Workforce and Culture Committee

Tue 05 October 2021, 14:00 - 16:00

via Teams

Agenda

14:00 - 14:00 0 min	**1. PRELIMINARY MATTERS**

📄 W&C_Agenda_5Oct21_Final.pdf (2 pages)

1.1. Welcome and Apologies

1.2. Declarations of Interest

14:00 - 14:00 0 min	**2. ITEMS FOR APPROVAL / RATIFICATION / DECISION**

There are no items for inclusion in this section

14:00 - 14:00 0 min	**3. ITEMS ATTACHED FOR INFORMATION**

3.1. Organisational Development Strategic Framework

📄 W&C_Item_3.1_OD framework slides V6.pdf (17 pages)

3.2. Workforce Futures Strategic Framework

📄 W&C_Item_3.2_Workforce Futures Strategic Framework.pdf (18 pages)

3.3. Workforce Planning and Performance

📄 W&C_Item_3.3_Workforce Planning & Performance.pdf (10 pages)

3.4. Welsh Language Standards Annual Report

📄 W&C_Item_3.4_Welsh Language Standards Annual Monitoring Report September 2021.pdf (6 pages)
📄 W&C_Item_3.4a_Welsh Language Standards Annual Monitoring Report 2020 2021.pdf (23 pages)

14:00 - 14:00 0 min	**4. ITEMS ATTACHED FOR INFORMATION**

4.1. Committee Terms of Reference, approved by Board 29 September 2021

📄 W&C_Item_4.1_Workforce & Culture Committee_ToR_Sept21_Final.pdf (11 pages)

4.2. Board and Committee Priorities 2020/21, approved by Board 29 September 2021

📄 W&C_Item_4.2_Board and Committee Priorities_2021-22.pdf (15 pages)

14:00 - 14:00
0 min

5. OTHER MATTERS

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

5.2. Any Other Urgent Business

5.3. Date of the Next Meeting

14 December 2021,via Teams

POWYS TEACHING HEALTH BOARD
WORKFORCE & CULTURE COMMITTEE

05 OCTOBER 2021, 14:00 – 16:00
TO BE HELD VIA TEAMS

AGENDA			
Item	**Title**	**Attached /Oral**	**Presenter**
1	**PRELIMINARY MATTERS**		
1.1	Welcome and Apologies	Oral	Chair
1.2	Declarations of Interest	Oral	All
2	**ITEMS FOR APPROVAL/RATIFICATION/DECISION**		
	There are no items for inclusion in this section		
3	**ITEMS FOR DISCUSSION**		
3.1	Organisational Development Strategic Framework	Attached	Director of Workforce & OD
3.2	Workforce Futures Strategic Framework	Attached	Director of Workforce & OD
3.3	Workforce Planning and Performance	Attached	Medical Director
3.4	Welsh Language Standards Annual Report	Attached	Director of Therapies and Health Sciences
4	**ITEMS ATTACHED FOR INFORMATION**		
4.1	Committee Terms of Reference, approved by Board 29 September 2021		
4.2	Board and Committee Priorities 2020/21, approved by Board 29 September 2021		
5	**OTHER MATTERS**		
5.1	Items to be Brought to the Attention of the Board and Other Committees	Oral	Chair
5.2	Any Other Urgent Business	Oral	Chair
5.3	Date of the Next Meeting: • 14 December 2021, 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 Rani Mallison, Board Secretary, rani.mallison2@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.

'Best Chance of Success'

An Organisational Development Strategic Framework to support 'A Healthy, Caring Powys'
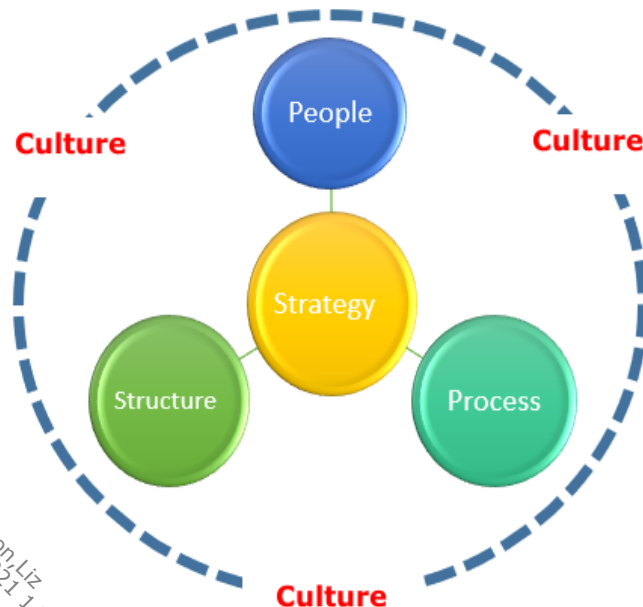

- The principle **purpose** of the OD Framework **is to support the organisation's ability to develop the internal capacity** to be **aligned to achieve effective delivery.** Ensuring the organisation is focused to deliver the Workforce Futures Strategic Framework

- The OD Framework is underpinned by our OD Operating Model: **Strategy, Structure, People, Process, all encompassed by Culture.**

Development of the OD Strategic Framework

2019- 2021 - OD framework was informed by reviews and audits, both internal and external and developed through a series of alignment workshops with staff and Board.

With our vision of a healthy, caring Powys and through the OD framework we strive to be leaders in Wales in primary and community care and build on our role as a strategic commissioner for the population of Powys, enabling new community based models of health and social care. Encompassing new technologies, with a flexible agile workforce working in innovative environments. The above areas were described through suite of principles and delivery activities.
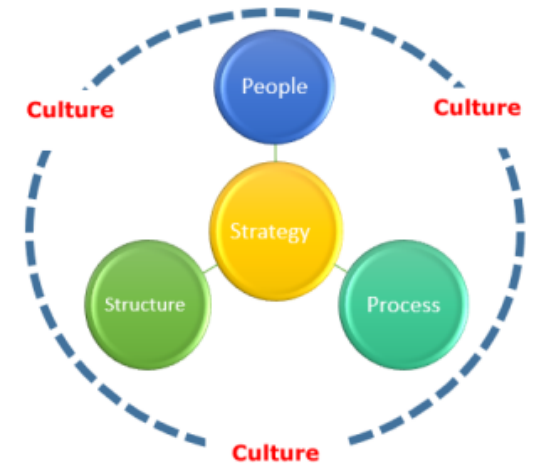
OD Framework – Refresh 2021-2024 The principles and activities were reviewed and priorities updated

The refreshed OD Framework **focuses on recovery from the pandemic and the renewal of services**, whilst continuing to improve the effectiveness of Powys Teaching Health Board (PTHB). Maintaining our **accelerated creativity** and **innovation attributes**, **developing** our **Value-based Health Care service**, **strengthening our Clinical and Professional leadership** and doing the right things.

Organisational Development Strategic Framework Priorities

Priorities: STRUCTURE

- Continue to implement an **organisational design** model that aligns the structures to enable delivery of the health and care strategy and Renewal Priorities
- Invest in specific areas of **organisational structure** in order to deliver a significant impact in implementing the health and care strategy, and against the renewal priorities.
- Develop a clear framework for the development of highly effective **cluster working** that focuses in integrated working approaches.
- Develop innovative approaches to role and service development that underpins our **'grow our own' model**

Priorities: PEOPLE

- Continue to invest in our **Board and Executive Team Development Programme** that focuses on improving effectiveness.
- Invest **in leadership and team development** throughout the organisation, **strengthening a culture of clinically and professionally led, value-based healthcare**.
- Develop our Excellence in :
  - **· Supporting one's self (wellbeing)**
  - **· Leadership**
  - **· Team dynamics**
- Support the activity within and the outcomes of the **Workforce Futures Strategic Framework.**

Organisational Development Strategic Framework Priorities

Priorities: CULTURE

- Triangulate data and information gathered within the organisation, to understand our progress in **developing a safe, healthy, compassionate and value-based culture** autonomy supported by the implementation of the Clinical Quality Framework
- Actively participate in the development of a **mature partnership approach**, in the ambition to deliver seamless healthcare across organisational boundaries
- Develop and deliver a multi-layered approach to **staff engagement and wellbeing,** supporting staff to recover from the pandemic and deliver our Renewal Priorities.
- Improving **performance management** approaches to ensure that there is a golden thread between organisational objectives and individual action

Priorities: PROCESSES

- Continue to develop and implement a **Governance Programme** that enables a clear approach to risk and assurances, decision making rights/delegations, accountability and autonomy supported by the implementation of the Clinical Quality Framework
- Ensure where possible the way in which we work is enabled and enhanced by the use of **digital technologies**
- Identify key organisational processes which offer opportunity for redesign to digitalise, increasing efficiency and effectiveness, aligned to the **Digital First Strategy**
- Review and strengthen **corporate business systems and processes** ensuring these embed high standards into organisational ways of working

Link between WFF and OD Framework

	OD Framework Priority	WFF Theme 1: Designing, Planning and Attracting	WFF Theme 2: Leading the Workforce	WFF Theme 3: Engagement and Well-being	WFF Theme 4: Education, Training and Development	WFF Theme 5: Partnership and Citizenship
Structure	Organisational Design Model	X				
	Organisational Structure	X				
	Cluster Working	X				X
	'Grow our Own' model	X			X	
People	Board and Executive Team Development		X		X	
	Clinically and professionally led value based healthcare		X			
	Excellence in well-being, team working and leadership			X	X	
	Supporting the activity within the WFF Strategic Framework	X	X	X	X	X
Culture	Safe, healthy, compassionate, value based healthcare – Clinical Quality framework	X	X	X		
	Mature partnership approach					X
	Staff engagement and well-being		X	X	X	
	Performance management		X	X		
Process	Governance programme		X			
	Enhanced digital technologies		X	X	X	
	Digital first strategy		X	X	X	
	Corporate business systems and processes		X	X		

OD Strategic Framework – Organisation Design / Realignment

Background:

- "Best Chance of Success" organisational realignment of 2019. The core aim being to enable the Health Board to deliver on its ambition outlined in the Health & Care Strategy.

- The approach was developed as a result of a number of engagement events across the organisation. As a result of the organisational engagement approach, a number of issues were identified. It was intended that the subsequent realignment would address these issues through the implementation of a new structure

- The pandemic has impacted on the ability of the organisation to deliver in totality against the original objectives.

- There have been a number of achievements against the original objectives which are detailed on the next slide

OD Strategic Framework – Organisation Design / Realignment

Progress to date :

- Development of the Governance, Risk and Assurance and decision-making structures
- Development and investment in the Estates and Capital team making key appointments in this area
- Appointment of the Assistant Director of Performance and Contracting, realigning relevant budgets to the Director of Planning & Performance
- Appointment of an Assistant Director of Digital Transformation
- Strengthened Clinical Leadership at a Board Level by appointing to all vacant Executive Clinical Director posts
- Investment in an Assistant Medical Director, Assistant Director of Therapies and Health Science and strengthening the Nursing Directorate by appointing a Deputy Director of Nursing
- Appointment of an Assistant Director of Innovation and Improvement
- Enhanced the role of Support Services with the appointment of an Assistant Director of Support Services building, the capacity and capability
- Developed a whole systems approach to Clinical Service Change based on the Big 4, including the establishment of a Strategic Portfolio of Programmes for Renewal

OD Strategic Framework – Organisation Design / Realignment
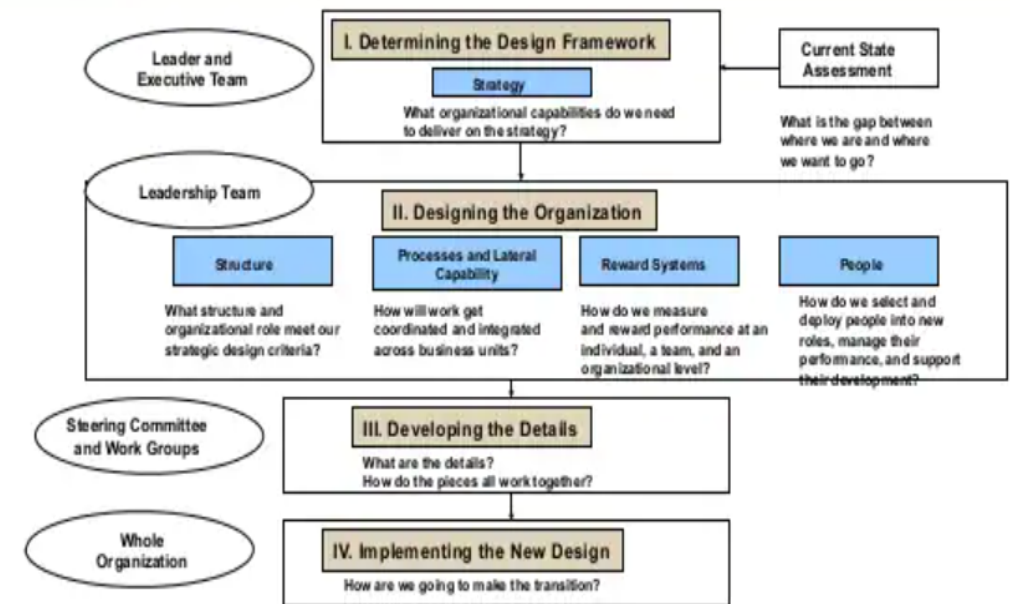
Progress to date :

Review and assess
We need to assess whether we have been able to progress from the initial document and whether the objectives are still relevant. It is timely to consider if the original approach is now fit for purpose and if the current structure is in line with the agreed objectives and principles. Recognising as a result of the pandemic the Health Board has refocussed its priorities and these have been established in the Annual Plan and Renewal Priorities.

It is important that we now review the overall alignment of the Health Board, based on a formal organisational design model, that engages and involves the organisation as a whole, under the leadership of the Executive Team.

