Workforce and Culture Committee

Tue 16 May 2023, 10:00 - 12:00

Agenda

10:00 - 10:00
0 min

1. PRELIMINARY MATTERS

📄 W&C_Agenda16May2023.pdf (2 pages)

1.1. Welcome and Apologies

1.2. Declarations of Interest

1.3. Minutes of the previous meeting held on the 13 December 2022, for approval

📄 W&C_Item_1.3_W&C Minutes_13_December_22_UNCONFIRMED.pdf (10 pages)

1.4. Workforce and Culture Committee Action Log

📄 W&C_Item_1.4_Action Log.pdf (2 pages)

10:00 - 10:00
0 min

2. ITEMS FOR ASSURANCE

2.1. Director of Workforce and OD Report

📄 W&C_Item_2.1_Director's report Workforce and Culture Committee May 23.pdf (10 pages)

2.2. Workforce Performance Report

📄 W&C_Item_2.2_Workforce Performance Report May 2023.pdf (21 pages)
📄 W&C_Item_2.2a_Data Triangulation May 2023.pdf (10 pages)

2.3. Workforce Futures: Partnership and Citizenship highlight report

📄 W&C_Item_2.3_Workforce Futures Partnership and Citizenship highlight Report.pdf (9 pages)

2.4. Workforce Futures: Workforce Planning overview report

📄 W&C_Item_2.4_Workforce Futures Planning Overview Report.pdf (12 pages)
📄 W&C_Item_2.4a App 1 Workforce Projections and Workforce Planning.pdf (49 pages)

2.5. Medical Job Planning Annual Report

📄 W&C_Item_2.5_Medical Annual Job Plan Report 2022 - 23.pdf (5 pages)

2.6. Organisational Development Strategic Framework

📄 W&C_Item_2.6_Organisational Development Strategic Framework.pdf (14 pages)
📄 W&C_Item_2.6a_App1_Best Chance of Success.pdf (14 pages)
📄 W&C_Item_2.6b_App2_PARTNERSHIP WORKING IN POWYS.pdf (16 pages)

3. ITEMS FOR DISCUSSION

There are no items for discussion.

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4. ESCALATED ITEMS

There are no escalated items.

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5. ITEMS FOR INFORMATION

There are no items for information.

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6. OTHER MATTERS

6.1. Committee Risk Register

- 📄 W&C_Item_6.1_Committee Risk Register Report_March 2023_v2.pdf (2 pages)
- 📄 W&C_Item_6.1a_Appendix A_Committee Risk Register_February 2023.pdf (7 pages)

6.2. Committee Programme of Business

- 📄 W&C_Item_6.2_Work Programme 2023-24 v2.pdf (2 pages)

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

6.4. Any Other Urgent Business

6.5. Date of the Next Meeting

12 September 2023

6.6. Confidential Item

The Chair, with advice from the Director of Corporate, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960

6.7. Director of Workforce and OD update

POWYS TEACHING HEALTH BOARD
WORKFORCE & CULTURE COMMITTEE
TUESDAY 16 MAY 2023,
14.00 – 16.00
VIA MICROSOFT TEAMS

GIG CYMRU NHS WALES | Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

		AGENDA		
Time	**Item**	**Title**	**Attached/Oral**	**Presenter**
	1	**PRELIMINARY MATTERS**		
14.00	1.1	Welcome and Apologies	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Minutes from the previous Meeting held on 13 December 2022	Attached	Chair
	1.4	Workforce & Culture Committee Action Log	Attached	Chair
	2	**ITEMS FOR ASSURANCE**		
14.10	2.1	Director of Workforce and OD Report	Attached	Director of Workforce and OD
14.20	2.2	Workforce Performance Report	Attached	Director of Workforce and OD
14.30	2.3	Workforce Futures: Partnership and Citizenship highlight Report - Joint Health and Care Joint induction Framework - School of Volunteers and Carers Progress	Attached	Director of Workforce and OD
14.55	2.4	Workforce Futures: Workforce Planning overview report - Sustainable Workforce Model - Implementation of the All-Wales Workforce Planning Toolkit - Recruitment Programmes Progress - Accelerated Learning Routes	Attached	Director of Workforce and OD
15.20	2.5	Medical Job Planning Annual Report	Attached	Medical Director
15.25	2.6	Organisational Development Strategic Framework	Attached	Director of Workforce and OD
	3	**ITEMS FOR DISCUSSION**		
		There are no items for discussion		
	4	**ESCALATED ITEMS**		

