has however placed unprecedented pressures on the workforce and therefore, a co-ordinated, planned approach to supporting staff is now required and is a key enabler to the Renewal Priorities.

The current Occupational Health service provision is based predominantly on reactive demand. The small team of Clinical Nurses 1.4WTE currently triage pre-employment checks (PECs), Immunisations Clinics (Detail of activity can be found in Appendix 3), Management referrals, NOSS referrals along with health surveillance assessments. An Occupational Health Consultant works out of the South 1 day per week and a Speciality Doctor works 1 day per month from the North.

Current waiting times within the service are:

- *OH Consultant Physician South – 8 weeks (only works 1 day per week)
- *OH Speciality Doctor – North – 5 weeks (only works 1 day per month)
- **OH Pre-employment checks and Referral Nurse clinics are now at an average of 4 weeks

*Note: *Pre 2019 was average of 2 weeks ** average 1-2 weeks*

A review of the service has been undertaken and a business case approved, enabling recruitment of a full-time band 8b Consultant Nurse/ Practitioner, who will bring a unique and new dimension to the OH service, along with being more attractive in the current marketplace. This new role coupled with a 0.8 Service Improvement Manager will provide the leadership and capacity to provide an enhanced and proactive wellbeing service offer for staff and managers.

Occupational Health data and analysis is presented at the quarterly Health and Safety Group. The report includes monthly dashboards highlighting data on Counselling clients seen, new referral, pre-employment checks, management, and self-referrals.

Staff Counselling: Network of Staff Support Ltd (NOSS) referrals.

The contract with NOSS provides staff with next day (or same day if urgent) access to a 1:1 counselling service, with up to 6 individual confidential sessions. During the pandemic the Health Board also extended this to 24/7

access via a promoted telephone number. The greatest demand has been for support with workplace stress, home life stress, anxiety and depression and bereavement. Pre pandemic there was 400 (average 33 per month) specialist structured counselling service sessions per annum for PTHB staff, with mild to moderate mental health problems. The pandemic has seen an average of 92 per month). Appendix 4 shows the NOSS demand over the last 2 years. Without the counselling provision, waiting lists for OH appointments would undoubtedly increase along with a greater possibility of staff not remaining in work whilst receiving support.

NOSS have also delivered a series of virtual stress management training courses with 134 staff attending during 2021.

Looking forward the key areas of focus for the Occupational Health service over the next 4-6 months are:

- Recruitment of staffing resources into the OH service:
- Utilising all of the modules with the All-Wales Cohort OH management system
- Evaluate and award external staff counselling contract
- Continue to develop OH data/ dashboards to inform wellbeing interventions which will also include KPIs around timelines and compliance
- Review of OH policies

Areas of focus for the Occupational Health service for the next 6- 12months can be found in Appendix 2.

NEXT STEPS:

The next steps are to:

- continue to deliver against the Wellbeing and Experience action plan (Appendix 1)
- to monitor the metrics / data within the plan to review impact
- recruit the additional resources into the OH team

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	<p style="text-align: center;">Statement</p> <p style="text-align: center;"><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p>
Age					
Disability					
Gender reassignment					
Pregnancy and maternity					
Race					
Religion/ Belief					
Sex					
Sexual Orientation					
Marriage and civil partnership					
Welsh Language					

Risk Assessment:					<p style="text-align: center;">Statement</p> <p style="text-align: center;"><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p>
	Level of risk identified				
	None	Low	Moderate	High	
Clinical					
Financial					
Corporate					
Operational					
Reputational					

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No	Theme	Action	Explanation/Outcome	Resource Requirement	Now	Next	Later	Update
	Governance	Reform the Wellbeing at Work Group	A Wellbeing at Work group was established to support the revalidation of the Corporate Health Standard. The refreshed group will have a role in informing and scrutinising the staff wellbeing plan, and will be made up of Clinicians, including psychologists, Professionals and Trade Union partners. This group will also function as a stress monitoring steering group.	Release of Existing Staff to attend	X			<p>Reformation of the group was paused through Omicron with the suggestion that Ex Dir WOD chair the group and be set up by end of May. Email has been sent to Board Secretary to check governance arrangements in terms of reporting structure to committees.</p> <p>Draft TORs have been developed with a suggested list of attendees.</p> <p>The deadline for set up within the IMTP and directorate plan is end of Q1, this is on-track to be achieved</p>
		Review the Health and Wellbeing delivery model	Prior to Covid-19, the Occupational Health department had sole responsibility for the delivery of staff wellbeing. During Covid-19, this role was supported by the Organisational Development function in terms of preventative measures. Occupational Health and OD are both small teams, with the latter now resuming pre-Covid-19 activities. In addition, OH are seeing an increase in referrals and have a significant waiting list. A review therefore needs to take place that considers the realignment of resources and responsibilities with the potential need to increase resources to meet the strategic goals around staff wellbeing.	Existing staff to review, outcome of review may require additional resource	X			<p>OH structure reviewed and Business case approved by IBG and Exec Committee in March 2022.</p> <p>OH Service Improvement Manager role due to be in post by July. Consultant Nurse / Practitioner role due to be advertised in June. Re tender of Staff Counselling provision due to be awarded for a July '22 commencement.</p>