This work began with an Executive Team discussion on **15th September 2021** where an initial assessment of current state was undertaken

It is proposed that an approach to organisational design is developed utilising the Galbraith Model (2013)

Four Phases of Organization Design

Source: Jay R. Galbraith, *Designing Organizations: An Executive Briefing on Strategy, Structure, and Process* (San Francisco: Jossey-Bass, 1995).

organization @TC 2013

OD Strategic Framework – 'Grow our Own'

Progress to date :

- **3 HCSW Apprenticeship cohorts** totalling 13 staff (2, 4 and 7 participants) with most in the first 2 cohorts transferring into permanent roles
- **10 apprentices** in other areas (Catering, Business Admin and Decorating)
- Staff engaged with HCSW QCF undertaking Accredited **Agored Cymru qualifications** across Nursing and AHPs to achieve Level 2, 3 and 4 qualifications
- Delivered a bespoke 12 week **clinical skills and competencies programme** to Band 4 Nursing HCSWs
- External recruitment of 4 **Aspiring Registered Nurses** into Nurse training roles who commence 4-year paid employment as a HCSW and undertake part-time pre-registration Nursing degree locally in Powys, without having to leave the county
- Apply career **graded job offers** for hard to reach posts – e.g Business Intelligence / Data analytics
- **DWP Kickstart project** – 16-24yrs UC paid work placements for 6 months
- Part-time route to **Occupational Therapy Degree** – service supporting x 1 candidate
- Enhanced offer of capacity and support to take Student Nurses on clinical placements by training more **Practice Assessors and Supervisors** and opening new placement areas.
- Refreshed and enhanced **Preceptorship Programme** for new registrant graduates across Nursing and AHPs in PTHB
- Academic year 21-22; Over £70K invested in **Advanced Practice and Extended skills education** and training for Registrants across Nursing, AHPs and HCS
- 11 Registrants supported to undertake **Non-medical Independent Prescribing** (9 Nursing, 1, Physio, 1 Podiatry)

OD Strategic Framework – 'Grow our Own'

What's next:

- Scoping of pilot for **Joint Health and Social Care Induction and foundation training** – linked with a North Powys Domiciliary care recruitment project
    - Secured funding from HEIW (12 months) to fund a **Joint H&SC Training role** to deliver joint training and education for clinical support staff across the sectors
- Externally recruited aspiring **RNs to commence 4 year paid employment as a HCSW**, undertaking part-time pre-registration Nursing degree (Recruitment of 4-8 candidates per year)
- Explore the potential to convert current **Nursing HCSW vacancies into Nurse Training Roles** to further enhance the RN pipeline
- Discussion with HEIW re: **education commissioning** for PTHB to meet the future workforce needs (i.e. more distance/part time funded nursing degree places)
- Support AHP Band 4s to engage with newly created **Level 4 Therapy Assistant Practitioner** Qualification
- Refreshed **Advanced Practice Forum** and implementation of the Framework across Nursing and AHPs aligned to the national workstream
- In partnership with Bangor University, explore and develop the offer in PTHB to support the delivery of the newly commissioned **Dispersed and Distance Pre-registration Nursing degree** programmes (from Sept 22)
- Development of **Apprenticeships in Health Care Science**

Approach to Staff Engagement and Well-being

The Organisational Development Framework defines the approach to developing excellence in staff engagement and well-being through developing excellence in:

- **Supporting one's self (well-being)**
- **Leadership**
- **Team working**

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Impact	Excellent Patient Outcomes
Intermediate Outcomes	Excellent Staff Wellbeing and Staff Engagement
Short-term Outputs	Excellence in Team Working Environments / Excellence in Leadership

Our Values

Well-being Action Plan

Staff Engagement and Well-being – National Staff Surveys

Response Rates and Engagement Index

Over the last 2 National Staff Surveys, PTHB has had the highest response rate in comparison to the other health boards and the **highest Engagement Index Scores**

	2016	2018	2020
Response Rate	52% (of 50% of the organisation)	50%	29%
Engagement Index	76%	78.4%	78%
I look forward to going to work	63%	65%	63.3%
I am proud to tell people I work for the organisation	71.3%	78%	77.9%
I am happy to go the extra mile at work when required	91.4%	95%	93%
In the last 12 months have you personally experienced bullying, harassment or abuse form your line manager?	85% (said no)	86%	91.4%
In the last 12 months have you personally experienced bullying, harassment or abuse form your colleagues	85% (said no)	86%	85.4%
I'm involved in discussions/decisions on change in my work/department/team	58.9%	63%	64.9%
Team Members take time out to reflect and learn	-	63%	59.9%
My line manager takes a positive interest in my health and well-being	-	77%	75.5%
The people that I work with treat me with respect	-	82%	82.2%

Results form the 2018 and the 2020 surveys indicated a need to implement and then continue to develop leadership and effective team working in the organisation in order to develop a healthy team working environment and overcome issues of bullying and harassment., as well as support the individual well-being of staff.

Staff Engagement and Well-being – Local Staff Surveys

Internal Wellbeing Survey June 2020 saw 279 responses and showed that staff scored **3.92 out of 6** (65%) when asked about their **general feeling of wellbeing** and found:

- A lack of clarity around what will happen in the future (in relation to Covid Operations)
- **Anxiety** around catching COVID-19 itself
- Being **isolated from colleagues** and teams due to home working
- **Redeployment anxiety**, especially staff who have the potential to work in a Covid-19 environment
- Technological and environmental challenges when home working

The recommendations from the survey included ensuring consistent communications around Covid-19 operations and redeployment and to undertake activity to **improve access to wellbeing support and resources**

The 2021 Staff Agile Working and Wellbeing survey

- 525 responses
- **wellbeing score of 4.15 out of 6** (69%)
- 265 respondents who were **working from home** stating that their experience of doing so was **4.94 out of 6 (82%)**
- Results are being analysed with a report to follow

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

Often	191
Occasionally	194
Rarely	78
Never	62

Legend: None of the time | Rarely | Some of the time | Often | Always

- I work in a healthy team environment where members work hard to support each other's wellbeing
- My line manager demonstrates excellence in compassionate leadership
- In the last 6-8 weeks I have felt a sense of purpose at work
- In the past 6-8 weeks I have felt cared for at work
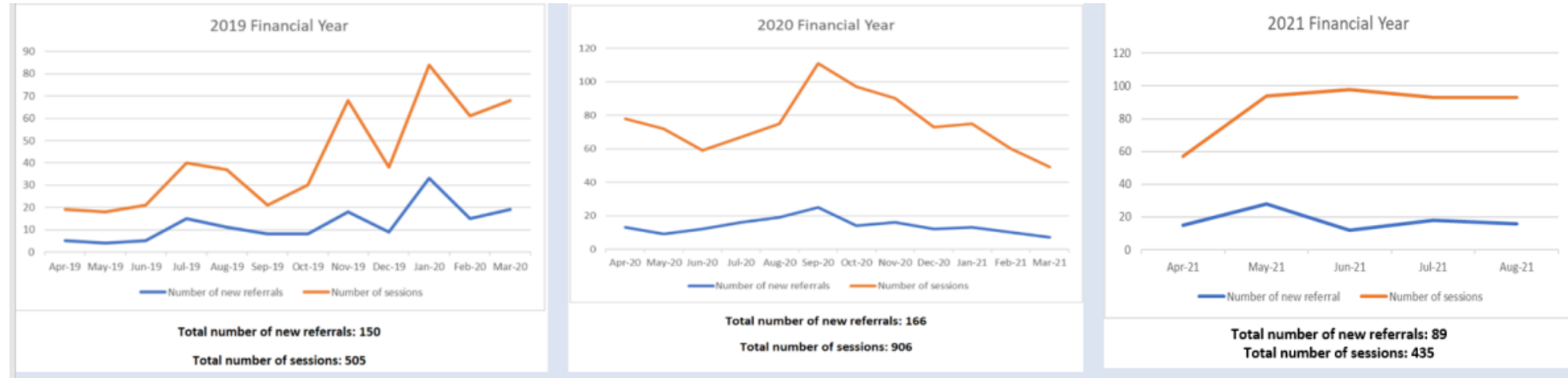- In the past 6-8 weeks I have felt a sense of belonging at work
- In the past 6-8 weeks I have felt that my work is valued
- In the past 6-8 weeks I have felt I have been treated fairly at work
- I feel I have a sense of influence and control over my working life

Staff Engagement and Wellbeing Data – Counselling Service via NOSS

2019 Financial Year — Total number of new referrals: 150 / Total number of sessions: 505

2020 Financial Year — Total number of new referrals: 166 / Total number of sessions: 906

2021 Financial Year — Total number of new referrals: 89 / Total number of sessions: 435

	2019/20 Month August	2020/21 Month August	2021/22 Month August	Trend
Counselling New referrals	11	19	16	⬇
Clients seen	22	46	52	⬆
Counselling sessions delivered	37	75	93	⬆
Pre Emp Checks (PECs)	87	53	120	⬆
OH Mgt referrals	3	47	32	⬇
OH Self referrals	1	9	6	⬇
Long-term Covid reason for referral (man ref/self ref)	0	9	0	⬇

Themes in Counselling: Anxiety, Depression and Stress at Work.

Waiting times for Consultants: 8 weeks
Waiting times for OH nurse clinics: 3 weeks

Waiting times for Counselling: no waiting time – instance access.

Between 18th March 2020 and 18th March 2021, the Occupational Health team received 396 referrals into the service, both from line-managers and also self-referrals

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OD Strategic Framework – Staff Engagement and Wellbeing

Excellence in Staff Wellbeing - Progress to date

- Increased access to the **NOSS counselling service**, including an **out of hours** service funded by Charitable Funds
- Development of the **Wellbeing Hub** SharePoint site with SharePoint **2004 hits in the last 90-days**
- Delivery of **Wellbeing workshops** including healthy eating workshops through the Dietetics Service and Stress Management through Network of Staff Supporters Ltd (NOSS)
  - Stress courses **8 courses of personal stress management (63 attendees) and 8 of stress management for managers (54 attendees)** with 2 more workshops planned for Primary Care. Courses have been funded by Charitable Funds
- Wellbeing hubs with **refreshments for staff at all sites** paid for by Charitable Funds and the Trade Unions (approximately £15K)
- Mental Health First Aid **Initial trial being delivered** to 40 participants
- Respect and resolution policy and approach to healthier working relationships launched, **150 staff** have undertake awareness sessions delivered by the HRBPs **and Currently 14 facilitators/mediators trained** but very little demand on service so far
- Staff **Certificate of Appreciation** has been introduced with 4 virtual events being held to thank staff. There have been over 150 nominations for over 500 staff. As well as celebrating the long service of those eligible
- Distribution of Covid Pandemic **staff pin badges** to all staff and volunteers
- Close working between the Communication, WOD and Trade Unions to support wellbeing
- **Signposting to national initiatives** such as Health for Health Professionals HEIW wellbeing resources, Samaritans etc
- 1300 staff on Staywell FB pages

OD Strategic Framework – Staff Engagement and Wellbeing

Excellence in Leadership - Progress to date

- Joint **Leadership Development Framework** in place with Powys County Council
- Cohort 7 of the **Level 5 Diploma in Leadership and Management** about to commence with **54 PTHB staff** undergoing the programme in total
- **Executive Development Programme** in place
- **Deputy and Assistant Director Development Programme** launched in July 2021
- Michael West Seminar held on **Compassionate Leadership** in a joint Executive and Deputy/Assistant Director session
- **Value Based Health Care** programme board set up
- Award of the contract to deliver the Welsh Government **Intensive Learning Academy** (ILA) in partnership with USW to develop and deliver programmes in Leading Digital Transformation.
    - One of three ILAS in Wales
    - Programmes and CPD for levels 3 to masters.
    - First Health and Social Care cohorts delivered through the Health and Care Academy (HCA)
- A cohort of Deputy and Assistant Directors participated in **HEIW Executive Director Development Programme**
- **Manager induction programme** (59 participants)
- **Introduction to Leadership and Management** at level 3/4 to start in November

OD Strategic Framework – Staff Engagement and Wellbeing Next Steps

| Excellence in Wellbeing	Excellence in Leadership	Excellence in Team Working
• **Reforming the Well-being at Work Group** as clinically led group to provide guidance and scrutiny over the action plan • **Reviewing the health and wellbeing delivery model**, specifically ensuring the Occupational Health team is effective • Ensuring that the appropriate **Health Surveillance** mechanisms are in place • Ensuring staff access to **immunisations** • Support delivery of the **flu peer vaccination model** • Re-tendering the **staff counselling** provision • Refresh the **Agile Working Policy and develop and deliver the Agile Working implementation plan** • Continue to implement the approach to **healthier working relationships** • Encourage all managers to have a **well-being conversation with their staff** as part of PADRs and 90-day reviews.	• Continue to deliver **leadership development** for all levels • Development of the **Clinical Leadership development offer** • Develop and deliver the **Intensive Learning Academy in Leading Digital Transformation** in partnership with the University of South Wales • Deliver CPD opportunities for leaders	• **Trial the team-based working** model developed by the Health Services in Ireland • Continue to implement the approach to **healthier working relationships**

Workforce Futures Strategic Framework

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One Strategy for Powys 'A Healthier, Caring Powys'

Specifically, the Health and Care Strategy sets out ambitions through its Workforce Futures Strategic Framework to:

- Grow the health and care workforce through local training and development

- Support people to work longer, ensuring transfer of knowledge, skills and experience

- Support our workforce to develop innovative models of care in a rural setting through technology, education, research and training

- Support a thriving volunteering sector and core economy

- Make sure the health and care workforce is enabled and so able to respond to people's needs in a timely way

- Promote well-being within the workplace

THE HEALTH AND CARE STRATEGY FOR POWYS 'AT A GLANCE'
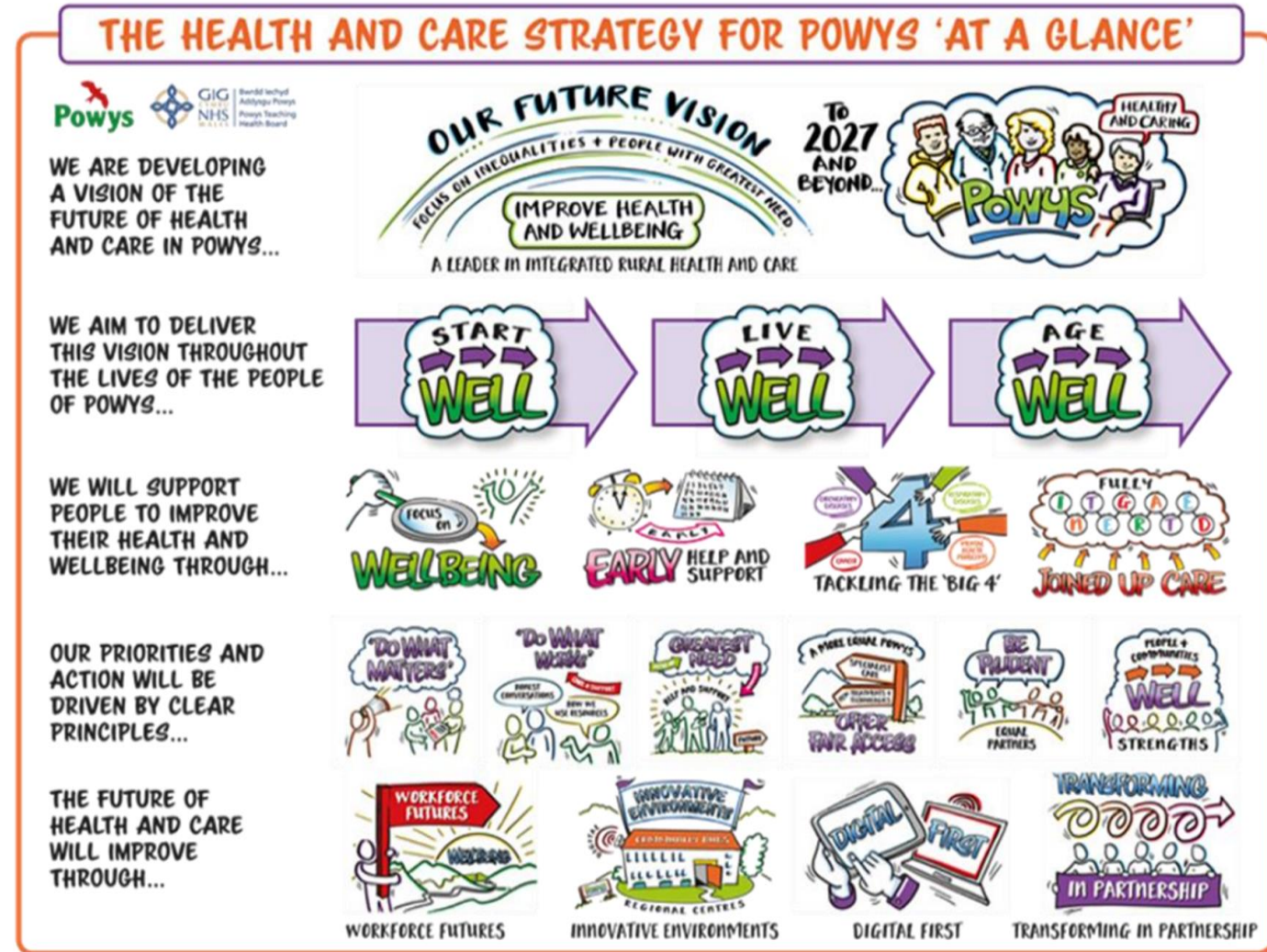
Workforce & Culture Strategic Direction & Delivery Frameworks