		There are no escalated items		
	5	**ITEMS FOR INFORMATION**		
		There are no items for information		
	6	**OTHER MATTERS**		
15.40	6.1	Committee Risk Register	Attached	Director of Corporate Governance
15.50	6.2	Committee Programme of Business	Attached	Director of Corporate Governance
	6.3	Items to be Brought to the Attention of the Board and/or Other Committees	Oral	Chair
	6.4	Any Other Urgent Business	Oral	Chair
	6.5	Date of the Next Meeting: 12 September 2023 via Microsoft Teams		

The Chair, with advice from the Director of Corporate, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960

"*Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"*

16.00	6.7	Director of Workforce and OD Update	Attached	Director of Workforce and OD

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

Meetings are currently held virtually, should you wish to observe a virtual meeting of a committee, please contact the Director of Corporate Governance at PowysDirectorate.CorporateGovernance@wales.nhs.uk at least 24 hours in advance of the meeting in order that your request can be considered on an individual basis.

Papers for the meeting are made available on the website in advance and a copy of the minutes are uploaded to the website once agreed at the following meeting.

Patterson Liz
12/05/2023 16:04:17

POWYS TEACHING HEALTH BOARD

UNCONFIRMED
WORKFORCE AND CULTURE COMMITTEE MEETING HELD ON
TUESDAY 13 DECEMBER 2022, 09:30 – 11:30
VIA MICROSOFT TEAMS

Present:

Ian Phillips	Independent Member (Chair)
Ronnie Alexander	Independent Member
Cathie Poynton	Independent Member
Jennifer Owen Adams	Independent Member

In Attendance:

Debra Wood Lawson	Director of Workforce and OD
Claire Roche	Director of Nursing and Midwifery
Claire Madsen	Director of Therapies & Health Science
Stephen Powell	Director of Planning and Performance
Mark McIntyre	Deputy Director of Workforce and Organisational Development
Sarah Powell	Assistant Director of Workforce and Culture
Adrian Osborne	Assistant Director Engagement and Communication
James Quance	Interim Board Secretary

Apologies for absence:

Carol Shillabeer	Chief Executive Officer
Hayley Thomas	Deputy Chief Executive and Director of Primary, Community Care and MH
Pete Hopgood	Director of Finance and IT
Bethan Hopkins	Audit Wales
Mitchell Parker	Health Education and Improvement Wales

Committee Support:

Liz Patterson	Interim Head of Corporate Governance

Patterson Liz
12/05/2023 16:04:17

Workforce & Culture Committee
Held: 13 December 2022
Status: Awaiting Approval

Page 1 of 10

Workforce & Culture Committee
16 May 2023
Agenda Item 1.3

1/10

3/185

	PRELIMINARY MATTERS

W&C/22/33	**WELCOME AND APOLOGIES FOR ABSENCE** The Chair welcomed everyone to the meeting and confirmed the meeting was quorate. Apologies for absence were noted as recorded above.
W&C/22/34	**DECLARATIONS OF INTEREST** No declarations of interest were received.
W&C/22/35	**MINUTES FROM THE PREVIOUS MEETING, HELD 20 SEPTEMBER 2022** The Committee APPROVED the minutes of the meeting 20 September 2022.
W&C/22/36	**MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING** *Can the figure of a reduction in spend on agency nursing of £50k by the appointment of one registered nurse be confirmed?* The Director of Workforce and OD confirmed this figure was correct. Across Wales there are approximately 2,500 registered nurse vacancies which highlights the challenges of building a sustainable workforce. The Interim Board Secretary confirmed a small number of minor changes to the Terms of Reference had been identified. These would be grouped together with other amendments to Terms of Reference to be confirmed at Board.
W&C/22/37	**WORKFORCE AND CULTURE COMMITTEE ACTION LOG** W&C/21/15 – metrics to measure discretionary effort of volunteers. The Director of Workforce and OD confirmed that this had been examined but no metrics exist to measure this. This action was closed. W&C/22/04 - Request for inclusion of Single Point of Contact project on work programme. The Director of Workforce and OD confirmed this was the responsibility of the Director of Finance and IT and that it would be brought to a future meeting. W&C/21/17 – A request for Board Development to include evidence of best practice and the wider approach to measuring outcomes and timescales on an organisation wide basis. The Interim Board Secretary confirmed that recent Board