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Appendix 1 – Wellbeing and Experience Action Plan

No		Action	Explanation/Outcome	Resource Requirement	Now	Next	Later	Update
	Governance	Deliver a staff survey to understand the impact of Covid-19 and Agile Working on staff well-being	In order to fully understand how staff are and what their future requirements are, a survey will be conducted to gain feedback to inform future plans around well-being and agile working	Existing staff	X			Survey completed with outcomes informing this action plan and work being undertaken on Agile by Dir. Environment. Staff wellbeing elements will be fed into Wellbeing at work group.
		Define and monitor the data and information required to inform the need for and impact of wellbeing activities	There is a range of data and information held in various parts of the organisation that could be used to inform the wellbeing offer and also be used to monitor the effectiveness of that offer. This includes OH referral information, sickness absence data, Health and Safety Data, HR employment relations cases, staff survey results, new ways of working information etc. This activity would seek to define the information required and determine how it will be monitored and presented to inform wellbeing activities	Utilisation of MBA student placement project	X			Not yet undertaken, will form part of the project work for the Service Improvement Manager in Occupational Health OH data and usage has been improved through the move towards the Cohort system and digitalising records A basic OH data dashboard has been developed and is presented at the Health and Safety Group meetings. The dashboard content will be further developed as part of the OH Service Improvement mgrs. role to include KPIs around timelines and compliance

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No	Theme	Action	Explanation/Outcome	Resource Requirement	Now	Next	Later	Update
	The Basics	Ensure the appropriate Health Surveillance mechanisms are in place for relevant staff	For example: Noise, Vibration (HAVS), Substances hazardous to health Occupational diseases: - COPD, Occupational Asthmas, dermatitis, silicosis Medical surveillance : Asbestos, Lead, Ionising radiation (X-ray), Compressed air, COSHH Health Surveillance needs to be a proactive activity, rather than a reactive process. – At present there is no capacity within current OH team, apart from reactive assessments.	Within OH resource and requirement of service managers	X			Current Shared Services OH Audit being undertaken where Health Surveillance mechanisms will be assessed. Currently any staff requiring HS are triaged as part of Pre Employment Checks. Collating and tracking of this data will form part of the OH Service Improvement Managers role. Through the Health and Safety session at Corporate Induction all staff are made aware Health Surveillance.
		Ensure that staff have access to the appropriate immunisations required for their role as part of pre-employment checks	Currently, with Occupational Health seeing an increase in self and managerial referrals (with an 8-week waiting list) there is a conflict with the ability to also undertake timely immunisations and PECs (currently a 4-week waiting list).	Existing resource as part of OH Review	X			End March 2022: Waiting list for OH consultant is currently at 8 weeks; Waiting list for OH nurse clinics are 4 weeks although if staff can attend the Bronllys campus they can be seen within the week. An additional clinic is due to be scheduled in the north of the county to aid with waiting times.

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Appendix 1 – Wellbeing and Experience Action Plan

		Support the delivery of the of the peer vaccination model for flu vaccines	Expand and build on the peer-vaccination model to reduce the workload on the OH team and broaden the availability of vaccination appointments for flu vaccine for the workforce.	Cross organisation resource, supported by additional admin	X			52.1% of all staff were vaccinated. 55.4% of our staff with direct contact being vaccinated, with only 3 other health boards achieving higher than this. There were 58 peer vaccinators recruited, who provided 44% of the total number of staff vaccinated. The 3 clinical educators, brought in to run the main clinics, provided 46% of the total staff. Evaluation of staff Flu vaccination delivery 2021/22 undertaken by PH Wales (PTHB team) –
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No		Action	Explanation/Outcome	Resource Requirement	Now	Next	Later	Update
	The Basics	Retender the staff counselling provision	Staff can currently access the Network of Staff Supports Ltd (NOSS) to undertake counselling sessions on referral through Occupational Health. There is also currently a provision to access this service out of hours funded through Charitable Funds. The current contract is due to expire end September. A single tender Waiver has been agreed from Oct 1 st through to 31 st March 2022. A new tender process will need to be undertaken based on the past 12-18 months demand.	External resource	X			Tender specification being evaluated during May - New contract to be awarded from July 2022.

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No	Theme	Action	Explanation/Outcome	Resource Requirement	Now	Next	Later	Update
	Supporting staff to Thrive	Continue to deliver the PTHB Manager's Programme	As part of the leadership development framework continue to deliver a minimum of 4 courses a year to support the development of first line managers in the leadership and management skills.	Existing	X			Currently organising Cohort 10
		Confirm the Agile Working policy and deliver a communications and engagement approach to launch policy	An Agile policy had to be implemented to keep staff safe where possible during the pandemic. As the organisation enters a renewal phase, it is important to refresh this policy, understand the impact it has had on the workforce and introduce a refreshed approach the meets the organisation's future needs.	Existing	X			Policy refreshed Dec 2021. Wellbeing survey had a section on Agile included Agile work being led by Dir Environment with communications being developed for managers and staff
		Develop the Agile implementation plan	The Agile policy will inform managers how they can manage their staff, the implementation plan will provide a strategic approach to changing the way the organisation works including its built environment	Temp Additional		X		Work has commenced with Director of Environment developing an implementation plan for strategic approach to infrastructure across the HB Estate.
		Train a wide range of facilitators to be able to lead Taking Care Giving Care sessions	A number of organisations are utilising group review sessions to enable staff to discuss their experiences and gain support from colleagues. This is a facilitated approach with the need to have as many skilled staff as possible able to support the groups if it is to be undertaken as part of our culture.	Temporary Additional Resource		X	X	Not started