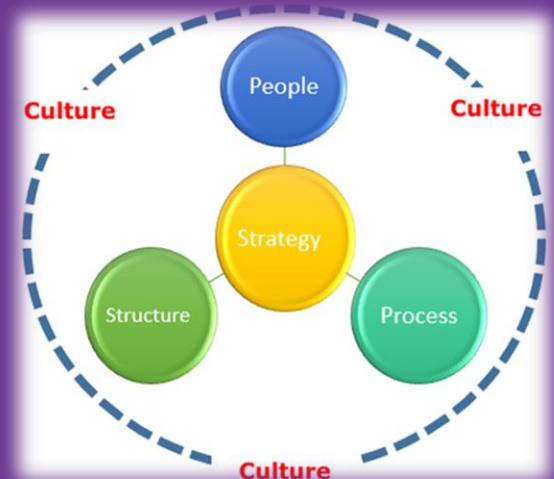**One Strategy for Powys 'A Healthier Caring Powys'**
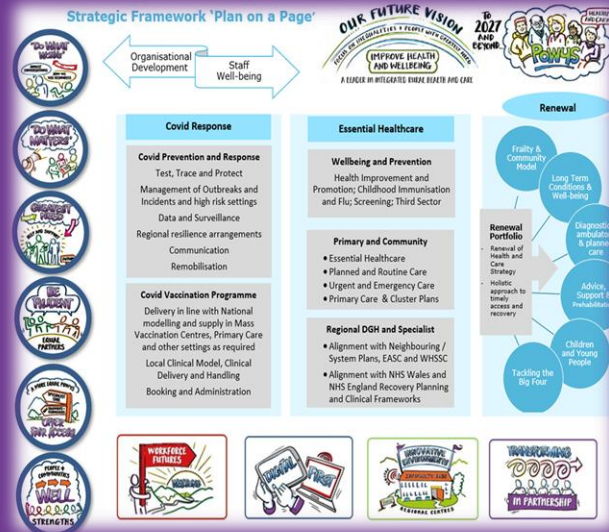
Strategic Annual Plan: Plan on a Page

Delivery Frameworks

Key enabler of the Health & Care Strategy – Workforce Futures Strategic Framework

Organisation Development (OD) Framework

Joint Workforce Futures Strategic Framework development

During the Summer of 2019

This strategic framework has been developed by engaging with over 300 staff, volunteers, carers and workforce colleagues across partners of the Regional Partnership Board, citizen representatives, and others who contribute to addressing the health and care needs of Powys citizens and communities.

Engagement activities included a range large and small workshops across the county and results in the development of the 5 themes of the strategic framework:

• Design, planning and attracting

• Leading the workforce

• Engagement and Wellbeing

• Education, training and development

• Partnership & Citizenship

• Underpinned by technology and digital as a cross cutting theme

This engagement activity was also based on a baseline workforce data collection across the sector i.e. PTHB, PCC social services and third sector.

Joint Workforce Futures Strategic Framework, focuses on 5 themes of work, which will enable us to:

Theme 1: Designing, Planning and Attracting the Workforce

- have a multi-agency, multi-disciplinary workforce meeting the health and care demands of a rural county and providing seamless services. Powys will be the county known for providing opportunities for people to develop their chosen career, and balance their work and home life.

Theme 2: Leading the Workforce

- have exemplar leaders in action at all levels delivering compassionate leadership. Our leaders will be passionate about making a difference to the citizens and communities of Powys and empowering their teams to do so. Our leaders will align work to a compelling vision through a narrative of high-quality care using excellent people skills.

Theme 3: Engagement and Wellbeing

- have a workforce that continues to be our biggest strength. Our workforce will be empowered to be actively involved in planning, shaping and delivering excellent quality services. They will feel valued, be fully engaged in their work and have a sense of wellbeing, and able to deliver effective compassionate care.
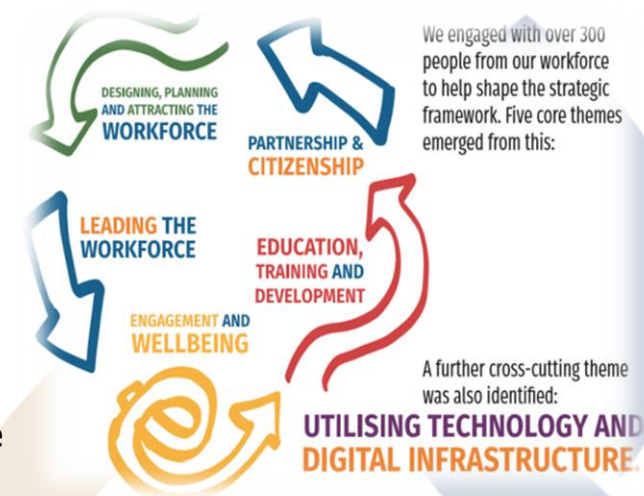
Theme 4 – Education, Training and Development

- have a workforce that has opportunities to take part in high-quality education, training and development to be successful in their role, feel fulfilled and have excellent job satisfaction. Our workforce will have the right skills to operate more flexibly across Health and Social Care, and will be supported to find the right pathways across their career.

Theme 5 – 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.

32 Objectives by the end of 2022

We engaged with over 300 people from our workforce to help shape the strategic framework. Five core themes emerged from this:

DESIGNING, PLANNING AND ATTRACTING THE WORKFORCE

PARTNERSHIP & CITIZENSHIP

LEADING THE WORKFORCE

EDUCATION, TRAINING AND DEVELOPMENT

ENGAGEMENT AND WELLBEING

A further cross-cutting theme was also identified:

UTILISING TECHNOLOGY AND DIGITAL INFRASTRUCTURE

WORKFORCE FUTURES

WELLBEING

A Strategic Framework for Powys' Health & Care Workforce
{ SUMMARY 2020 }

PAVO

GIG NHS Bwrdd Iechyd Addysgu Powys Powys Teaching Health Board

Powys

Joint Workforce Futures Strategic Framework, achievements to date

Theme 1: Designing, Planning and Attracting the Workforce

- *Workforce Futures Strategic Framework* designed and developed with partners across the sector;

- Workforce *Operational Planning tool* developed to improved strategic planning in service areas and a refreshed workforce data to support the development of the NPWP;

- *Newly developed programmes of health and social care skills* offered by our regional education providers i.e. Kickstart, Arwain, (Kickstart – government programme delivered through the partnership arena to support 16 -24-year olds to into employment through work experience. Arwain employability skills training including foundation clinical skills delivered through the partnership arena); The pilot of the reaching wider project in the North of county to support those leaving care access further education at level 4

- Scoping of the *Joint Induction Framework*, to be piloted in north of the county i.e. North Powys Dom Care Better access pilot, with the view to roll out county wide;

- *South Powys schools Pilot* being scoped that offers qualifications to school children in year 10 – 12;

- A multi-generational workforce that includes *more carers and volunteers working in partnership with employed staff*, i.e. Mass Vaccination programme & COVID recruitment drive;

- The scoping of the *skill mix matrix for volunteers and carers* to support carers and volunteers navigate the system;

- Partners engaged the work of the Workforce Futures Strategic Framework via a *robust governance structure* that is led by a Joint programme board and includes a joint operational oversight group, including a strong engagement plan across each work stream;

- The development of a *MOU between PTHB, PCC and PAVO* to support the deployment of more volunteers across the system. Over 500 new roles were deployed during the COVID pandemic and continues to support the mass vaccination programme

By 2022, our aspirational outcomes

	Outcome
i	Effective strategic plans ensuring partners have the right people in the right roles, including employed staff, volunteers and carers
ii	Established, transparent career pathways across organisational boundaries enabling smooth movement of transferable skills
iii	New roles, based on research evidence and competency based workforce planning
iv	A shared recruitment platform which automatically matches skill-mix opportunities for all employees across health and social care
v	Newly developed programmes of health and social care skills offered by our regional education providers
vi	A strong employee voice through which we will know our workforce is engaged and satisfied in their work
vii	A workforce which will include more carers and volunteers working in partnership with employed staff, who all feel valued and engaged in their work
viii	Increased retention of our experienced and expert workforce, whilst developing our new entrants through effective coaching and mentoring

Joint Workforce Futures Strategic Framework, achievements to date

Theme 2: Leading the Workforce

By 2022, our aspirational outcomes

- Leading the way in **Digital transformational leadership** by being awarded the pilot site in hosting one of WG Intensive Learning Academies (ILA). 'Digital Transformational Leadership ILA led by the university of South Wales;
- Leaders and managers **having access to national and local leadership programmes** i.e. ILA, HEIW and local Leadership and Management programmes;
- Supporting and scoping the **enhancement of the joint Leadership** programmes from levels 3 – 7;
- The development of the Health & Care Academy that supports learning through 4 schools:
  - **Clinical and professional education, training and development;**
  - **Volunteers and carers;**
  - **Research innovation and improvement**; ensuring Leaders are leading the way with digital transformation;
  - **Leadership**, ensuring Leadership teams supporting the development of the new Model of Care, and taking advantage of the escalation of change pieces

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	Outcome
i	Leaders and managers having the skills they need to drive systemic transformation at pace and energise change through a robust leadership development offer
ii	Our leaders providing compelling vision through a narrative of quality of health and care
ii	Leaders being visible role models, promoting wellbeing and a culture of support through compassionate and collective leadership, coaching and mentoring
iv	Resilient leaders promoting good health and wellbeing for themselves and the wider workforce
v	Leaders being highly effective at workforce planning who manage/support talent into new opportunities
vi	Leaders with their teams designing new working models, which makes the best use of digital technology
vii	Leaders embedding a continuous learning and improvement culture by engaging and learning with their teams, citizens and colleagues to improve practice and innovation
viii	Leaders and managers having easy access to national and local leadership programmes

Joint Workforce Futures Strategic Framework, achievements to date

Theme 3: Engagement and Wellbeing

- An *engaged workforce that co-created* the development of the WF Strategic Framework and the blueprint for the Health & Care Academy. i.e. over 300 people
- *Supporting* a range of *individual organisation staff surveys* delivered over the last two years.
- *Chat to change and Engage4Change aligned* and supporting the employee voice to be heard across the sovereign bodies.
- *Supporting the operating model of the Community Sector Response Group (CSRG)*, which brings together third sector organisations from across the county.
- *Working in partnership with staff side*, whereby staff side have a seat on the Workforce Futures Programme board.
- The *development of the schools within the Academy* including the school of volunteers and carer, will support Carers and volunteers have a joint space (Physical & Virtual) where they can be connected, nurtured, inspired, empowered and equipped to support organisations that support them, in communities across Powys to work together to make a real difference to everyone's health and well-being.

By 2022, our aspirational outcomes

	Outcome
i	Better understanding of our workforce and their experiences, through workforce surveys and consultation exercises
ii	More meaningful feedback fed through the organisations, enabling the employee voice to be heard
iii	Increased opportunities for people to learn how to better manage their own physical and mental health and wellbeing
iv	Increased flexible employment options to extend the working life
v	Volunteers and unpaid carers being supported as key members of the workforce and provided with access to personal health advice and support

We engaged with over 300 people from our workforce to help shape the strategic framework. Five core themes emerged from this:

DESIGNING, PLANNING AND ATTRACTING THE WORKFORCE

PARTNERSHIP & CITIZENSHIP

LEADING THE WORKFORCE

EDUCATION, TRAINING AND DEVELOPMENT

ENGAGEMENT AND WELLBEING

A further cross-cutting theme was also identified:

UTILISING TECHNOLOGY AND DIGITAL INFRASTRUCTURE

WORKFORCE FUTURES

WELLBEING

A Strategic Framework for Powys' Health & Care Workforce
{ SUMMARY 2020 }

PAVO   GIG NHS   Powys

Theme 4 – Education, Training and Development

- A *blueprint developed* and agreed by partners that articulates the *Health & Care Model* including branding developed

- The first *Health & Care Academy physical space* ready to be *operationalised* at Bronllys delivering a range of education offers including widening access to employment, school in-reach, Career escalators and an enhanced offer to volunteers and carers

- A considerable amount of *financial investment* to support the delivery i.e. ICF revenue, Various Grant funds including the ILA & Charitable funds investment

- *Development of the spoke sites* to come on line over the next 6 months – 5 years across the county, including the development of an *adaptive living simulated training space in Bronllys* ready for opening in April 2022.

- The scoping of a *Health and Care Academy operational model*.

- Joint *widening access skills and training solutions developed* i.e. kickstart, Arwain, reaching wider project and Joint Induction Framework

By 2022, our aspirational outcomes

	Outcome
i	Laying the foundations for a Health and Care faculty in Powys, that offers a wide range of practical, academic and digital learning opportunities for employed staff, volunteers and careers
ii	Using accurate and up-to-date training needs analyses to inform our education offer
iii	Through increased partnerships with training and education providers, providing learning opportunities up to degree level.
iv	Increased apprenticeships and work experience opportunities for all ages
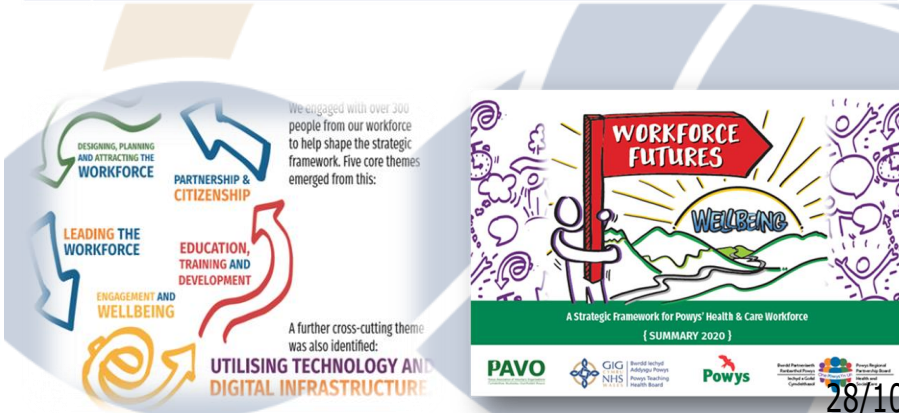
Academi Iechyd a Gofal Powys
Powys Health and Care Academy

Health & Care Academy

The Health and Care Academy Model for Powys is part of a Wales-wide response to increase local access to education, training and development across the health and social care sector, specifically focused on the workforce in Powys.