Workforce & Culture Committee
Held: 13 December 2022
Status: Awaiting Approval

Page 2 of 10

Workforce & Culture Committee
16 May 2023
Agenda Item 1.3

2/10

4/185

	Development sessions had examined best practice, outcomes and timescales as part of the planning process. The Committee agreed to retain this action on the action log. W&C/22/25 - Actions taken to encourage hybrid roles to be included in Workforce Futures Report at Workforce and Culture Committee March 2023. Hybrid roles were described as roles which crossed professional boundaries and competencies. The Director of Workforce and OD confirmed this would be contained within the Workforce Planning item due to the March 2023 meeting.
**ITEMS FOR ASSURANCE**
W&C/22/38	**DIRECTOR OF WORKFORCE AND OD REPORT** The Director of Workforce and OD presented her first report which provided an update on items not covered elsewhere on the agenda. Updates were given on the following areas: Recruitment: - overseas nurse recruitment; - talent pool; - recruitment modernisation; - Band 2 Health Care Support Worker interview framework; and - Trust ID. Attraction: - advert template; - recruitment pathways and talent sourcing; and - employer brand. Sustainability and Transformation: 10 year workforce projections; - organisational approach to workforce planning; - Health and Care Academy; - Health and Care School Pilot; - new student placement opportunities; - education commissioning; and - aspiring registrants. Employee experience: - Health Care Support Worker induction; - interprofessional scenario and simulation-based learning; - six-day preceptorship programme; and - drop down to payroll Bank pay Workforce realignment: - local Public Health Teams 'TUPE style' transfer; and

Workforce & Culture Committee
Held: 13 December 2022
Status: Awaiting Approval

Page 3 of 10

Workforce & Culture Committee
16 May 2023
Agenda Item 1.3

3/10

5/185

- transfer of the Community Health Council in Wales staff to the new Citizens Voice Body.

Employee relations:
- industrial action.

In relation to recruitment modernisation how will the improvements be communicated to staff and prospective employees?
The Director of Workforce and OD confirmed that the modernised system had recently gone live in Powys and recruitment managers have been made aware of the streamlined process. The recruitment literature that is sent to potential colleagues will be reviewed to reference the amended system.

It is widely felt that the complex Trac recruitment system is a barrier to recruitment. Would it be possible to undertake recruitment locally?
The Director of Workforce and OD acknowledged that Trac had a bad reputation but there was not sufficient capacity and capability to run recruitment locally. It will be necessary to exert influence in relation to the shortfalls of Trac.

The 10 year workforce plan is welcomed and fits well with the 7-10 year planning undertaken to Health Education and Improvement Wales (HEIW).
Could more innovative adverts be used to attract candidates (for example TikTok adverts are used elsewhere)?
The Director of Workforce and OD confirmed that the health board were working with HEIW regarding 10 year planning requirements. It will be necessary to look at innovative ways to attract candidates.

The 10 year workforce plan will be brought to the next meeting of Workforce and Culture Committee.
Action: Director of Workforce and OD

The talent pool is welcomed, what more can be done to keep these candidates in the system?
The Director of Workforce and OD confirmed that the talent pool function in Trac had been turned on. This is a holding pool where appointable candidates can express their interest in other roles.

How will the impact of the actions outlined in the report be shared with the Committee?
The Director of Workforce and OD confirmed that a further Directors report would be brought back to committee in the Spring.

To what extent does the work outlined in the report link with the Integrated Medium Term Plan (IMTP)?