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No	Theme	Action	Explanation/Outcome	Resource Requirement	Now	Next	Later	Update
	Supporting staff to Thrive	Implement the approach to healthier working relationships	The new Respect and Resolution Policy was launch in June 2021 with an approach to healthier working relationships.	Existing	X			Training and awareness sessions delivered to 213 staff. More sessions being planned with facilitated conversations being undertaken where required.
		Trial the approach to Mental Health First Aid utilising PLA funding and deliver widely if successful	Personal Learning Account funding through NPTC enables the delivery of funded MHFA courses across the organisation. The approach would be to first trial the training in specifically identified areas to see if it supports staff wellbeing. If successful the approach could be widened across the organisation. This would hopefully see some reduction in the need for staff to access OH and counselling services.	Release of staff across organisation to undertake training		X	X	80 spaces available on MHFA L2 courses through to July with 13 staff already trained.
		Review the staff wellbeing hubs and their continued support	Through the Covid-19 pandemic wellbeing hubs across the estate have been supported by Charitable Funds and the Trade Unions to be regularly stocked with refreshments. The main hospital sites have also had digital display screens installed to display key messages and communications. The funding to supply the refreshments will soon be depleted with nearly £15000 spent. Consideration needs to be given about whether this is an initiative that needs to be funded indefinitely or what the cut off point will be.	Existing	X			Funding will end in June with last set of supplies being sent out 2 years after the start of the hubs with approximately £12K being spent over that time period. Evaluation will take place after close of project

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No	Theme	Action	Explanation/Outcome	Resourcing Requirements	Now	Next	Later	Update
	Supporting staff to Thrive	Introduce the campaign to support staff in healthy weight management	Public Health are currently undertaking a project to deliver effective weight management support to our citizens. There is opportunity to apply the same support to our staff who wish to eat more healthily, reduce weight and therefore have a increased likelihood of long-term health.	Funded resource in dietetics that will end March 2022	X	X		Not started yet due to capacity
		Encourage all managers to have a wellbeing conversation as part of their PADR/90-day review	Welsh Government are likely to be surveying organisations to find out if staff have had wellbeing conversations with their line manager. A national toolkit is in draft to support this. Therefore a communications campaign will be launched once the national approach is in place.	Existing	X	X		Initial communications sent out via Powys announcements National tool kit is available via ESR for Managers to use

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No	Theme	Action	Explanation/Outcome	Resource Requirements	Now	Next	Later	Update
	Supporting staff to Thrive	Refresh the approach to valuing staff contribution	Before Covid-19, the annual staff awards have been highly regarded and well attended as a showpiece event that celebrates the contribution and achievements of staff. This event had to be cancelled for 2020 with no planned event for 2021. As an interim measure, the Certificate of Appreciation was implemented and has been well received, with hundreds of staff and teams receiving nominations. This action would see a proposed approach to the return of the annual staff awards, as well as gaining an understanding of how staff can be rewarded and feel valued on a more regular ongoing basis.	Existing		X	X	<p>Certificate of Appreciation implemented and has been well received.</p> <p>No further work has started on this action yet</p>
		Continue to refresh the SharePoint pages, and widen the information an opportunities e.g. financial support, relationship support etc.	The SharePoint pages were developed to provide a central hub for wellbeing information. This hub needs to be continually refreshed and developed.	Existing	X	X		Occupational Health and Wellbeing along side Health and Safety were the early adopters of the share point pages. Developing and updating content will form part of the OH Service Improvement Managers and OH administration teams roles and duties.

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No	Theme	Action	Explanation/Outcome	Resource Requirement	Now	Next	Later	Update
	Supporting staff to Thrive	Trial the Ireland Team Based Working model and if successful roll out the model across the organisation	In the past the Aston model of team development was widely utilised in NHS Wales, but has since disappeared. With excellent team environments now at the forefront of staff wellbeing this approach needs to be revisited. Health services in Ireland with the University of Dublin have developed a team based working approach that PTHB will trial on behalf of HEIW and then roll out fully if trial is successful	Temporary Additional Resource Requirement	X			The Collective Leadership for Patient Safety Cultures (Co-Lead) toolkit developed by University College Dublin has now been approved for use by the research panel with plans being established to trial in Mental Health and LD service teams. Funding bid for NHS Charities Together monies has been made to Welsh Government to employ a part-time, fixed-term project manager/facilitator to trial and then roll out the approach across PTHB. The outcome of the bid has not yet been received.
		As part of the Team Based Working approach, deliver CPD sessions in Compassionate Leadership and creating a healthy working environment	What a healthy working environment is, and the importance of compassionate leadership in this is an immediate developmental need for managers in the organisation. Therefore, a CPD session will be developed and delivered to ensure all understand what is expected. This will form part of the introductory work around the team based working model.	Temporary Additional Resource Requirement	X	X		Initial discussions have taken place for PTHB to work with HEIW and Prof West to develop a training programme on behalf on NHS Wales which introduces Compassionate Leadership. A Band 7 fixed-terms leadership and change facilitator role is currently out to advert as part of the Health and Care Academy, with the intention that this person can introduce Compassionate Leadership to the Health and Social Care sector