Our ambition is clear, by 2027, we will have a truly integrated Health and Care Academy established that will enhance our core delivery of our Education, Training across the county.

Operating as a hub and spoke model, it will offer state of the art practical, academic and digital learning opportunities.

The Proposed Health and Care Academy Model

By 2027, the Health and Care Academy sets out the ambition to:

- Be an ***exemplar provider of rural professional and clinical education***, by delivering an integrated in-service training offer that focuses on direct care, shared care and care delivered through digital;

- Be the ***sector of choice*** by growing the health and care workforce through skills development, education and local training, working with wider education providers and supporting the Welsh Language;

- Have a ***Leadership talent operating at all levels***, compassionately working across systems making a difference to the citizens and communities of Powys and empowering their teams to do so;

- Enable the workforce to ***respond to people's needs in a timely way***, including our volunteers and paid and unpaid carers, through skills development, education opportunities.

- Be recognised as a ***centre of excellence for research, development and innovation within Wales***, through trial and testing techniques; that includes a well-established industry relationship, and supporting our core economy.
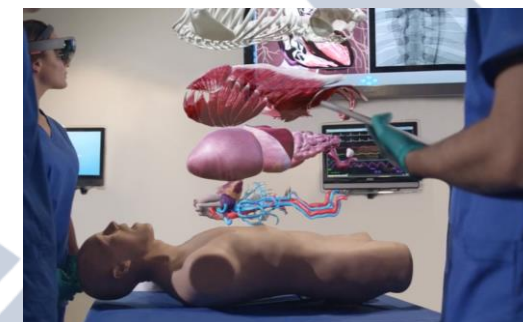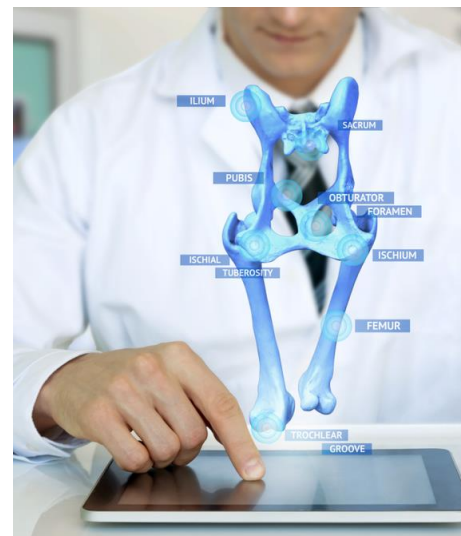
Phase 1 – Health & Care Academy hub

END-GAME

Bronllys hub Site Phase 2 - Adaptive Simulated Living
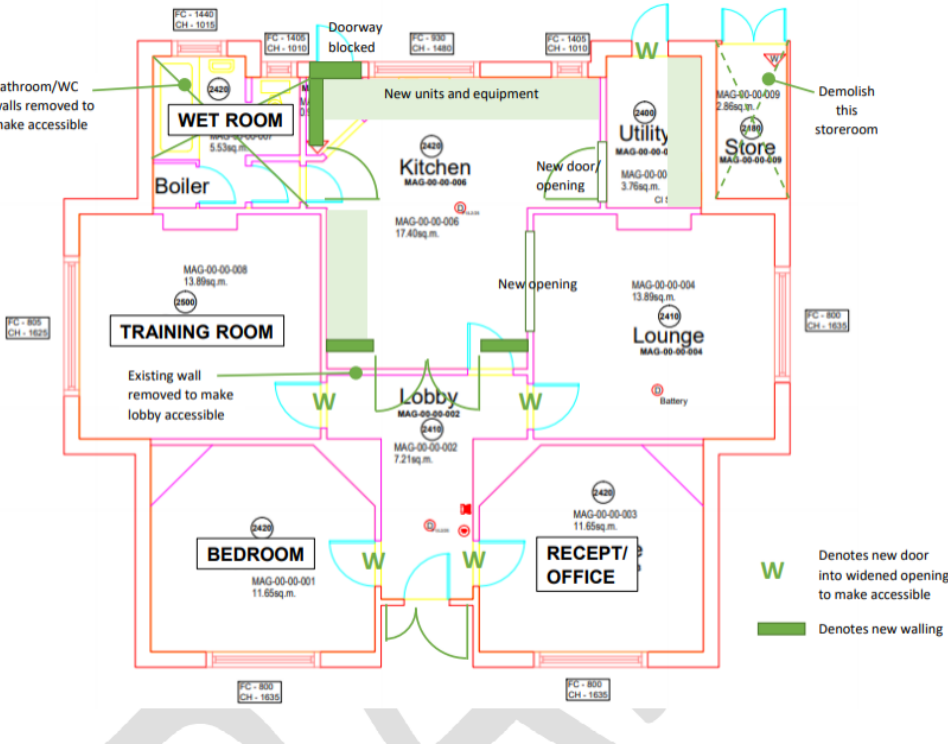
Bronllys hub site Phase 3 - Outdoor space

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

Investment to date

ICF Revenue - £147,000 to support the development of Academy Model, programme management, branding and some IT kit;

ICF Capital - £826,000 to support the build of the hub campus ay Bronllys;

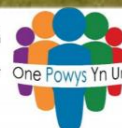**WG Intensive Learning Academy (ILA)** - £2 million programme of learning led by the University of South Wales to deliver the *'Digital Transformation Leadership'* ILA on behalf of Wales, piloted in Powys;

Kickstart – in the region of £60,000 - £80,000. PTHB to act as the gateway employer on behalf of PCC Social Services, PTHB and PAVO, to support 16-24 years olds accessing 6 month work placements in Powys;

Arwain - £100,000 – working in partnership with NPTC to deliver employability training across Health and care; supporting people to access employment within the sector;

National Volunteer Grant – £30,000 To fund the review of volunteering & CSRG, the production of a 5 year strategic plan for volunteering & the roll out of a promotion campaign for volunteering;

Support for Carers - £25,000, to ensure a range of learning modules are available including e-training programmes. Mapping and opportunities for further development, including a pathway from caring in the community into a health and social care career pathway.

Actions between now and March '22'

September 2021
An Academy Hub building offering the first modern learning environment.
Branding for the Academy signed off

December 2021
An outside space on the Bronllys site that enhances the hub building and provides additional learning capacity and visitor space.
Operational model signed off
Digital platform scoped and presented to board

March 2022
An adaptive Living space offering state-of-the-art simulated training capacity within a home setting.
3-year plan for the Academy developed and signed off

Hub and Spoke modelling:

- North Powys Well-being Campus: planning already underway for development for North Powys.

- Active project links to ensure 'spoke' sites come on line over the next 6 months - 5 years (Bro Ddyfi / Machynlleth hospital development, etc.)

Joint Workforce Futures Strategic Framework, achievements to date

Theme 5 – Partnership and Citizenship

- ❖ A *5 year volunteer and Carers strategy* developed in partnership
- ❖ An *MOU in place* between partners
- ❖ Workforce Futures Programme Board *working strategically and operationally* across sector i.e. PTHB, PCC & PAVO (third sector)
- ❖ Unpaid *carers action plan* to support young carers and carers of all ages through the lens of the academy
- ❖ Statutory bodies acting as ambassadors for best practice, through *social economic duty governance* being built into the Programme Board
- ❖ The pilot of the *reaching wider project* in the North of county to support those leaving care access further education at level 4
- ❖ Arwain project to support access to *employability skills*
- ❖ Kickstart programme to support *access to work experience*
- ❖ The *development of the school of volunteers and carers* within the Academy that will support Carers and volunteers have a space (Physical & Virtual) where they can be connected, nurtured, inspired, empowered and equipped to support organisations that support them, in communities across Powys to work together to make a real difference to everyone's health and well-being.
- ❖ The development of a *skills matrix* to support volunteers and carers navigate the system and access roles of their choice based on skills and need.
- ❖ *Strong network across* partners developed to led and support the delivery of the Health and care Strategy for Powys, underpinned by a robust governance framework.

	Outcome
i	A shared protocol describing the expectations and outcomes for our services users, workforce and partners through the introduction of new ways of working and/or policy
ii	Our social partnership model which will include good employment practices and citizens' rights
iii	Public services that benefit all in the community and widens democratic participation in public service design and delivery
iv	Widening access to employment opportunities to those leaving care and those with advanced learning needs
v	A joint strategy to develop community resilience by coordinating existing support, and building the skills and capacity within communities helping them do the things they can to do for themselves
vi	A holistic approach to skills and lifelong learning which offers a range of formal and informal opportunities, including apprenticeships and traineeships
vii	Foundations laid through collaborative working structures and processes to enable a multi-agency community focus response to wellbeing, early help and support needs

Joint Workforce Futures Strategic Framework, next steps!

- Approval of the 3- year operational plan for the Health & Care Academy, including the sign off of the schools work programme

- Approval of a Health & Care Academy resource plan to support the work moving forward

- Launch the digital platform to support accessibility to the Academy offer

- Support the development of new roles through the lens of NPWP, by acting as a gateway between the Academy and HEIW

- Support the Research, innovation, and improvement hub (RIIC) to develop a suite of research, innovation

- Explore the Primary Care Model (HEIW) linked to the Health and Care Academy

- Further exploration of a joint widening access to employment opportunities i.e. Apprenticeships

- Identify suitable spoke sites/venues to enable equitable access to the Academy

- Map the programme of work to achieve the 2027 outcomes

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Powys Health and Care Academy
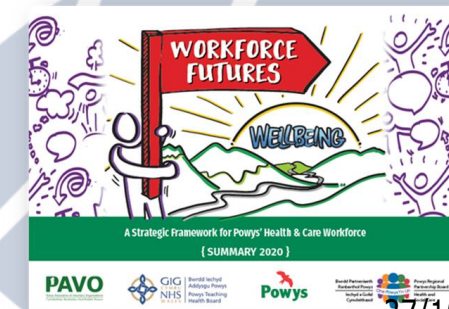
Workforce Capacity & Performance

Julie Rowles – Director of Workforce, OD and Support Services

6th October 2021

Workforce Profile

Around **33%** of staff employed by the health board are over the age of **55** and potentially able to retire. This contributes to the overall turnover of the health board but when assessing organisational stability, at an organisational level, the stability index is high.

Staff Group	Average Age	% Staff aged 55-66	% Staff of which are Aged 66 or Over	Rolling Turnover August 21	Stability Index Headcount
Add Prof Scientific and Technic	47	28%	2%	**16%**	**82%**
Additional Clinical Services	46	27%	4%	11%	**87%**
Administrative and Clerical	48	29%	3%	8%	92%
Allied Health Professionals	43	20%	2%	**16%**	**87%**
Estates and Ancillary	51	**43%**	**5%**	**14%**	88%
Healthcare Scientists	39	0%	0%	0%	100%
Medical and Dental	50	**31%**	2%	**16%**	**85%**
Nursing and Midwifery Registered	49	**33**%	2%	**14%**	**85%**
Grand Total	48	30%	3%	12%	88%

However, both nationally and at a local level, there are challenges in recruiting to clinical roles in particular, therefore, careful consideration should be given to those staffing groups where there are known recruitment challenges and we anticipate high turnover in the next 1-5 years.

55% of the workforce are on part time contracts

85% of the workforce identify as female

The average age of our clinical workforce is 47 years old

Workforce Capacity

Based on budgeted establishment information, there are challenges in recruiting across a number of our clinical services. However, it should be noted that information is based upon budgeted establishment data rather than advertised vacancy information:

Ward Summary	Budgeted Establishment	Staff in Post	Variance to full budgeted Establishment
General Inpatient Wards	257.55	213.55	44.00
Mental Health Inpatient Wards	86.16	69.06	17.10
Mental Health (Community etc)	151.39	154.68	-3.29
Women & Children's(Nursing)	126.85	117.61	9.24
Community Services (Nursing)	266.92	231.15	35.77
Therapies	210.86	186.11	24.75
Medical & Dental	29.38	18.08	11.3

The Primary Care, Mental Health, Community, and Women and Children's Service Groups employ 1633 staff, approximately **70%** of the health boards current workforce. Across the Groups, they employ the highest proportion of our clinical workforce.

Workforce Capacity: Medical Workforce

There continues to be a national shortage of doctors in several different specialties, which is leading to difficulties in attracting and recruiting in to Powys. In particular for Powys, we are experiencing difficulties when trying to attract and recruit to Mental Health, Care of the Elderly and Paediatrics. The current vacancy position for the employed medical workforce is set out below:

Specialty and Grade	Vacancy	Locum Cover
Consultant Paediatrician	1	1.4
Specialty Doctor Care of the Elderly	1.5	1.5
Specialty Doctor Mental Health	3	3
Consultant Mental Health	5.8	5.8
TOTAL	11.3	11.7

22% of the medical workforce over the age of 55

Approximately **38%** of the employed medical workforce sits within the Mental Health and Learning Disabilities directorate.   As demonstrated in the table above, a number of the current medical vacancies are being covered via locum's (either via agency or NHS employed locums). However, within the Mental Health Directorate specifically, it should be noted that **42%** of the required establishment is covered via locums. Work is being undertaken via the Mental Health Directorate to identify with medical staff the potential issues faced in attracting and retaining a medical workforce to inform future approaches.

Workforce Capacity: Inpatient Wards

Registered Nursing

Some of our most challenging areas in meeting demand are the **inpatient ward** areas. These are the areas where we see high demand for the use of bank and agency staffing and have continued to be challenging for some time. The table to the right provides an assessment of staffing in 2019 compared to 2021. Overall:

- Staff in post has reduced by approximately **8 WTE**

- Absence has increased by approximately **8 WTE**

- **22%** of the overall establishment requirements are covered via the use of variable pay (Bank, Agency, Additional hours & Overtime)

In a competitive national market, with increased demands for registered nursing reduced supply of on contract agency staff results in an increased reliance to utilise off contract agency.

- In general wards, bank usage fill rates increased by **16%** despite an increase of **9.98WTE** (42%) in requests

- In mental health there was a reduction of bank fill rates of **33%**, however, this is reflective of the small number of requests received and is almost 7x more than had been requested in 2019.

Registered Nursing	General Wards			Mental Health Wards		
	2019	2021	Variation	2019	2021	Variaton
Establishment	141.03	141.03	0	47.26	43.66	-3.6
Staff in Post	99.76	97.30	-2.46	40.99	34.81	-6.18
Total Absence	5.58	13.44	7.86	2.37	2.67	0.30
Total Deficit	46.85	57.17	10.32	8.64	11.52	2.88
Total Variable Pay	26.46	35.90	9.44	3.55	4.73	1.18
Deficit WTE	20.39	21.27	0.88	5.09	6.79	1.70
Deficit %	14%	**15%**	1%	11%	**16%**	5%

Registered Nursing	General Wards			Mental Health Wards		
	2019	2021	Variation	2019	2021	Variation
Off Contract Agency	19%	28%	9%	0%	22%	22%
On Contract Agency	57%	33%	-24%	0%	11%	11%
Bank	23%	39%	**16%**	100%	67%	**-33%**
Unfilled	0.72%	0.49%	-0.23%	0.0%	0%	0.00%
WTE Requested	23.56	33.54	**9.98**	0.54	3.75	**3.21**

Workforce Capacity: Inpatient Wards

Unregistered Nursing

The table to the right provides an assessment of staffing in 2019 compared to 2021. Overall:

- There is sufficient staffing within the general wards to meet the establishment requirements. This is not reflected within the Mental Health wards, however, we are aware that the service are undertaking work to review their staffing establishments.
- Staff in post has reduced by approximately **3 WTE**
- Absence has increased by approximately **10 WTE**
- Variable pay usage has increased by **15.67 WTE**
- General wards are utilising levels of staffing above establishment.