Workforce & Culture Committee
Held: 13 December 2022
Status: Awaiting Approval

Page 4 of 10

Workforce & Culture Committee
16 May 2023
Agenda Item 1.3

4/10

6/185

| | | The Director of Workforce and OD confirmed that workforce data is integral to the development of both the IMTP and Accelerated Sustainable Model.

Is there a role for volunteers to release clinical staff to undertake their duties?
The Director of Workforce and OD advised that volunteers were an essential part of the mix but were not there to replace paid work, rather to provide an enhancement to the service.

The Independent Member (Trade Union) echoed this view.

The Deputy Director of Workforce and OD noted that a Volunteer Framework had been developed which would be a planned rather than ad hoc approach to volunteers.

The Assistant Director of Workforce and OD advised that there were four volunteers in clinical settings to read and talk to patients.

The Committee welcomed the Director's Report with updates on areas not covered elsewhere in the agenda. The report was NOTED. |
|---|---|---|
| W&C/22/39 | | **WORKFORCE PERFORMANCE REPORT**

The Director of Workforce and OD presented the report and drew attention to the following matters:
- there are 266 fixed term contracts, and it will be necessary to ascertain how many of these will no longer be funded and what opportunities are available elsewhere in the health board;
- there are 700 staff over 56 which influences the workforce projection discussions;
- there has been an increase of staff in post since 2019 of over 200, some of which were in relation to the covid-19 response;
- whilst Performance Appraisal and Development Review (PADR) compliance at 71% is below the 85% target it is above the 58% all Wales benchmark. There has been a focus on this in recent Directorate reviews;
- the mandatory training compliance at 82% is below the 85% target and above the 81% all Wales benchmark;
- staff absence is increasing, in common with other health boards. Anxiety and depression are peaking, and a range of wellbeing activities have been provided to address this. Both long term and recurrent short term absence are being examined;
- there has been an increase in employees asking for formal resolution which puts pressure on both the Workforce team and services to support; |

Patterson Liz
12/05/2023 16:04:17

Workforce & Culture Committee
Held: 13 December 2022
Status: Awaiting Approval

Page 5 of 10

Workforce & Culture Committee
16 May 2023
Agenda Item 1.3

5/10

7/185

		• 85% of staff have been retained in the last year with a 15% turnover; and • an offer of employment has been made to an Occupational Health lead which will improve the stability of the Occupational Health Service. *Why has the Environment Directorate got a high level of bank staff usage?* The Deputy Director of Workforce and OD confirmed that that within the Environment Directorate Facilities Services (including catering, cleaning, driving) had high use of bank staff. *What is the reason PADR compliance is below target?* The Director of Workforce and OD confirmed that there has been a focus on PADRs with services planning to reach the target by year end. It is understood PADRs are being undertaken but not recorded which is of concern. *The sickness figures for anxiety and depression are a concern. Will the appointment of an Occupational Health lead improve this?* The Director of Workforce and OD advised that this appointment would help with referrals into the service. Signposting to services can help prevent a crisis developing which would result in sickness absence. *Should the focus on exit interviews change to focus on reasons for retention?* The Director of Workforce and OD confirmed that it was too late to try to retain a colleague when the point of an exit interview had been reached. Work will be undertaken to look at high performing teams and the relationship between PADR compliance, success in recruiting, retention rates and staff survey responses **Action: Director of Workforce and OD** *Why is there a particularly high turnover in the Workforce and OD department?* The Director of Workforce and OD advised that there had recently been a restructure in the department which showed in the figures as high turnover. This also impacted on the maturity of the team. The Workforce Performance Report was NOTED.
	W&C/22/40	**WORKFORCE FUTURES: LEADERSHIP AND TEAM DEVELOPMENT OVERVIEW REPORT** The Director of Workforce and OD presented the report and drew attention to the need to evaluate all the activity being

Workforce & Culture Committee
Held: 13 December 2022
Status: Awaiting Approval

Page 6 of 10

Workforce & Culture Committee
16 May 2023
Agenda Item 1.3

6/10

8/185

| | | undertaken and consider ceasing activity which does not have an impact.