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No	Theme	Action	Explanation/Outcome		Now	Next	Later	Update
	Supporting people to thrive	Continue the delivery of the leadership development programmes as part of the joint leadership development framework	The joint leadership approach has been in place for some years and will be refreshed as part of the launch of the Health and Care Academy, with the aim that there is a leadership and management development opportunity for all staff.	Existing resource	X			<p>Cohort 7 of ILM 5 has just started with approximately 10 participants per cohort. Cohort 1 of ILM Level 3/4 is in progress, as is cohort 8 of the manager’s programme</p> <p>Planned for this year is 1 x Cohort of level 3/4, 1 x cohort of level 5 Coaching and Mentoring, 1 x cohort of level 7 strategic leadership and cohorts 9 and 10 of the manager’s programme</p>
		Develop the Clinical Leadership Development offer	The organisation needs to continue to be clinically led, with staff from clinical professions at all levels being developed to support this approach.	Additional Resource	X			<p>HEIW have developed and advertised their Advance Clinical Leadership programme for those looking to step into senior clinical roles.</p> <p>Initial discussions taken place in PTHB about the content of an internal programme</p>

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Appendix 1 – Wellbeing and Experience Action Plan

		Work with USW to deliver the Intensive Learning Academy in Digital Transformational Leadership	The PTHB/USW Partnership has secured £2.4M over the next 3 years to deliver intensive learning in digital transformational leadership, which will include a Master’s programme and other learning opportunities.	Resource defined in ILA bid	X	X	<p>ILA has just started year 2 with a formal collaboration agreement between PTHB and USW signed, which demonstrates commitment from both parties for the next 4 years.</p> <p>Courses continue to be advertised with opportunities in development.</p> <p>Equipment has also been provided such as Simulation Annies and Pepper robots due to arrive.</p>
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Appendix 2: Internal Wellbeing survey snap shot

Overall rating of a sense of well-being over the last 6-8 weeks

4.15 out of 6
(2020 response was 3.92 out of 6)

Work Situation	No. of Responses	Average Score
Working mainly at home	265	4.94
Working mainly in the workplace	260	3.84

What impact has working at home had on your wellbeing?

- Working at home has decreased my sense of wellbeing 33
- Its about the same 72
- Working at home has improved my sense of wellbeing 160



Fig. 1 Average Wellbeing Scores (Wellbeing Survey 2021)

Over the last year has your line manager had conversations with you specifically about your wellbeing

- Often 191
- Occasionally 194
- Rarely 78
- Never 62



Fig. 2 Wellbeing Conversations (Wellbeing Survey 2021)

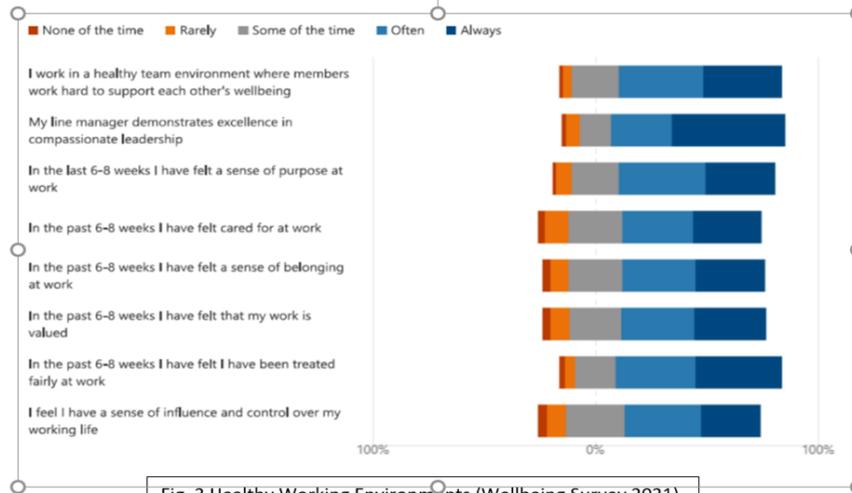


Fig. 3 Healthy Working Environments (Wellbeing Survey 2021)

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Appendix 3 - Occupational Health Clinics

During the period 4th August 2020 to 4th August 2021 the OH Nurses completed 1317 (average 26 per week, 312 per quarter) pre-employment checks (PECS) across the county. There was an 82.6% increase in PECs received by the OH service in Q2 2021, compared to the same Q2 in 2020.