Staffing requirements for unregistered staffing have increased with the introduction of Mass Vaccination and TTP services. Alongside this increased demand, the temporary staffing unit despite recruitment have been unable to meet the supply demands for unregistered bank staff. This is reflective of **bank staff requests approximately doubling in both general and mental health wards.** This has resulted in a significant increase in agency usage both on and off contract.

Unregistered staffing	General Wards			Mental Health Wards		
	2019	2021	Variaton	2019	2021	Variation
Establishment	116.52	116.52	0	45.6	42.5	-3.1
Staff in Post	115.13	116.25	1.12	38.53	34.25	-4.28
Total Absence	6.96	15.91	8.95	1.8	3.66	1.86
Total Deficit	**8.35**	**16.18**	**7.83**	**8.87**	**11.91**	**3.04**
Total Variable Pay	22.11	36.55	14.44	6.29	7.52	1.23
Deficit	**-13.76**	**-20.37**	**-6.61**	**2.58**	**4.39**	**1.81**
Deficit %	-12%	-17%	-6%	6%	10%	5%

Unregistered Staffing	General Wards			Mental Health Wards		
	2019	2021	Variation	2019	2021	Variation
Off Contract Agency	7%	19%	11%	6%	18%	12%
On Contract Agency	19%	30%	10%	0%	13%	13%
Bank	73%	51%	**-22%**	94%	69%	**-25%**
Unfilled	0.3%	0.8%	0.5%	0%	0.00%	0.00%
WTE	16.63	33.82	**17.19**	1.93	3.75	**1.82**

Workforce Capacity: Mass Vaccination Sustainability

The Mass Vaccination service was set up in **December 2020** in response to the pandemic and employs **5.54%** of the overall workforce in Powys Teaching Health Board. At present, the staffing position with the Mass Vaccination service is as follows:

Mass Vaccination	Requirement	Staff in Post	Deficit
Programme Management	3	1	2
Admin & Clerical	23	18.4	4.6
Vaccination Team	35.12	28.6	6.52

Key Achievements:

- Implementation of the band 3 (non-registrant vaccinator) delivery model including the development and delivery of the training model;
- **81** bank workers recruited to support mass vaccination (45 registrants, 32 non-registrants and 4 administrators);
- **9** pharmacy bank workers to support the mass vaccination programme.

Key Challenges:

- A high number of staff on fixed terms contracts and challenges in developing workforce plans – unclear at this stage the long term model for vaccination;
- Pharmacy service is currently supported by existing staff and bank workers which creates a potential stability issue longer term;
- Fixed term contracts are less attractive in the current job market and we are seeing challenges in recruiting to a number of key posts, for example, booking and administration managers.

Workforce Capacity: Renewal Activity

The Renewal Priorities as set out in the Health Boards recovery & renewal response to the pandemic identified a need for **50.47 WTE** additional posts across 7 areas. **41%** of the identified posts for renewal activity have now been successfully filled. The current staffing position is set out below:

Area	Requirement	Staff in Post/ Awaiting PECS	Locum Appointments	Deficit
Scheme 1 : Planned Care	5.80	2.56	0	3.24
Scheme 2 : Advice, Support and Rehab	10.20	2	0	8.20
Scheme 3 : Long Term Conditions and Well Being	5.00	0	0	5.00
Scheme 4 : Children and Young People	6.00	2.5	0.9	2.60
Scheme 5 : Cancer	4.00	1	0	3.00
Scheme 6 : Respiratory	12.47	3.5	2.5	6.47
Scheme 7 : Infrastructure	7.00	6	0	1.00

Recruitment to both clinical and clerical posts continues to remain a challenge across most areas within the renewal priorities and this is likely due to the **short-term nature** of the posts. Current key challenges are:

- **3.24 WTE** vacant theatres roles that despite continued advertisement remain vacant.
- **3.0 WTE Clinical Pharmacists** remain vacant across schemes 2, 3 and 6, leading to a review of the current delivery model.
- Unsuccessful recruitment to the **Practitioner Psychologist** post has led to a delay in the **Prehabilitation Assistant Psychologists** being advertised, as there is no clinical practitioner in post to lead and deliver the service.
- Challenges in securing suitable **band 3 and band 5 administrators** has been seen across both schemes 2 and 3 with **4.0 WTE** remaining vacant.
- Challenges are again seen with administrative posts within scheme 5 and further work with the service is needed to understand how the Health Board can deliver this service.
- Despite successful recruitment to most clinical posts within scheme 4, currently there are **no neurodevelopment assistant practitioners in post**.
- Despite large success in recruiting to clinical posts, recruitment to Occupational Therapists & Physiologists across schemes 4 and 6 remain a challenge with **2.5 WTE Occupational Therapists** and **1.0 WTE Physiologists** remaining vacant.

Workforce Performance

Local Indicator	Current Performance Aug-21	Previous Month Jul-21	Monthly Direction	Q1 21-22 Average	Quarterly Direction
Workforce Capacity					
Staff in Post (WTE)	1852.43	1860.87	⬇	1857.73	⬇
Rolling Turnover %	12.28%	11.97%	⬆	11.83%	⬆
Joiners (WTE)	14.87	11.44	⬆	31.94	⬇
Leavers (WTE)	21.76	15.95	⬆	15.16	⬆
Variable Pay					
ADH/Overtime Worked (WTE)	19.44	20.05	⬇	17.59	⬆
Bank Worked (WTE)	64.84	58.00	⬆	56.17	⬆
Agency Worked (WTE)	56.23	58.28	⬇	53.69	⬆
Bank and Agency Total (WTE)	121.07	116.28	⬆	109.86	⬆
Locum & Agency Spend	£836k	£769k	⬆	£790k	⬇
Workforce Compliance					
Monthly Sickness Absence Rate	5.12%	5.48%	⬇	4.91%	⬆
Cumulative 12-month Sickness Absence Rate	5.17%	5.12%	⬆	5.02%	⬆
Staff Appraisal Compliance *	70%	69%	⬅➡	69%	⬅➡
Staff Appraisal Compliance (Medical & Dental)	76%	65%	⬆	47%	⬆
Statutory & Mandatory Training **	81%	80%	⬆	79%	⬆

Turnover:
It is anticipated that the health board may continue to see increases in turnover in the coming months due to an increased level of fixed term contracts (particularly within the COVID-19 Prevention and Response Directorate) and a potential increase in retirements which may have been delayed due to the pandemic. Pre-pandemic turnover in the same month in August 2019 was **11.75%**.

Variable Pay:
The health board is seeing an increase need to utlise variable pay to support staffing gaps, predominately, this is recorded as resulting from increased one to one requirements, vacancies or absence.

Sickness Absence:
The health board has seen an increase in the rolling sickness absence rate when compared to the average rolling % in the first quarter. Comparatively, the rolling sickness absence rate in August 2021 was **0.64**% higher than August 2019 (4.48%) but is comparative to sickness absence in August 2020 (5.05%).

PADR and Statutory / Mandatory Training:
The health board is aiming to achieve pre-pandemic performance by the end of Q2. The workforce and OD team are continuing to work with managers to support an improvement

Health Board Response to Immediate Issues

Capacity

- Ongoing support to renewal recruitment activity
- Regular reporting and review of establishment information
- Open adverts for nurse recruitment – fast track to interview where there is an active registration
- National participation in Student Streamlining Programme which saw the successful recruitment of **21** newly qualified registered nursing, midwifery and allied health professional students who will start when pins are received. Further work is needed to refine our workforce planning approach with services supported by the newly developed workforce planning toolkits via HEIW
- Ongoing internal support provided to mass vaccination recruitment
- Nursing directorate leading a review of nursing establishments

Variable Payment

- Continued review of bank staff supply and demand to inform future bank recruitment activity
- Interim implementation of enhanced bank rates for ward areas
- Review of enhanced bank rates and exploration of impact and ongoing targeted use
- Review of e-rostering and variable pay data through workforce efficiency group

Workforce Compliance

- Continued review of organisational compliance in relation to workforce performance and the provision of targeted support to areas of concerns
- Ongoing implementation of the All Wales Respect and Resolution policy
- Support to managers in relation to sickness absence cases and the management of long term sickness absence

WORKFORCE & CULTURE COMMITTEE	Date of Meeting: 05 October 2021
Subject :	**Welsh Language Standards Annual Monitoring Report 2020-2021**
Approved and Presented by:	Claire Madsen, Director of Therapies & Health Sciences
Prepared by:	Kathryn Cobley, Services Improvement Manager – Welsh Language
Other Committees and meetings considered at:	Nil

PURPOSE:

The purpose of this paper is to present the Workforce & Culture Committee with the Welsh Language Standards Annual Monitoring Report for 2020-2021 which was published by 30 September 2021. The report outlines the progress made against the implementation of the Standards.

It also provides an assessment of the Standards which remain challenging for the Health Board and outlines the associated risks and implications.

RECOMMENDATION:

The Executive Committee is asked to **APPROVE** the draft Welsh Language Standards Annual Monitoring Report for 2020-2021.

The Executive Committee is asked to **NOTE** the associated risks and implications for Standards where only partial compliance has been achieved.

Approval/Ratification/Decision	Discussion	Information
✘	✓	✓

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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✗
	3. Tackle the Big Four	✗
	4. Enable Joined up Care	✗
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✗
	8. Transforming in Partnership	✗
Health and Care Standards:	1. Staying Healthy	✗
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

The draft Welsh Language Standards Annual Monitoring Report for 2020-2021 outlines the progress made against each of the 121 Standards throughout 2020-2021.

Whereas considerable progress has been made throughout the year, there are still some areas which have some risks and implications for the health board in terms of increasing current compliance levels. Departmental Action Plans have been updated with the individual Service Leads for Welsh Language and a full assessment of current compliance levels has been undertaken. This report also highlights the Standards which require more attention in 2021-2022 in order to mitigate the risks of any non-compliance.

BACKGROUND AND ASSESSMENT:

As per the requirements of the Record Keeping Welsh Language Standards, PTHB must produce and publish an Annual Monitoring Report which outlines to what extent the health board has complied with each of the Standards. The health board is also required to provide specific statistical data as part of the reporting process.

The report has been drafted in line with the template report recommendations outlined in the Welsh Language Commissioner's publication 'Draft Section of Welsh Language Standards Annual Report Good Practice Guidance'.

Progress made throughout 2020-2021

Despite the challenges brought about by the pandemic which has disrupted the implementation of the Standards, notable progress has been made in the following areas:

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- Implementation of the Operational Standards which includes bilingual recruitment procedures, national policy development, and Welsh language training which ensure that the health board seeks to increase the use of Welsh in the workplace;
- Introduction of a 'Bilingual Clinical Consultations' policy in line with Standard 110 which sets out how the health board aims to increase its capacity to undertake clinical consultations in Welsh;
- Review of Welsh language impact assessment procedures for strategic decisions including policy development, service development and redesign which will ensure that the Board are assured that any impact of our decisions upon the Welsh language, both positive and negative, have been considered before approval;
- Review of available resources to implement Welsh language objectives and the development of the Welsh language team;
- Bilingual communication of key messages around COVID-19 and support for Welsh speakers attending mass vaccination centres;
- Managing the bilingual workstream across the region as part of the preparations for Additional Learning Needs Education Tribunal (Wales) Act.

Statistics

Health Boards are required to provide statistical information as part of the annual reporting procedures. Since the Standards came into operation, PTHB has provided the following statistical information:

	2019-2020	2020-2021
Percentage of Welsh Speaking Staff	8%	10%
Percentage of new employees who are Welsh speaking	5%	6%
Percentage of staff who expressed an interest in learning Welsh / improving their skills	0.30%	0.70%
Percentatge of staff who are learning Welsh / improving their skills	0.10%	0.40%
Percentage of staff who have enrolled upon the free Work Welsh modules	7%	10%
Number of new staff who have received WLA sessions at Corporate Induction	46%	36%
No. of Formal Complaints Received	0	0
No. of Informal Complaints Received	0	3

Risks and Implications

- Should the Commissioner be notified of a breach with any given standard the health board risks a statutory investigation and a possible financial penalty of up to £5000 for **each** standard breached;

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- Reputational damage for the health board is also a risk should the organisation be found to be in breach of the Standards;

- The lack of current funding within PTHB to meet Equality and Diversity requirements;

As discussed at previous Executive Committee meetings, the following Standards continue to pose challenges to PTHB where achieving full compliance would have significant financial and resource implications:

Standard 10 & 50 relating to Welsh speaking staff at main reception areas to answer telephone calls and provide face-to-face services to Welsh speakers.

Implications and Risk

Following a Statutory Investigation and a Welsh Language Tribunal Case involving the Information Commissioner, further clarification about Standard 10 has been sent to all organisations. The Commissioner has clearly stated that all staff who answer a main telephone number must have sufficient Welsh language skills to deal with Welsh speaking callers.

Further to the Commissioner's denial of a special condition it was agreed by the Executive Committee to accept the Commissioner's decision and accept the current risk of non-compliance with a view to implement the following actions as a viable solution for the future.

Due to the pressures of COVID-19, no action plan has been developed with the Patient Services Manager to address this and vacancies continue to be advertised as Welsh language desirable rather than essential.

Actions:
- Develop an action plan with Patient Service Leads and Recruitment Leads to actively recruit Welsh speaking staff to new and vacant reception posts;
- Continue to offer specific training opportunities to main reception staff to learn or improve their Welsh language skills;
- Explore the option to introduce a single point of contact for Powys THB with an automated telephone system which gives callers the option to press 1 for Welsh and 2 for English; and
- Continue to utilise an available member of Welsh speaking staff, whose main role is not to provide main reception services, who could provide assistance at main reception areas when the need arises.

Progress:

Due to the impact of COVD-19 and the redeployment of staff, little progress has been made in this area. The SIM for Welsh Language has met with the Service Lead for Patient Services who has raised the matter of introducing a new automated telephone system with the Digital Transformation and Informatics Team.

Welsh language training opportunities have been promoted to patient services staff and Welsh speaking staff are available to deal with the Welsh speaking public in the Contact Centre.

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Standard 106A & 107A relating to bilingual recruitment procedures

Compliance Date: 30 November 2019

Implications and Risk

Since the implementation of a new Vacancy Approval Procedural Guidelines, PTHB is complying with Standards 106A an 107A but this has some financial and staffing resource implications.

Data indicates that from 1st April 2020 – 31st March 2021 PTHB has spent an additional **£33,746** on the translation of vacancy advertisements and job descriptions. Additional support is also needed for the administrative requirements associated with the new procedures.

Action:
- Continue to review and monitor procedures and expenditure;
- Explore options for standardising JDs and building an internal library of bilingual JDs; and
- Purchase translation software to assess whether additional savings can be made for duplicate translations.