The Workforce Futures Leadership and Team Development report was NOTED. |
|---|---|---|
| W&C/22/41 | | **WORKFORCE FUTURES: STAFF WELLBEING AND ENGAGEMENT OVERVIEW REPORT**
The Director of Workforce and OD presented the report drawing attention to the following matters:
• staff survey – had been delayed until Spring 2023, local activity will be undertaken as an alternative;
• staff roadshows – two events completed and two planned for January;
• Occupational Health Service – update outlined in report;
• Counselling Service – retendered; and
• Taking Care of the Carers – on track except for the appointment of a co-lead.

Are all teams engaging with the team climate survey.
The Assistant Director of Workforce and OD confirmed this was an optional activity which the Workforce department would encourage teams to undertake. However, this was down to capacity both in individual teams, and in the Workforce department to undertake detailed development work with the teams. The Workforce department will set out the core offer and what can be offered to those teams in greatest need of development to enable resources to be targeted most effectively.

The Director of Workforce and OD observed that the small team in the health board was overwhelmed by the range of work ongoing and it would be necessary to ascertain what could be reasonably be expected to be undertaken within the available capacity.

Is information available relating to which teams are accessing the materials?
The Director of Workforce and OD advised that the team triangulate data from a variety of sources to understand what support tools individuals/teams are accessing and how this is contributing to overall performance.
Action: Director of Workforce and OD

The Workforce Futures Leadership and Team Development report was NOTED. |
| | | **ITEMS FOR DISCUSSION** |
| W&C/22/41 | | **COMMUNICATIONS AND ENGAGEMENT MONTH 6 DELIVERY ASSURANCE REPORT** |

Workforce & Culture Committee	Page 7 of 10	Workforce & Culture Committee
Held: 13 December 2022		16 May 2023
Status: Awaiting Approval		Agenda Item 1.3

7/10   9/185

The Assistant Director Engagement and Communications presented the report outlining the highlights from Quarters 1 and 2 and a forward look at Quarters 3 and 4. He had recently returned from secondment and commended the team for the performance during Quarters 1 and 2.

Attention was drawn to the planned work designed to fit with the IMTP and service changes together with responsive work for example in relation to winter pressures and industrial action.

The team includes a number of fixed term posts funded until Spring 2023 and it will be necessary to prioritise workload in respect of capacity and budget. It will also be necessary to be realistic in relation to what is achievable within these parameters.

Do the Communications teams in the local authority, health board and third sector work together the share expertise?
The Assistant Director of Engagement and Communications advised that a weekly touchpoint takes place between the local authority and health board Communication teams. Resources by both teams are signposted by each organisation to the community.

An Engagement Network also exists between the local authority, health board and Powys Association of Voluntary Organisation (PAVO) to collaborate on the various ongoing change programmes.

Other joint working takes place in relation to the Public Service Boards (PSB) Wellbeing Plan and the Regional Partnership Boards (RPB) Area Plan.

Whilst covid-19 had an impact on partnership working, quarterly team meetings have been put in place between the local authority and the health board.

Joint digital platforms have been agreed for example the Have Your Say platform used jointly by the health board, local authority, PAVO and RPB.

The joint working is welcomed but is there the requisite skill set across the teams? If not, might a joint specialist appointment be appropriate?
The Assistant Director of Engagement and Communications advised that the post pandemic digital way of working had improved the ability to work in partnership and the reinstatement of joint team meetings would assist in this endeavour. However, pooled resources were challenging. Each organisation has tasks specific to the organisation on instruction from Welsh Government and there is a tension between

Workforce & Culture Committee
Held: 13 December 2022
Status: Awaiting Approval

Page 8 of 10

Workforce & Culture Committee
16 May 2023
Agenda Item 1.3

8/10

10/185

organisational priorities and joint priorities. Powys organisations do work well together and there is more that could be done. The expected reduction in resource will challenge all organisations to be most effective.

Is the allocation of responsibilities between Lead Directors equal or is their undue burden in certain areas?
The Assistant Director Engagement and Communications advised that the structure reflected the Annual Plan and IMTP. The communications and engagement work plan then prioritises areas where activity can help manage risk and support delivery of strategic objectives. There is also an element of evolving activity which reflects the changing need of the organisation. Review through Executive Team helps to ensure that team activity is targeted to current organisational priorities.