The table below shows a Q2 snapshot/ comparison of the volume of staff attending OH Nurse clinics for 2018 through to 2021

Resource (Nurses)	<u>2018</u> Q2	<u>2019</u> Q2	<u>2020</u> Q2	<u>2021</u> Q2	<u>Trend</u>
Total	202	439	483	582	

Snap shot of reasons for Q2

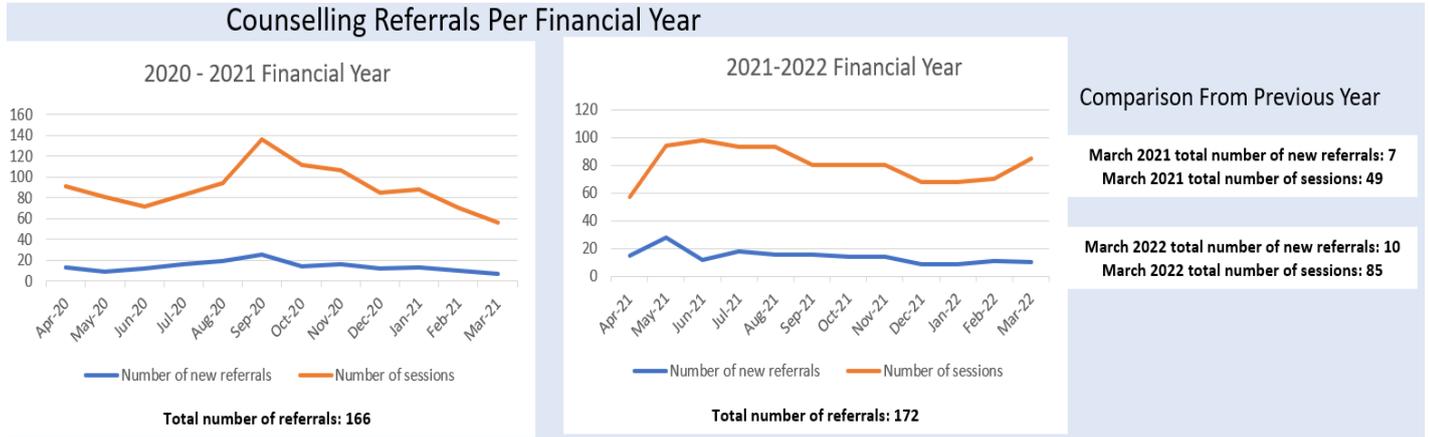
Reason	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>Trend</u>
Vaccinations	62	194	242	272	
Pre-Employment Medical	58	54	27	61	
Blood Test	32	66	81	84	
Management Referral	20	26	67	69	
Self-Referral	7	5	13	21	
Review/follow-up	6	11	19	36	

Other areas not listed are for example; Telephone calls and help/advice, Health surveillance, needlestick injuries, Blood pressure checks etc.

Patterson, Liz
05/25/2022 17:09:13



Appendix 4 - Counselling demand over two financial years



Patterson Liz
05/25/2022 17:09:13

Appendix 5: Areas of focus for the Occupational Health and Wellbeing service

Medium Term 6-10 months

- Provide training to managers and staff on the OH offer of services.
- Provide robust qualitative and quantitative OH data for service areas and information to triangulate themes and trends between Health and Safety HR and OH, to assist in identifying hot spots, themes and areas of future focus.
- Pending resources appointed to - Staff are triaged and seen in OH quicker with a target reduction in waiting times to be agreed.
- Develop a set of KPIs' and additional SOPs for the OH service.
- Develop and maintain a suite of key OH policies, procedures and guidance along with suitable training for managers and staff.
- Develop the Health Surveillance offer including additional training of managers and staff through the H&S team where required, undertaking baseline assessments and reviews of identified post/ roles and staff members.
- Coordinate delivery of activities against the Wellbeing plan.

Long term 12 months plus

- Move to a fully automated electronic patient record system, utilising the modules within COHORT including automated letters and bookings.
- Develop a succession plan for key clinical posts within the OH service.

Patterson, Liz
05/25/2022 17:09:13

Agenda item: 6.1

WORKFORCE AND CULTURE COMMITTEE		Date of Meeting: 31 May 2022
Subject:	COMMITTEE BASED RISKS ON THE CORPORATE RISK REGISTER	
Approved by:	Interim Board Secretary	
Presented by:	Deputy Director of Workforce and OD	
Prepared by:	Interim Corporate Governance Manger	
Other Committees and meetings considered at:	n/a	

PURPOSE:		
The purpose of this paper is to provide the Committee with the end of May 2022 version of the Committee Risk Register for information, subject to feedback from the Board on 25 May 2022.		
RECOMMENDATION(S):		
It is recommended that the Committee CONSIDERS the risks identified as requiring oversight by this Lead Committee.		
Approval/Ratification/Decision	Discussion	Information
*	✓	✓

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	
	2. Provide Early Help and Support	
	3. Tackle the Big Four	
	4. Enable Joined up Care	
	5. Develop Workforce Futures	
	6. Promote Innovative Environments	

Patterson, Liz
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	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 Committee Risk Register 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.