All Service Delivery Standards relating to the translation of health board materials and documents

Compliance date: 30 May 2019

Implications and Risk
Whereas the compliance matrix has been RAG rated as 'GREEN', informal audits show that not all materials, documents, forms, signage, etc are bilingual. It has been agreed to score individual departments as 'GREEN' on the basis that should any incidents of non-compliance come to light, they will be rectified immediately. Evidence from other public sector organisations show that the majority of complaints leading to statutory investigations relate to public information and documentation being available in English only, therefore, PTHB remains open to the risk of occasional non-compliance.

3 informal complaints were received during 2020-2021 relating to the following:

- English only documents on the website
- English only correspondence between the health board and Y Senedd
- English only information and materials at a mass vaccination centre

Each of the above was responded to and resolved swiftly and to the satisfaction of the correspondent.

Actions:
- Develop an assessment tool to determine which documents should be translated or not;
- Managers to assess the demand for accessing documents, both online and upon request;

- Introduce more formal auditing mechanisms internal to PTHB to identify and address individual instances of non-compliance;
- Review the availability of documents on the website and choose between one of the following options:
  - Publish the document if demand and regulations require it;
  - Publish contact details for where copies of documentation can be obtained;
- All documentation to include an 'active offer' statement:
  "Os hoffech gael copi o'r adroddiad hwn yn Gymraeg, cysylltwch â [Insert contact details]" "If you would like to receive a copy of this report in Welsh, please contact [Insert contact details]";
- Translate the Board Meeting Minutes; and
- Promote the new Welsh Language Communication and Marketing Guidance to all staff.

NEXT STEPS:

In order to build upon the work already undertaken to implement the Standards and to increase compliance levels, the following actions will be taken forward in 2020-2021:

- Continue to monitor the implementation of the WL Standards on Corporate Risk Register
- Publish Welsh Language Standards Annual Monitoring Report;
- Implement the actions of the annual Welsh Language work plan for 2021-2022;
- Continue to monitor and assess capacity and available resources to implement the Standards;
- Continue to monitor compliance via departmental action plans and feed data from into overarching compliance matrix with RAG rate compliance levels against each standard;
- Continue to audit public materials and arrange for translation into Welsh;
- Draft the More Than Just Words Strategic Framework update report for Welsh Government by 31 October 2021 against the NHS Delivery Framework Objectives;
- Develop and publish relevant Welsh language policies and procedures in line with the requirements of the Standards;
- Continue to promote Welsh language initiatives to staff across the health Board; and
- Continue to liaise with Welsh Language Managers and Equality Managers across NHS Wales.

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Welsh Language Standards Annual Monitoring Report 2020-2021

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Foreword

The Welsh Language (Wales) Measure 2011 sets out a legal framework which imposes a duty on Powys Teaching Health Board (PTHB) to comply with the Welsh Language Standards. 2020-2021 has seen the most challenging year in the history of NHS Wales facing a pandemic of unprecedented nature. COVID-19 has undoubtedly interrupted our usual plans, including those for Welsh language service developments. Nevertheless, despite the challenges of 2020-2021, the health board has continued with its efforts to implement the requirements of Welsh language legislation, working closely with managers within all service areas to ensure they have been able to continue with the delivery of bilingual services for those who need them.

With social distancing rules in place throughout this past year, we have taken a step back from our focus on bilingual service delivery within the clinical setting, and instead have taken the opportunity to focus on the administration and strategic planning behind the scenes. This has meant that we have been able to focus our efforts on policy development, Welsh language impact assessment, staff engagement and workforce administration and have been successful in implementing some of the more challenging operational standards which will hold us in good stead for when healthcare services resume in the aftermath of the pandemic. This does not mean to say that we have not continued in our efforts to implement the Welsh Language Standards in their entirety. Work has continued to raise awareness of the Standards amongst staff groups and the Welsh Language Service Leads have continued to monitor their implementation within their service areas, further details of which will be provided in this report.

Work continues across the county to embed and promote the principles of the Active Offer as outlined within Welsh Government's More Than just words Strategic Framework. The Health Board has liaised with Welsh Government in its review of More Than Just Words and welcomes the continuation of the Framework.

The pandemic has provided the opportunity to refresh national working groups such as the Welsh Language Promotion and Challenge Group within Powys and Welsh Government's Welsh language Contact Points. This has helped to plan future priorities for joint-working to make improvements in bilingual service delivery for Welsh speaking residents across Powys.

We trust that the information included in this report demonstrates our commitment to becoming a bilingual organisation which not only treats the Welsh language equally to the English language, but also actively promotes the use of Welsh in the workplace and across the healthcare sector in our wider communities.

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 2020-2021 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:

- Implementation of the Operational Standards which includes bilingual recruitment procedures, national policy development, and Welsh language training which ensure that the health board seeks to increase the use of Welsh in the workplace;
- Introduction of a 'Bilingual Clinical Consultations' policy in line with Standard 110 which sets out how the health board aims to increase its capacity to undertake clinical consultations in Welsh;
- Review of Welsh language impact assessment procedures for strategic decisions including policy development, service development and redesign which will ensure that the Board are assured that any impact of our decisions upon the Welsh language, both positive and negative, have been considered before approval;
- Review of available resources to implement Welsh language objectives and the development of the Welsh language team;
- Bilingual communication of key messages around COVID-19 and support for Welsh speakers attending mass vaccination centres;
- Managing the bilingual workstream across the region as part of the preparations for Additional Learning Needs Education Tribunal (Wales) Act.

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. The health board will use its compliance assessment to identify the key actions and areas of focus going forward in 2021-2022.

Background

The Welsh Language Measure (2011) modernised the existing legal framework regarding the use of the Welsh language in the delivery of public services. It includes provision about the official status of the Welsh language and saw the introduction of a Welsh Language Commissioner and the development of the Welsh Language Standards.

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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](#).

In these regulations, Welsh Ministers have specified 4 types of standards with which PTHB must comply, these are:

- Service delivery standards
- Policy making standards
- Operational standards
- Record keeping standards.

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 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.

Matters Arising

PTHB is pleased with the progress made throughout 2020-2021 in relation to its bilingual service provision of healthcare to our service users within Powys. Changes have been made across all areas to ensure compliance with the Standards which will enable significant improvements for our Welsh speaking service users, staff, stakeholders and the general public.

As stated above, with the ongoing restrictions due to COVID-19, PTHB has taken the opportunity to refocus its efforts by concentrating on the policies and procedures which underpin the Standards. This has allowed clinical staff to focus on responding to the pandemic which has seen the prevention of many routine clinical services and instead has seen mass redeployment of staff to the front line and the mass vaccination programme. However, staff continue to monitor the requirements of the Standards and have ensured that COVID-19 response plans have considered the needs of Welsh speakers.

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Welsh Language Service Leads Steering Group

The Welsh Language Service Leads have continued to meet throughout 2019-2021 in order to review and monitor the implementation of their individual Welsh language action plans. Regular reminders and resources continue to be shared with teams across the health board. Information relating to Welsh language also continues to be shared and promoted via the electronic Powys Announcements newsletter and staff social media channels. This has led to a notable increase in the demand for translation services to ensure that staff have bilingual email signatures, out of office messages, and also to ensure that public and patient information is provided bilingually. Welsh language learning opportunities also continue to be promoted to staff and the restrictions of the pandemic has seen more staff inquire about learning Welsh and start using apps such as Duolingo to increase their Welsh language skills.

Welsh Language Culture and Promotional Events

With the prevention of public events throughout the past year, PTHB has promoted a number of virtual events to staff and the public via its social media channels. This has included an online Welsh language cultural event run by 'This is Wales'. The event took place in the days around St David's Day and included events such as Welsh language yoga sessions, Welsh food recipes, Welsh language music performances, online seminars, and more.

Operational Standards

Considerable work has been undertaken to ensure that PTHB is compliant with the Operational Standards. Procedures are now embedded to translate recruitment documentation for new and vacant posts. This includes job descriptions, job adverts and relevant recruitment documents such as internal Occupational Health forms, bank staff time sheets, and performance review documents for staff. Staff are welcome to apply for jobs in Welsh and have the option of being interviewed in their preferred language. It is hoped that these procedures will encourage the recruitment of more Welsh speakers into the health board in the future. Meetings have been held to look at options to encourage and facilitate other routes into healthcare for Welsh speakers. Mechanisms to identify Welsh speakers will be put in place for those who join the health board via our future Health and Care Academy, student placements, work experience placements, volunteering routes, and the Kickstart Grant Scheme.

Standard 110

In September 2020, PTHB published its plan which sets out a number of actions which aim to increase our capacity to undertake clinical consultations in the medium of Welsh. The 4 key objectives of the plan will focus on:

- Increasing the number of staff with Welsh language skills
- Improving mechanisms for identifying and recording patient language choice
- To raise awareness of Welsh in the workplace
- Monitoring procedures

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In addition to the progress made in relation to bilingual recruitment procedures, Welsh language training opportunities continue to be promoted to staff. There was a slight increase in interest and uptake in learning Welsh throughout 2020-2021. Plans are also in place to introduce an informal virtual Welsh language support forum for both Welsh speakers and learners of all abilities. It is hoped that this will provide further opportunities for learners to practice their skills and encourage more use of Welsh in the workplace.

The Welsh language awareness training session has been adapted so that it can be delivered virtually in line with the restrictions of the pandemic and this course has also been added to ESR which will allow the health board to monitor and record attendance more efficiently in the future and act as an incentive to staff to add to their learning skills on their training record.

Better monitoring procedures are currently being developed to provide assurance that procedures are in place for identifying patient language choice and offering clinical consultations in Welsh. The Service Leads have collated data from clinical teams across the health board which can now be stored and updated at regular intervals throughout the year. This will help to address any gaps in service provision going forward in the future.

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

The Service Improvement Manager for Welsh Language has been leading a regional bilingual steering group across PTHB, Hywel Dda UHB and Swansea Bay UHB areas to support the Designated Education Clinical Lead Officers and clinical staff to prepare for the implementation of the ALNET from September 2021. This work has involved working with clinical staff to identify mechanisms for complying with Welsh language requirements including developing guidelines for staff, self-assessment templates and monitoring procedures to ensure that specialist services can be provided bilingually to children and young people across the three regions. The work has also included looking at methods for delivering educational training courses to staff within Welsh medium schools. This will involve the translation of training resources and the use of suitable Welsh speaking staff from across the regions to deliver training sessions in Welsh.

Welsh Language Impact Assessment

PTHB has conducted a review of its impact assessment procedures when making strategic decisions to approve new and revised policies, procedures and service development. The decision was made to create a new policy and procedural guidelines which will help staff to assess the impact upon those who speak Welsh, those who have a protected characteristic as defined by the Equality Act 2021, and those who live with socioeconomic disadvantage. The new Impact Assessment Policy was approved in January 2021 and includes guidance and a report template which staff can use in the planning stages to ensure that we do not treat the Welsh language less favourably and also to identify and consider any potential positive or adverse effects upon the Welsh language and Welsh speakers. Placing Welsh language impact assessment together with equality and socioeconomic impact

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assessment also allows staff to better consider the needs of individual Welsh speakers who may have other complex health needs.

Review of Internal Resources

A substantial review of the available resources to implement the Standards was undertaken during 2020-2021. This has resulted in further investment into our commitment to improve bilingual service provision across the health board. The recruitment of two additional posts has taken place to secure a Welsh Language Translator and a Welsh Language and Equalities Officer, and a detailed procurement exercise was undertaken to secure the services of more external professional Welsh language translation companies to ensure that the health board is able to produce bilingual patient information in a timely manner. This will also help to increase the visibility of the Welsh language across the health board.

Compliance with the Welsh Language Standards

In addition to the examples provided above, details of the extent of which PTHB has complied with the Welsh Language Standards is provided below:

Service Delivery Standards

Standards 1-7 relating to correspondence sent by the health board
Progress
The Manager's Resource and Guidance document continues to be promoted across the health board. This document acts as a general guide for all staff on how to implement the Standards efficiently. The document has been designed for use during team meetings to prompt discussions and generate ideas on how best to comply with the Standards. Guidance is offered on the best practice for dealing with correspondence in Welsh. Following the procurement exercise in January 2021, a new system for accessing translation services has been introduced and staff are able to access more timely translation services to help them comply with Standards 1-7.
Further action to take
To introduce an internal audit mechanism to monitor compliance rates and to continue to use data from the Welsh Language Commissioner's Annual Monitoring Survey to identify and rectify any instances of non-compliance.

Standards 8 – 20 relating to telephone calls made and received by the health board
Progress
The Manager's Resource and Guidance document includes information on dealing with Welsh speakers on the telephone. In addition, a separate guide on

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answering the telephone bilingually and dealing with Welsh speaking callers has been developed and promoted to staff across the health board.

As of 6 July 2021, PTHB has 237 (9.5%) of its staff who are able to deal with telephone calls in Welsh. This includes 12 members of Welsh speaking staff who work within our Therapies Hub (Contact Centre) and Patient Services which includes our main reception areas at Montgomeryshire County Infirmary, Llanidloes War Memorial Hospital, Bro Dyfi Hospital and Ystradgynlais Community Hospital.

Further action to take
Work is ongoing within Patient Services to develop actions to address gaps in our patient service areas where there may be little provision to deal with telephone calls in the medium of Welsh. This includes exploring options to introduce a new automated telephone service across PTHB which will allow callers to be directed to a Welsh speaker when making calls to the main telephone number(s). Work with the JE Leads to include training on assessing the Welsh language requirements for new and vacant posts in the Recruitment Training for Managers programme. Regular reminders will continue to be issued to all staff via the Service Leads and the staff intranet with advice on best practice for Standards 8-20.

Standards 20-22CH relating to meetings that are not open to the public
Progress
The Manager's Resource and Guidance document includes information on holding meetings with members of the public. Further consultation with the Welsh Language Service Leads has demonstrated that where possible, Welsh speaking staff will undertake meetings with individuals if the individual has stated that Welsh is their preferred language. Where Welsh speaking staff are not available to attend meetings, staff have access to interpretation services who can assist. Details of the approved interpretation services are available to staff on the intranet and have been promoted to staff.
Further action to take
Continue to monitor compliance levels and feedback from Welsh Language Service Leads.

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Standards 23-25 relating to in-patients and case conferences
Progress
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. Informal mechanisms also exist for identifying in-patients and service users who speak Welsh, for example, recording this information on patient records on the wards and patient information flow boards. In addition to sourcing available Welsh speaking staff via our ESR system, managers have been asked to develop local systems for identifying and utilising Welsh speaking staff to treat Welsh speaking in-patients. (This has also been included as an action in our Clinical Consultations Plan in line with the requirements of Standard 110). Work is underway to collate data on recording patient language choice and mechanisms for offering and delivering bilingual services. A template has been drawn up for use with clinical staff who are implementing the Additional Learning Needs Education Tribunal Act and the staff within the Nursing Directorate have developed a data template which will be adapted for use within other patient facing teams. Case conferences are organised by staff within the Local Authority. Discussions have been held with the Welsh Language Officer in Powys County Council who has provided assurance that systems are in place to comply with these Standards when an individual wishes to attend a case conference and use Welsh as their preferred language. This will either be achieved by utilising Welsh speaking members of staff or via approved interpretation services.
Further action to take
Develop overarching template to demonstrate how patient language preference is recorded and how services are actively offered and delivered. Continue to monitor compliance levels and liaise with key staff within Powys County Council.