Is the health board looking at opportunities to use those staff coming to the end of their fixed term contracts elsewhere in the organisation?
The Assistant Director of Engagement and Communications advised was the first step was to ascertain if any funding was available to retain specific posts for example to support the website or social media activity. The team have flexible skills and abilities and alternative roles could be identified within the health board. For small teams, succession planning is a challenge when there is a large gap between hierarchical roles. It may be necessary to move out of the team or organisation to gain experience to progress to the next role within the PTHB team.

The Communications and Engagement Report was NOTED.

ESCALATED ITEMS	
W&C/22/42	There were no items for inclusion in this section.
ITEMS FOR INFORMATION	
W&C/22/43	There were no items for inclusion in this section.
OTHER MATTERS	
W&C/22/44	**CORPORATE RISK REGISTER – RISKS OVERSEEN BY THIS COMMITTEE**
	The Interim Board Secretary presented the Risk Register noting that the assessed risk remained unchanged.
	Given the mitigations outlined relate to the present situation, should the Committee Risk Register incorporate a statement relating to the 10 year Workforce Plan to demonstrate the organisation is addressing the long term issues.

Patterson Liz
12/05/2023 16:04:17

Workforce & Culture Committee
Held: 13 December 2022
Status: Awaiting Approval

Page 9 of 10

Workforce & Culture Committee
16 May 2023
Agenda Item 1.3

9/10

11/185

	The Director of Nursing and Midwifery agreed it would be necessary to capture the ongoing work in relation to future proofing. This will be included in the Risk Register submitted to the next Board.
	The Committee NOTED the Committee Risk Register.
W&C/22/45	**REVIEW OF COMMITTEE PROGRAMME OF BUSINESS** The Chair drew attention to a common theme through the meeting of making the best use of scarce resources. The Work Programme was NOTED.
W&C/22/43	**ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES** There were no items identified under this section.
W&C/22/44	**ANY OTHER URGENT BUSINESS** There was no urgent business.
W&C/22/45	**DATE OF THE NEXT MEETING:** 14 March 2023, via Microsoft Teams.

Patterson,Liz
12/05/2023 16:04:17

Workforce & Culture Committee
Held: 13 December 2022
Status: Awaiting Approval

Page 10 of 10

Workforce & Culture Committee
16 May 2023
Agenda Item 1.3

10/10

12/185

RAG Status:

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

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Workforce and Culture Committee								
Meeting Date	Item Reference	Lead	Meeting Item Title	Details of Action	Update on Progress	Original target date	Revised Target Date	RAG status
OPEN ACTIONS FOR REVIEW - NONE								
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE								
28-Jan-22	W&C/22/15	DFIT	Matters arising from the minutes of the previous meeting	Request for inclusion of Single Point of Contact project on work programme	**Update on progress prepared for March 2023 meeting:** The Single Point of Contact would be supported by a comprehensive model of community care (Welsh Speaking) which proactively supports patients in the community. The existing telephony solution used by the Switchboard and Patient Services, will allow transfer for callers who wish to speak to Welsh receptionists about their booking. The Patient booking service will require Welsh speaking staff available to take those calls. There is also a SMS text service being rolled out across service which includes Welsh Translation, to help mitigate the ongoing DNA issue. Further update to be provided to the next meeting on 12 Sept 2023.	12/09/2023		On track
ACTIONS RECOMMENDED FOR CLOSURE (MEETING 16 May 2023)								
20-Sep-22	W&C/22/25	DWOD	Workforce Futures	Actions taken to encourage hybrid roles to be included in Workforce Futures Report at W&C Committee March 2023	**16.05.23 update -** On agenda for May 2023 meeting (meeting not held in March)			Completed
13-Dec-22	W&C/22/38	DWOD	Director of Workforce and OD Report	Workforce 10 year projection to be brought to March 2023 Committee	**16.05.23 update -** On agenda for May 2023 meeting (meeting not held in March)			Completed
13-Dec-22	W&C/22/39	DWOD	Workforce Performance Report	Features of high performing teams to be brought to March 2023 Committee	**16.05.23 udpate -** On agenda for May 2023 meeting (meeting not held in March)			Completed
13-Dec-22	W&C/22/40	DWPD	Workforce Futures: Staff Well-being and Engagement	Data to be triangulated from a variety of sources to understand what support tools individuals/teams are accessing and how this is contributing to overall performance	**16.05.23 update -** On agenda for May 2023 meeting (meeting not held in March)			Completed