Patterson, Liz
05/25/2022 17:09:35



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Workforce and Culture Committee based Risk Register May 2022

Patterson, L.
05/25/2022 10:13
Workforce and Culture
Committee based Risk
Register
Appendix A

Page 1 of 11

Workforce and Culture Committee
31 May 2022
Item 6.1a

WORKFORCE & CULTURE COMMITTEE RISK HEAT MAP: May 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				

Patterson-Lipman
05/25/2023 10:13

Workforce and Culture
Committee based Risk
Register
Appendix A

CORPORATE RISK DASHBOARD – May 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

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05/25/2023 10:13

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

Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 8

Date last reviewed: May 2022

Risk Rating
(likelihood x impact):
Initial: 4 x 4 = 16
Current: 4 x 4 = 16
Target: 3 x 4 = 12

Date added to the risk register
January 2017



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 staff absence rates of up to 20% during Quarter 4.

Nursing

The health board are experiencing a particularly challenging position in respect of registered nurse vacancies (based on current establishment which are under review), with an overall vacancy deficit of 29% which is more of an acute issue in 2 wards in particular, where there is a deficit of 50% or over. This has increased by 3% when compared to pre-pandemic performance (26%) for the same period in 2019. The Temporary Staffing Unit is continuing to provide support to meet this demand and has filled on average 55.3WTE of shifts (inclusive of HCSW & RN's) per month during Quarter 4. However, this has resulted in a significant reliance on agency staffing to meet this demand.

A review of the nursing establishments is underway led by the Director of Nursing & Midwifery and Director of Primary, Community and Mental Health Services.

Medical

Patterson, L.
05/25/2022 10:13 AM
Workforce and Culture
Committee based Risk
Register
Appendix A

		<p>The health board currently has 13.5 WTE medical vacancies, of which 11 WTE are all currently being covered via Locums.</p> <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. 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 board's ongoing recruitment challenges. Project support has been sought to undertake the transformation work, including a Band 8a Transformation Programme Manager and a Band 5 Project Support Officer. Both posts have recently closed and are at the shortlisting stage of the recruitment process, both with several applicants.</p> <p>Renewal</p> <p>Despite successful recruitment to 51.5 WTE posts to support Renewal and Transformation activity, the health board continues to experience challenges in the following areas:</p> <ul style="list-style-type: none"> • 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). However, this scheme is currently being supported by the Welsh Cancer Network and the delivery model is being reviewed to reconsider how these posts will be filled. • Recruitment to the Sleep Physiologist (1.00 WTE) remains vacant, despite 6 recruitment campaigns. A review of the role requirements is underway. • Scheme 3 continues to face challenges in recruiting to vacant posts, with both the Assistant Practitioner (1.00 WTE) and Business Support Manager (1.00 WTE) remaining vacant, despite numerous recruitment attempts.
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		<p>Therapies There are currently 29.9WTE vacancies within the Therapies speciality in the Community Services Group. Of the 29.9 WTE, 10 WTE are currently being offered to applicants through the All-Wales Student streamlining process, potentially reducing the vacancy level to 19.9WTE once the applicants take up post.</p> <p>Mass Vaccination The workforce model is regularly reviewed to address changing planning assumptions for the delivery of future boosters. It is anticipated that further clarity on the longer-term workforce model for mass vaccination can be scoped during Quarter 2 2022/23.</p> <p>Occupational Health A review of the Occupational Health Service has been completed and recruitment to additional roles is underway.</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. Overall, there has been a 55% increase during Quarter 4 in the level of bank workers employed by the health board when compared to Quarter 4 last year. ▪ 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 and the request to extend this has been approved. <p>Operational Delivery</p> <ul style="list-style-type: none"> ▪ 12 Aspiring Nurse roles were advertised externally, and all 12 posts were recruited to and have commenced their educational training. 		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Action</th> <th style="text-align: center;">Lead</th> <th style="text-align: center;">Deadline</th> </tr> </thead> <tbody> <tr> <td>Develop a strong, distinctive employment offer that captures the uniqueness of Powys Teaching Health Board</td> <td style="text-align: center;">DWODSS</td> <td style="text-align: center;">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 style="text-align: center;">DWODSS</td> <td style="text-align: center;">Yearly in line with Annual planning/ IMTP</td> </tr> <tr> <td>Implement an approach to succession planning: identify critical posts</td> <td style="text-align: center;">DWODSS</td> <td style="text-align: center;">March 2022</td> </tr> <tr> <td>To support temporary arrangements in response to the COVID-19 pandemic</td> <td style="text-align: center;">DWODSS</td> <td style="text-align: center;">Ongoing</td> </tr> </tbody> </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
Action	Lead	Deadline																	
Develop a strong, distinctive employment offer that captures the uniqueness of Powys Teaching Health Board	DWODSS	Ongoing																	
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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																	