Standards 26-32 relating to meetings and events that are open to the public
Progress
Restrictions of the pandemic has prevented public meetings in their usual format throughout 2020-2021. Public meetings have had to move to virtual platforms

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and NHS Wales has approved MS Teams as the only secure digital platform within health boards. This has meant that professional simultaneous translators cannot be used throughout public meetings. Welsh Government are aware of this and are working with Microsoft to resolve the issue for health boards in Wales. In the meantime, PTHB has put measures in place to maximise bilingualism in virtual public meetings. This includes bilingual introductions and closing remarks and bilingual documentation prior to, during, and after the meeting. Members of the public are not able to pose questions and make comments as they usually would in public meetings, instead they are able to send in questions prior to the meeting or they can post questions and comments in chat bar functions. A Welsh speaking member of staff is present at all public meetings to receive and respond to 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 and simultaneous translation services will be made available when face-to-face public meetings resume.

Further action to take

Continue to review restrictions of the pandemic in relation to holding public meetings.

Implement any solutions to virtual simultaneous translation services following the outcome of Welsh Government's partnership work with Microsoft.

Standards 33-38 relating to publicity and advertising, displaying material in public, producing and publishing document and forms
Progress

Good progress has been made throughout the year to ensure compliance with these standards. In addition to the Manager's Guidance and Resource and the Communications and Marketing Guidelines, Managers continue to audit existing materials and documents within their service areas to ensure compliance which has resulted in a noticeable increase in translation requests.

Further action to take

Introduce an internal auditing system to ensure compliance.

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Address any incidents if non-compliance as and when they occur.

Standards 39-46 relating to the health board's website, apps and social media
Progress
Transition to the new website has begun and new and updated information will be published bilingually. Some information throughout the COVID-19 pandemic has been published quickly in English only which is in response to the health emergency but where possible, COVID-19 communication has also been published bilingually.
Further action to take
Continue to monitor compliance levels. Address any incidents if non-compliance as and when they occur.

Standards 47-49 relating to signage
Progress
Procedures are in place to ensure that new and replacement signage is compliant with the Standards. A useful resource pack has also been developed for more common temporary signage which will make it easier for staff to comply with the Standards at short notice.
Further action to take
Introduce an internal auditing system to ensure compliance. Address any incidents of non-compliance as and when they occur.

Standards 50-53 relating to receiving visitors
Progress
Badges, lanyards, and posters are all available for main reception staff to help identify Welsh speaking staff in these areas.

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New vacancy approval guidelines were introduced in April 2020 which provide recruiting managers with information and protocols to follow when recruiting to new and vacant posts. Further plans are underway to develop a training session for recruiting managers which will include more detailed information on assessing the Welsh language requirements for new and vacant posts.

Welsh language training offers are regularly sent to main reception staff about available Welsh language training for those who wish to learn or improve their Welsh language skills.

In response to the COVID-19 Pandemic, PTHB has worked with PAVO to utilise Welsh speaking registered volunteers at Mass Vaccination Centres to assist Welsh speaking members of the public as they arrive on site.

Further action to take

Continue to address gaps in main reception areas where there are no Welsh speakers on main reception areas.

Continue to offer targeted Welsh language training to main reception staff.

Review options for Welsh-speaking bank staff to fill temporary posts within main reception areas.

Explore options for further use of registered Welsh-speaking volunteer to meet and greet visitors.

Standards 54-59 relating to awarding grants and contracts

Progress

PTHB does not award grants. Contracts are advertised and awarded in line with the requirements of the Standards. This process is managed centrally by NWSSP. Commissioning and contract procedural documents internal to PTHB include guidelines and information which enable the health board to comply with these standards.

Further action to take

Continue to monitor compliance levels if current procedures change.

Standards 60-61 relating to promoting Welsh language services

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Progress

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PTHB is committed in its objective to treat Welsh and English equally and has measures in place to ensure that service users have access to all services bilingually whether this will involve utilising Welsh speaking staff or the assistance of professional translation and interpretation services. Therefore, all services are available and promoted bilingually.
Further action to take
N/A

Standard 62 relating to corporate identity
Progress
Corporate identity is fully bilingual and is managed centrally by NHS Wales.
Further action to take
N/A

Standards 63 relating to education courses offered by the health board
Progress
Discussions have been held around the types of educational courses offered by the Health Board. Some courses are offered bilingually, for example, the 'Invest in Your Health' modular course. The Managers Guidance and Resource document includes information on complying with this standard such as asking in advance of the course if anyone wishes to receive course materials and instruction in the medium of Welsh. This would allow the health board to put mechanisms in place to deliver the course in Welsh if possible. Further plans are in place for the implementation of the ALNET which includes delivering educational modules bilingually.
Further action to take
Undertake a more detailed audit of current educational courses on offer across the health board to monitor compliance levels.

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Monitor the implementation of the self-assessment for ALNET staff and bilingual educational course provision.

Standard 64 relating to public address systems
Progress
There are currently no public address systems in operation within PTHB.
Further action to take
N/A

Standards 65-68 relating to primary care
Progress
In 2019-2020 Welsh Language Awareness Sessions were offered and delivered to independent primary care contractor staff across Powys. The session was received positively by attendees and there has been a noticeable increase in requests from GP staff for advice and support in delivering bilingual services to the residents of Powys. This has included making key documents, signs, notices and websites bilingual. The Primary Care Support Manager is also in the process of auditing the Welsh language skills of independent primary care contractor staff in order for the health board to promote establishments where the public have access to Welsh speaking staff. Welsh language training opportunities for staff have also been promoted to independent primary care contractor staff throughout the year.
Further action to take
Analyse audit data and promote establishments where Welsh speakers are available to deal with the public.

Continue to promote the Standards and support primary care staff in delivering bilingual services. |

Policy Making Standards

Standards 69 – 78A relating to policy making decisions

Progress
A review of the health board's Equality Impact Assessment Policy (EIA) took place during 2020-2021 which has resulted in the development of a new policy and assessment template. This includes a section on Welsh language impact assessment. This means that the impact upon the Welsh language and Welsh speakers is considered for all service plans and policies which require formal approval. Welsh language impact assessment also forms part of our existing engagement and consultation procedures as was evident in our consultation for the Pharmaceutical Needs Assessment which took place in 2020-2021. The new EIA policy and assessment apply to decisions in relation to primary care to meet the requirements of Standards 78 and 78A. In 2020-2021 all policies which were presented to the Executive Committee and the Board underwent EIA before receiving formal approval. The following consultations considered the impact upon Welsh speakers and the use of Welsh: • North Powys Wellbeing Programme • Pharmaceutical Needs Assessment • Podiatry Services • South Powys Pathways – Clinical Futures • Vascular Services South East Wales • Satellite Radiotherapy Services at Neville Hall Hospital The Service Imporvement Manager for Welsh Language and Equality also delivered a series of information sessions on Impact Assessment for managers as part of the launch of the new Equality Impact Assessment policy and assessment tool. Specific impact assessment advice has been provided on the following: • IMTP • Management of Medical Devices Policy • Obesity Pathway Service Plan • Podiatry Services • Macmillan Improving Cancer Journey Programme • Mass Vaccination Programme • Primary Care Service Change for Haygarth Medical Centres
Further action to take
Offer further advice on undertaking robust EIA for future service plans and policies.

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Operational Standards

Standard 79 relating to a policy on the internal use of the Welsh language
Progress
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.
Further action to take
Review the Managers Guidance and Resource to assess its suitability for the requirements of Standard 79.

Standards 80 – 81 relating to employment documents
Progress
Individuals are automatically asked if they wish to received a copy of their employment contract in Welsh via the TRAC recruiting system. PTHB has a bilingual document for undertaking individual Performance and Development Reviews and paper copies of forms relating to employment are also available bilingually.
Further action to take
N/A

Standard 82 - relating to operational policies
Progress
The policies listed in Standard 82 are published bilingually by NWSSP and can be viewed here
Further action to take
N/A

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Standard 83 – 88 relating to complaints and disciplinary action against members of staff
Progress
The health board's policies and procedures for dealing with complaints and disciplinary action regarding staff are bilingual. Systems are in place to use independent professional translation and interpreter services to assist staff who wish to use the Welsh language if it is not appropriate or possible for a Welsh speaking member of the HR Team to undertake these duties. In 2020-2021 no staff opted to use Welsh during any complaints or disciplinary cases.
Further action to take
Continue to monitor compliance with these standards to ensure equality for our Welsh speaking staff employees.

Standard 89 relating to bilingual computer software
Progress
Bilingual computer software for checking spelling and grammar is available to all PTHB staff.
Further action to take
N/A

Standards 90 – 95 relating to the intranet
Progress
COVID-19 has delayed plans to migrate the intranet content over to the new system and this work will be ongoing into 2021-2022. Bilingual documentation is already published on the intranet and the health board will look to develop bilingual interface pages to meet the requirements of these standards. A designated page for the promotion of Welsh language has been developed for staff where they can access support materials and information. This is reviewed

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and maintained regularly by the Service Improvement Manager for Welsh Language and the Communications Team.
Further action to take
To develop bilingual interface pages on the intranet to meet the requirements of Standards 90 – 95.

Standards 96 – 101 relating to staff Welsh language skills and training
Progress
Staff Welsh language skills are assessed and recorded on the electronic staff record (ESR) system. As of 6 July 2021, out of 2506 staff, PTHB has the following staff with Welsh language skills:

0 skills – 1134
Level 1 – 574
Level 2 – 153
Level 3 – 73
Level 4 – 62
Level 5 – 102

During 2020-2021 all opportunities to learn and improve Welsh language skills have been promoted to staff via the intranet, Powys Announcements, and via the Service Leads and Managers. Staff have the opportunity to attend training during working hours. If the lessons occur outside of working hours, staff should apply for study leave in line with the requirements of our study leave policy. The health board has agreed to fund Welsh language training. Information on accessing both informal online learning and classroom-based training Welsh language training is available on the intranet. In light of the COVID-19 pandemic, the Service Improvement Manage for Welsh Language has liaised with the National Centre for Learning Welsh and local providers such as Aberystwyth University to explore future opportunities for online accredited Welsh language training and staff will be encouraged to continue to access training in this way until further notice. These methods will be reviewed to assess the suitability for long-term use in the future.

During 2020-2021 There has been an increase in activity amongst Welsh learners with 18 members of staff expressing an interest in learning Welsh and 12 members of staff undertaking some form of learning. |

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In addition, 250 members of staff have enrolled upon the Work Welsh online courses to date.
Further action to take
Continue to promote available training options to staff across PTHB Encourage more staff to complete the Work Welsh online modules

Standards 102-103 relating to Welsh language awareness training
Progress
During 2020-2021, the Welsh Language Awareness Session has been adapted to be delivered virtually due to social distancing restrictions but excessive workloads and pressure upon staff throughout 2020-2021 has prevented many non-urgent training sessions from being delivered. The Service Improvement Manager has taken this opportunity to formalise the training session by adding it to the catalogue of training on ESR which will allow for more formal recognition for staff who have completed the course. The sessions raise awareness of the 'Active Offer' principle and allows teams the opportunity to discuss the challenges surrounding the implementation of the Standards and highlights best practice and options for overcoming these challenges. As a minimum, all staff must complete the e-learning module 'Treat me Fairly' as part of the core mandatory training. Completion of this course is monitored by line managers. New staff members are also provided with information on the Welsh Language Standards and the 'Active Offer' principle during corporate induction training and are signposted to further information and resources to help them in their new roles. During 2020-2021 out of 345 new employees, 125 have completed a virtual corporate induction. This figure is lower than the usual attendance due to the restrictions of the pandemic which has resulted in the redeployment of trainers and fewer virtual corporate induction courses being made available.
Further action to take
Continue to roll out the Welsh Language Awareness session virtually to staff across all directorates and record attendance on ESR. Work closely with Corporate Induction Trainers and the Workforce and OD Team to monitor uptake of corporate induction and to provide those who have not yet attended corporate induction with information on Welsh language awareness.

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Standards 104-105 relating to identifying Welsh speaking staff
Progress
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.
Further action to take
Include email signatures in future internal audits of Welsh Language Standards.

Standards 106 – 109 relating to recruitment
Progress
Following the implementation of new vacancy approval procedures in 2019-2020, mechanisms have been embedded to ensure that all job adverts, job descriptions and relevant recruitment documentation are published bilingually. During 2020-2021 PTHB advertised 617 vacancies: 2 posts were advertised with Welsh language skills as essential 0 posts were advertised with Welsh language skills as need to be learnt 535 posts were advertised with Welsh language skills as desirable 80 posts were advertised with Welsh language skills as not required Out of 345 new employees during 2020-2021, 21 (6%) were Welsh speaking. The vast majority of these were in key patient facing roles such as CAMHS, Mental Health Early Intervention, Memory Assessment Unit, Mental Health Wards, Occupational Therapy, Physiotherapy, Portering, Contact Hub, Mass Vaccination and Hospital Nursing.
Further action to take

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Continue to promote the new vacancy approval procedures and skills assessment tool to recruiting managers across the health board.
Continue to monitor compliance levels with Service Leads.

Standards 110-110A relating to a plan for bilingual clinical consultations
Progress
This plan has been published on the health board's website. 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.
Further action to take
To cross reference the action plan with a new overarching Welsh Language Plan for PTHB in 2021-2022. To promote the plan to staff across the health board. To implement and monitor the identified actions within the 5yr plan.

Standards 111 – 113 relating to signage
Progress
Procedures are in place to ensure that all new and replacement permanent signage is produced and displayed in accordance with the requirements of the Standards. Resources have been developed and promoted to staff who may produce temporary signage to ensure that these are also displayed in line with these requirements. The Welsh Language Service Leads requested an audit of temporary signage and notices within their service areas which has resulted in an increase in translation of existing temporary signage. These audits will continue at regular intervals in the future to monitor compliance.
Further action to take
Continue to monitor compliance levels.

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Include signage in future internal audits of the Standards.

Standard 114 relating to recorded announcements
Progress
PTHB does not have any audio announcement systems in place, however, new visual display screens have been introduced around the health board which display bilingual information to staff.
Further action to take
N/A

Concerns and Complaints

During 2020-2021 PTHB received no formal complaints in relation to the implementation of the Welsh Language Standards.

PTHB follows the conditions set out in NHS Wales 'Putting Things Right' policy. This document sets out how Health Boards and Trusts in Wales must address concerns and complaints in line with The NHS Concerns, Complaints and Redress Arrangements Wales Regulations (2011). These documents include information on dealing with complaints relating to the Welsh language and also complaints made to a health board in the medium of Welsh. Copies of these documents can be found here.

In addition, PTHB has updated the information on the concerns page of its website which also has additional information on complaints relating to the implementation of the Welsh Language Standards. This page can be found here.

During 2020-2021, PTHB received 3 informal complaints relating to the following:

- English only documents on the website
- English only correspondence between the health board and Y Senedd
- English only information and materials at a mass vaccination centre

Each of the above was responded to and resolved swiftly and to the satisfaction of the correspondent.

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Moving Forward

Despite the severity of the ongoing pressures and challenges facing health boards within Wales, PTHB remains committed to progressing its implementation of the Standards. 2020-2021 has provided the health board with the opportunity to review some of its key policies and procedures which sit behind the practical delivery of bilingual services. Going forward, the health board would like to further embed these policies and procedures to achieve the benefits of their implementation.

Key target areas for 2021-2020 will be:

- Continue to monitor the overarching Welsh language annual plan;
- Analyse mechanisms for recoding patient language choice to identify best practice;
- Support clinical staff in the restart of non-urgent clinical services;
- Increase engagement with Welsh speakers and use feedback to identify further key actions; and
- Promote opportunities to use Welsh in the workplace and increase support for learners.

PTHB is committed to ensuring equality for the Welsh language and Welsh speakers and will continue to promote and encourage the use of Welsh within PTHB at every opportunity.

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 Service Improvement Manager for Welsh Language by emailing:

Kathryn.Cobley2@wales.nhs.uk

Patterson Liz
09/29/2021 14:53:44

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Workforce and Culture Committee

Terms of Reference & Operating Arrangements

September 2021

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:

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

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.

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 <u>In attendance</u>: 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 <u>By invitation</u>:
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

- 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.

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).

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

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.

———————————————————————

BOARD MEETING	DATE OF MEETING: 29 July 2020
Subject:	**COMMITTEE ARRANGEMENTS: ANNUAL PRIORITIES 2020-21**
Approved and Presented by:	Rani Mallison, Board Secretary
Prepared by:	Rani Mallison, Board Secretary
Other Committees and meetings considered at:	Annual Plan approved by Board, June 2021 Corporate Risk Register presented routinely to Board and Executive Committee

PURPOSE:
The purpose of this paper is to provide the Board with an overview of its priorities, based on its agreed Annual Plan, for its assurance committees and to outline where these priorities will be delegated to for oversight in the remainder of 2021/22.

This paper focusses on the business of the Board and its assurance committees only:
  a) Audit, Risk and Assurance Committee;
  b) Patient Experience, Quality & Safety Committee;
  c) Workforce & Culture Committee;
  d) Delivery & Performance Committee;
  e) Planning, Partnership and Public Health Committee.

RECOMMENDATION(S):
The Board is asked to APPROVE the approve the workplans for itself and Committee for 2020/21, as appended to this report.

Approval/Ratification/Decision	Discussion	Information
✔	✘	✘

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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:

Good governance practice dictates that Boards and Committees should be supported by an annual programme of business that sets out a coherent overall programme for meetings. The forward plan is a key mechanism by which appropriately timed governance oversight, scrutiny and transparency can be maintained in a way that doesn't place an onerous burden on those in executive roles and create unnecessary or bureaucratic governance processes.

Throughout the COVID-19 pandemic, the Board has continued to review its governance arrangements to ensure that they remain appropriate whilst agile enough to meet the demands placed upon the organisation. As we move into Quarters 3 & 4 of 2021/22, the Board is aware of the increasing pressures that have been placed on the health and social care system over the last few months. It is therefore essential that the Board's business, and that of its committees, remains focussed on its key priorities and strategic risks.

In June 2021, the Board approved its Annual Plan for the financial year. The approach and priorities were developed in the context of a thorough review of reflections, learning and evidence base and an assessment of the current position in relation to both the COVID-19 pandemic response and its wider impacts. The Annual Plan therefore reflects the ongoing need to respond to the Covid-19 pandemic, the delivery and recovery of healthcare and the ambition for renewal which has at its heart the well-being of our staff and our population.

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This paper therefore provides the workplan for the Board based on its agreed Annual Plan, which is inclusive of its committees, and outlines where these priorities will be delegated to for oversight in the remainder of 2021/22. The role of the Board's committees will be key in providing assurance to the Board that its priorities and actions are being progressed and associated risks are being mitigated effectively.

The workplan of the Board (inclusive of its committees) will need to remain under review as the year progresses to ensure that it remains proportionate and appropriate.

In addition to providing assurance in respect of strategic priorities and strategic risks, as the two key assurance committees of the Board, the Audit, Risk and Assurance Committee and the Patient Experience, Quality and Safety Committee will need to provide assurance to the Board on matters of its core business, as set out within respective terms of reference (board agenda item 2.6a).

The table below provides an overview of the Board's business for Quarters 3 and 4, for 2021/22, based on the Annual Plan 2021/22 and the Corporate Risk Register as at August 2021.

Annual Plan Ref.	Item	Timeframe	Executive Committee	Assurance Committee	Board	Executive Sponsor
			(with reporting up to Board)			
1.1 Covid-19 Prevention and Response Plan	Reviewed and Updated Civil Contingencies and Business Continuity Plans	Q3 (Nov)	✓	✗	✓	DPH
	Reviewed and Updated PTHB Pandemic Framework & Mass Vaccination Plan	Q4 (March)	✓	✗	✓	DPH
2.1 Well-being, Prevention and Tackling Inequalities	Smoking Cessation System Framework	Q3	✓	✗	✗	DPH
	Smoke Free Premises & Vehicles (Wales) Regulations 2018, Compliance Report	Q4	✓	PPPH	✗	DPH
	Weight Management Pathway, Levels 1-4, Overview Report	Q4	✓	PPPH	✗	DPH
	Healthy Weights Action Plan for approval	Q3	✓	✗	✗	DPH
	Powys Vaccination Group Action Plan for approval	Q3	✓	✗	✗	DPH
2.2 Primary and Community	Pharmacy & Medicines Management Assurance Report	Q3	✓	PEQS	✗	MD
	HCWP School Aged Screening	Q4	✓	PPPH	✗	DNM

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Annual Plan Ref.	Item	Timeframe	Executive Committee	Assurance Committee	Board	Executive Sponsor
			(with reporting up to Board)			
Care	Programme Evaluation					
	Pharmaceutical Needs Assessment	Q3 (Nov)	✓	✗	✓	MD
	Ophthalmology Services Update	Q3	✓	D&P	✗	DPCCMH
2.3 Unscheduled Care and Out of Hours	Unscheduled Care & Out of Hours Update	Q4	✓	D&P	✗	DPCCMH
2.4 Planned Care	Planned Care Update	Q4	✓	D&P	✗	DPCCMH
2.5 Regional DGH and Specialist	WHSSC Update – Implementation of ICP & Service Developments	Q4	✓	D&P	✗	DPP
	Update on Safe Accommodation Developments	Q4	✓	PPPH	✗	DNM
	NEPTS Performance Report	Q4	✓	D&P	✗	DWOD
	South Powys Programme: Consultant-	Q3	✓	✗	✓	DNM

Annual Plan Ref.	Item	Timeframe	Executive Committee	Assurance Committee	Board	Executive Sponsor
			(with reporting up to Board)			
	led Maternity & Neonatal Care	(September)				
3.0 Renewal	Overview of Renewal Strategic Portfolio developments, including progress & risks	Q3 & 4	✓	D&P	✗	DPP
3.1 Renewal Priority 1	Frailty & Community Model	Q3 (November)	✓ (via Renewal Strategic Portfolio Board)	✗	✓	MD
3.2 Renewal Priority 2	Long Term Conditions & Wellbeing	Q4 (January)		✗	✓	DTHS
3.3 Renewal Priority 3	Diagnostics, Ambulatory & Planned Care	Q3 (November)		✗	✓	DPCCMH
3.4 Renewal Priority 4	Advice, Support & Prehabilitation	Q4 (January)		✗	✓	DPP
3.5 Renewal	Children & Young People	Q4 (March)		✗	✓	DNM

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Annual Plan Ref.	Item	Timeframe	Executive Committee	Assurance Committee	Board	Executive Sponsor
			(with reporting up to Board)			
Priority 5						
3.6 Renewal Priority 6	Tackling the Big 4: • Breathe Well • Cancer • Circulatory • Mental Health	Q4 (March)		✗	✓	MD DTHS DPCCMH
3.7 Renewal Enabler	Update on the implementation of a Value Based Healthcare Approach	Q4	✓	D&P	✗	MD
4.1 Workforce Futures	Staff Wellbeing Update	Q4	✓	W&C	✗	DWOD
	Implementation of Agile Working & New Ways of Working	Q4	✓	W&C	✗	DWOD
	Workforce Planning Update	Q4	✓	W&C	✗	DWOD
	Workforce Futures Strategic Framework Update, including Health & Care Academy Update	Q4	✓	W&C	✗	DWOD

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Annual Plan Ref.	Item	Timeframe	Executive Committee	Assurance Committee	Board	Executive Sponsor
				(with reporting up to Board)		
	Implementation of Organisational Development Strategic Framework	Q4	✓	W&C	✗	DWOD
	Welsh Language Standards Monitoring Report	Q4	✓	W&C	✗	DTHS
	Equalities, Diversity & Inclusion Report	Q4	✓	W&C	✗	DTHS
4.2 Digital First	Digital First Update	Q4	✓	D&P	✗	DFIT
4.3 Innovative Environments	Innovative Environments Strategic Framework	Q4	✓	✗	✓	DPP
	North Powys Wellbeing Programme Strategic Outline Case	Q3	✓	✗	✓	DPP
	Llandrindod Wells Hospital Business Justification Case	Q3	✓	✗	✓	DPP
	Capital Developments Update	Q3 & 4	✓	✗	✓	DPP
	Estates & Support Services Update	Q4	✓	✗	✓	DPP/DWOD

Annual Plan Ref.	Item	Timeframe	Executive Committee	Assurance Committee	Board	Executive Sponsor
			(with reporting up to Board)			
	Research, Innovation & Improvement Plan	Q4	✓	W&C	✗	MD
4.4 Transforming in Partnership	Regional Partnership Board Programmes Reporting: • North Powys WBP • Start Well • Live Well • Age Well	Q4	✓	PPPH	✗	• DPP • DNM • DTHS • DPCCMH
	Public Services Board Update	Q4	✓	PPPH	✗	MD
	Population Health & Wellbeing Assessments	Q4	✓	✗	✓	DPH
	Communications and Engagement Activity Report	Q4	✓	W&C	✗	DPP
	Improving Performance Framework (refresh)	Q4	✓	✗	✓	DPP
	Strategic Commissioning Framework (refresh)	Q4	✓	✗	✓	DPP

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Annual Plan Ref.	Item	Timeframe	Executive Committee	Assurance Committee	Board	Executive Sponsor
			(with reporting up to Board)			
	Overview of Strategic Priorities, the Next Three Years	Q3	✓	✗	✓	DPP
	Integrated Medium-Term Plan (Draft & Final)	Q3 & 4	✓	✗	✓	DPP
4.7 Finance	Delivery of Financial Strategy and Plan	Q3 & 4	✓	D&P	✓	DFIT
5.1 Annual Governance Programme	Annual Governance Programme Reporting	Q3 & 4	✓	ARAC	✗	BS
	Policy Management Framework	Q3	✓	✗	✓	BS
	Scheme of Delegation & Reservation of Powers	Q4	✓	✗	✓	BS
	Partnership Governance Framework	Q4	✓	✗	✓	BS
	Board Advisory Fora Proposals (SRG/HPF)	Q4	✓	✗	✓	BS

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Strategic Rick (Corporate Risk Register)	Item	Timeframe	Executive Committee	Assurance Committee	Board	Executive Sponsor
				(with reporting up to Board)		
001: There is a risk that: Once accessed, residents in Powys may receive poor quality of care	Quality Performance reporting	Q3 & 4	✓	PEQS	✗	DNM/ DPCCMH
002: There is a risk that: The health board does not meet its statutory duty to achieve a breakeven position in 2021/22	Financial Performance reporting	Q3 & 4	✓	D&P	✓	DFIT
003: There is a risk that: The health board has insufficient capacity to lead and manage change effectively	Renewal Portfolio Reporting	Q3 & 4	✓	D&P	✗	DPP
004: There is a risk that: There is ineffective partnership working and partnership governance	Reporting of Partnership Activity	Q3 & 4	✓	PPPH	✗	DPP
005: There is a risk that:	Estates Compliance	Q4	✓	D&P	✗	DPP

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The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose	Reporting					
006: There is a risk that: The health board is unable to sustain an adequate workforce	Workforce Performance Reporting	Q3 & 4	✓	W&C	✗	DWOD
007: There is a risk that: There are delays in accessing treatment in Secondary and Specialised care services, in excess of 36 and 52 weeks	Provider and Commissioning Performance reporting	Q3 & 4	✓	D&P	✓	DPP/ DPCCMH
008: There is a risk that: Fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies and the response of multiple providers / systems to the Covid-19 pandemic	Strategic Change Report	Q3 & 4	✓	PPPH	✗	DPP

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012: There is a risk that: The health board does not comply with the Welsh Language standards, as outlined in the compliance notice	Welsh Language Standards Monitoring Report	Q3	✓	W&C	✗		DTHS
013: There is a risk that: There are delays in accessing treatment in for Primary and Community Care Services in excess of 36 and 52 weeks, and a reduction in levels of enhanced services provided by General Practices under the GMS Contract	Provider and Commissioning Performance reporting	Q3 & 4	✓	D&P	✗		DPP/ DPCCMH
014: There is a risk that: Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)	Mass Vaccination & TTP Reporting Performance Reporting (via performance dashboard)	Q3 & 4	✓	D&P	✗		DPP/ DPH
016: There is a risk that: The health board is non-	Health & Safety Policy and Action	Q4	✓	D&P	✓		DWOD

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compliant with legal obligations in respect of Health and Safety due to a lack of identification and management of health and safety related risks across the organisation	Plan					
017 There is a risk that: A fire incident occurring within health board premises is not effective managed	Fire Safety Policy (Risk re compliance with Fire Code)	Q3	✓	D&P	✓	DWOD

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Board/Committee	Dates			Exec Sponsor
	Q3	**Q4**		
Board	• 29/10/21 • 24/11/21	• 26/01/21 • 30/03/21		• Director of Finance & IT (DFIT) • Medical Director (MD) • Director of Nursing & Midwifery (DNM) • Director of Planning & Performance (DPP) • Director of Primary, Community Care & Mental Health (DPCCMH) • Director of Public Health (DPH) • Director of Therapies & Health Sciences (DTHS) • Director of Workforce & OD (DWOD) • Board Secretary (BS)
Audit, Risk & Assurance Committee (ARAC)	• 14/09/21 • 16/11/21	• 20/02/22 • 02/03/22		
Planning, Partnerships & Population Health (PPPH)	• 12/11/21	• 18/01/22		
Workforce & Culture (W&C)	• 05/10/21 • 14/12/21	• 15/03/21		
Delivery & Performance (D&P)	• 02/09/21 • 01/11/21 • 20/12/21	• 28/02/22		
Patient Experience, Quality & Safety (PEQS)	• 07/10/21 • 02/12/21	• 03/02/22		
Executive Committee	• 08/09/21 • 15/09/21 • 22/09/21 • 06/10/21 • 18/10/21 • 03/11/21 • 17/11/21 • 01/12/21 • 15/12/21 • 29/12/21	• 12/01/22 • 27/01/22 • 09/02/22 • 23/02/22 • 09/03/22 • 23/03/22		

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