<ul style="list-style-type: none"> ▪ 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 ▪ We are currently exploring international overseas recruitment which is being co-ordinated on an all-Wales basis with 3 successful appointments made to date. ▪ 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. Where possible, participants are offered bank roles within the organisation. ▪ New volunteering approach has been developed for ward based clinical volunteer activity and are recruited throughout MOU with PAVO. ▪ Agile ways of working continue to be developed. <p>Strategic Activity</p> <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 			
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<p>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> <ul style="list-style-type: none"> ▪ A review of the inpatient Nursing Establishments is underway led by the Executive Director of Nursing and Midwifery and Director of Primary, Community and Mental Health Services. This has included agreement to recruit to additional health care support worker roles in order to meet demands whilst this review takes place. 			
Current Risk Rating	Additional Comments		
<p>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		Executive Lead: Director of Therapies & Health Sciences																																																																
Risk that: the Health Board does not comply to the Welsh Language standards, as outlined in the compliance notice		Assuring Committee: Workforce and Culture																																																																
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 8		Date last reviewed: May 2022																																																																
<p>Risk Rating –</p> <p>(likelihood x impact): Initial: 4 x 3 = 12 Current: 4 x 3 = 12 Target: 2 x 3 = 6</p> <p>Date added to the risk register March 2019</p>	<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Mar-19</td><td>12</td><td>6</td></tr> <tr><td>May-19</td><td>12</td><td>6</td></tr> <tr><td>Jul-19</td><td>12</td><td>6</td></tr> <tr><td>Sep-19</td><td>12</td><td>6</td></tr> <tr><td>Nov-19</td><td>12</td><td>6</td></tr> <tr><td>Jan-20</td><td>12</td><td>6</td></tr> <tr><td>Mar-20</td><td>12</td><td>6</td></tr> <tr><td>May-20</td><td>12</td><td>6</td></tr> <tr><td>Jul-20</td><td>12</td><td>6</td></tr> <tr><td>Sep-20</td><td>12</td><td>6</td></tr> <tr><td>Nov-20</td><td>12</td><td>6</td></tr> <tr><td>Jan-21</td><td>12</td><td>6</td></tr> <tr><td>Mar-21</td><td>12</td><td>6</td></tr> <tr><td>May-21</td><td>12</td><td>6</td></tr> <tr><td>Jul-21</td><td>12</td><td>6</td></tr> <tr><td>Sep-21</td><td>12</td><td>6</td></tr> <tr><td>Nov-21</td><td>12</td><td>6</td></tr> <tr><td>Jan-22</td><td>12</td><td>6</td></tr> <tr><td>Mar-22</td><td>12</td><td>6</td></tr> <tr><td>May-22</td><td>12</td><td>6</td></tr> </tbody> </table>	Month	Risk Score	Target Score	Mar-19	12	6	May-19	12	6	Jul-19	12	6	Sep-19	12	6	Nov-19	12	6	Jan-20	12	6	Mar-20	12	6	May-20	12	6	Jul-20	12	6	Sep-20	12	6	Nov-20	12	6	Jan-21	12	6	Mar-21	12	6	May-21	12	6	Jul-21	12	6	Sep-21	12	6	Nov-21	12	6	Jan-22	12	6	Mar-22	12	6	May-22	12	6	<p>Rationale for current score</p> <ul style="list-style-type: none"> Self-assessment indicates non-compliance with some Welsh Language Standards. Evidence of non-compliance received via 5 complaints in 2021/22. Direct communication from the Commissioner indicating non-compliance in certain website areas. Reviews suggesting that despite previous efforts the proportion of staff with Welsh language skills is not increasing, harming ability to deliver services in accordance with the standards. Welsh speaking staff are in high demand. 	
Month	Risk Score	Target Score																																																																
Mar-19	12	6																																																																
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Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																																																
<ul style="list-style-type: none"> Welsh Language Steering Group continues to monitor progress against the Standards and is sharing and encouraging best practice. Departmental Action Plans updated – compliance self-assessment completed and returned to WL Commissioner. Compliance levels have increased again during 2021-2022. End of year monitoring meetings held with WL Service Leads. This year the health board became compliant with some standards for the first time e.g. Computer Software and Interfaces, translation of policies. Welsh Language Assessments have been integrated into Equality Impact Assessment Process (and associated training sessions) and will be carried out for future developments. New internal translation service has delivered considerable increase in translation volumes and has been well received by staff. 		Action	Lead	Deadline																																																														
		Internal Audit of signage compliance	Internal Audit	During 2022																																																														
		Ongoing review of recruitment practices with recommendations to increase the bilingual skills of the workforce.	DOTHS	During 2022-23																																																														
Develop proposals to address risk of over-expenditure on translation.	DOTHS	End of May 2022																																																																

<ul style="list-style-type: none"> Continue to monitor compliance levels within each service area and work with Service Leads to address any gaps in compliance. 			
Current Risk Rating	Additional Comments		
4 x 3 = 12			

Patterson, Lina
 05/25/2022 10:13 AM



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Powys Teaching
Health Board

WORKFORCE AND CULTURE COMMITTEE PROGRAMME OF BUSINESS 2022-23

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

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

The Committee has a key role in particular in seeking assurance on the delivery of the Workforce Futures wellbeing objective which includes the following strategic priorities:

- Strategic Priority 13: Designing, develop and implement a comprehensive approach to workforce planning;
- Strategic Priority 14: Designing, develop and implement a comprehensive approach to workforce planning;
- Strategic Priority 15: Deliver Improvements to Staff Wellbeing and Engagement;
- Strategic Priority 16: Enhance Access to High Quality Education and Training; and
- Strategic Priority 17: Enhance the Health Board's Role in Partnership and Citizenship.

MATTER TO BE CONSIDERED BY COMMITTEE		EXEC LEAD	SCHEDULED COMMITTEE DATES 2022-23			
			31 May	20 Sept	13 Dec	14 Mar
Strategic Priority (SP)	Assurance Reports					
	Audit and Regulatory Assurance Reports	As and when identified				
	Workforce Performance Report (To include wellbeing measures)	DWOD	✓	✓	✓	✓
SP1	Equalities, Diversity, and Inclusion Monitoring Report	DoTHS	✓			
SP1	Welsh Language Standards Monitoring Report	DoTHS	✓			
SP13	Workforce Futures: Workforce Planning Overview Report - Sustainable Workforce Model and - Implementation of the All Wales Workforce Planning Toolkit - Recruitment Programmes Progress - Accelerated Learning Routes	DWOD		✓		✓
SP14	Workforce Futures: Leadership and Team Development Overview Report - Management and Leadership Development Programmes - Intensive Learning Academy Update	DWOD			✓	
SP15	Workforce Futures: Staff Wellbeing and Engagement Overview Report - Approach to Assessing Wellbeing and Engagement - Occupational Health Performance	DWOD	✓		✓	

MATTER TO BE CONSIDERED BY COMMITTEE		EXEC LEAD	SCHEDULED COMMITTEE DATES 2022-23			
			31 May	20 Sept	13 Dec	14 Mar
	<ul style="list-style-type: none"> - Staff survey - Audit Wales Report "Taking Care of the Carers" Actions Update 					
SP16	Workforce Futures: Education and Training Overview Report <ul style="list-style-type: none"> - Grow Our Own Model Progress - Advanced Practitioner Framework Progress - Development of Continuing Professional Development for Clinicians 	DWOD		✓		
SP17	Workforce Futures Strategic Update (Carers and Volunteers)	DWOD	✓			
SP17	Workforce Futures: Partnership and Citizenship Highlight Report <ul style="list-style-type: none"> - Joint Health and Care Induction Framework - School of Volunteers and Carers Progress 	DWOD				✓
SP21	Implementation of Agile Working & New Ways of Working	DE	✓			
SP23	Communication and Engagement <ul style="list-style-type: none"> - Annual Plan - Delivery Assurance Report 	ADCB		✓		✓
SP25	Organisational Development Framework <ul style="list-style-type: none"> - Draft Framework - Approach to Assessment of Culture 	Workstream Leads		✓		✓

MATTER TO BE CONSIDERED BY COMMITTEE		EXEC LEAD	SCHEDULED COMMITTEE DATES 2022-23			
			31 May	20 Sept	13 Dec	14 Mar
	- Delivery Assurance Report					
	Safe Working Environments Assurance Report	DE			✓	
	Medical Job Planning Annual Report	MD				✓
Governance Reports						
	Committee Risk Register	BS	✓	✓	✓	✓
	Policies Delegated from the Board for Review and Approval	As and when identified				
	Review of Committee Programme of Business	BS		✓	✓	
Committee Requirements as set out in Standing Orders						
	Development of Committee Annual Programme Business	BS	✓ (22-23)			✓ (23-24)
	Annual Review of Committee Terms of Reference 2022/23	BS			✓	
	Annual Self-assessment of Committee effectiveness 2022/23	BS				✓
	Total Number of Agenda Items		8	7	7	9

Patterson, Liz
05/25/2022 17:09

KEY:
CEO: Chief Executive
DPP: Director of Planning and Performance
DFI&IT: Director of Finance, Information and IT
DPCCMH: Director of Primary, Community Care and Mental Health
MD: Medical Director
DoNM: Director of Nursing and Midwifery
DoTHS: Director of Therapies and Health Sciences
DWOD: Director of Workforce & OD
DPH: Director of Public Health
BS: Board Secretary
DE: Director of Environment
ADCB: Associate Director of Corporate Business

WORKFORCE & CULTURE COMMITTEE, TERMS OF REFERENCE, AGREED SEPTEMBER 2021 – attached at Item 6.2a.

Patterson, Liz
05/25/2022 17:09



Workforce and Culture Committee

Terms of Reference & Operating Arrangements

September 2021

Patterson, Liz
05/25/2022 17:09:13

1. INTRODUCTION

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

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

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

2. PURPOSE

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

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

3. DELEGATED POWERS AND AUTHORITY

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

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Culture & Values:

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

Organisational Development & Capacity:

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

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

Performance Reporting:

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

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

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

Statutory Compliance:

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

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

Authority

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

The Committee may seek any relevant information from any:

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

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

Access

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

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

Sub Committees

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

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Committee Programme of Work

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

4. MEMBERSHIP

Members

4.1 Membership will comprise:

Chair Independent member of the Board

Vice Chair Independent member of the Board

Members 2 x Independent member of the Board

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

Attendees

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

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

4.3 By invitation:

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

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

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

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

Secretariat

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

Member Appointments

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

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

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

Support to Committee Members

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

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

5. COMMITTEE MEETINGS

Quorum

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

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

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Frequency of Meetings

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

Openness and Transparency

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

Withdrawal of individuals in attendance

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

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

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

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

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

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

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

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

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

7. REPORTING AND ASSURANCE ARRANGEMENTS

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

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

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

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

9. CHAIR'S ACTION ON URGENT MATTERS

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

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.
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