Workforce and Culture Committee
16 May 2023
Item1.4

28-Jan-22	W&C/21/17	DCG	Staff Well-being - including Audit Wales Report: Caring for the Carers	A Board Development session requested to include evidence of best practice and the wider approach to measuring outcomes and timescales on an organisation wide basis	**16.05.23 update** - item added to draft Board Development programme for 2023/24.				Completed

Workforce and Culture Committee	**Date of Meeting: 16th May 2023**
Subject:	Workforce Director's Report
Approved and presented by:	Debra Wood Lawson, Executive Director of Workforce and Organisational Development
Prepared by:	Sarah Powell, Assistant Director Organisational Development
Other Committees and meetings considered at:	Workforce Steering Group – 5 May 2023

PURPOSE:
This paper has been compiled for the Workforce and Culture Committee to provide an update on recent key local and national developments, improvements and activity across Workforce and Organisational Development since the last meeting in December 2022.

RECOMMENDATION(S):
To note the updates and discuss the contents, taking ASSURANCE in the progress of the range of local and national developments outlined in the paper.

Approval/Ratification/Decision[1]	**Discussion**	**Information**
	✓	✓

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic	1. Focus on Wellbeing	✓

_____

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

Objectives:	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 Director's report provides a summarised overview of recent areas of local and national development/improvements since the last Workforce and Culture Committee. The overview will contain key upcoming activity, areas that are being led and delivered by the Workforce and OD Directorate but are not covered specifically within the updates to this committee against the IMTP objectives.

DETAILED BACKGROUND AND ASSESSMENT:

1. A focus on staff wellbeing

Staff Roadshows:
The wellbeing roadshows have been continuing across the county. The events have provided staff with the opportunity to visit several information stands e.g Vivup employees assistance, Library Services, Menopause, Trade Union support, Freedom Leisure and Chat2Change, plus other groups. All hospital sites (except Machynlleth which will be scheduled once refurbishment has been completed) will have held a roadshow by the end of April. Attendance at each session has been really positive (see table 1 below), with participants invited to complete a voluntary and anonymous survey that asks questions from the National Staff Survey and provides an opportunity to feedback on the work environment and suggestions on improvements.

Table 1 Attendees by site

Date	Location	Number Attende
07/12/22	Bronllys Hospital	45
19/12/22	Llanidloes Hospital	23
19/02/23	Ystradgynlais Hospital	53
03/02/23	Newtown Hospital	25
16/02/23	Brecon War Memorial Hospital	50
27/02/23	Knighton Hospital	14
13/03/23	Llandrindod Wells Hospital	13

A snapshot of the results from the 100+ staff who responded to date are found below: Engagement Index (EI) questions were used to enable a comparison with previous engagement scores along with several themed areas.

Theme	Question	Average Score for Question	Average Score for Theme	Overall EI Score
Intrinsic Psychological Engagement	I Look forward to going to work	3.9	4.05	3.88
	I'm enthusiastic about my job	4.1		
	I am happy to go the extra mile at work	4.16		
Ability to contribute towards improvements at work	I am able to make improvements in my area of work	3.71	3.58	
	I am involved in deciding on changes that affect my work/area/team/department	3.45		
Staff advocacy and recommendations	I would recommend my organisation as a place to work	3.93	3.99	
	I am proud to tell people that I work for my organisation	4.06		

The Overall EI score shows a higher score than the 2020 and 2018 national survey, which has remained static at 3.78 out of 5. However, this score is as a result of only 100 responses and from people who may be considered the most engaged, as they have taken time to attend the roadshow. The lowest theme score is staff feedback, on their ability to be involved in and personally make changes in their work. There were also a number of themed questions ranging from 'what are people most proud of' through to 'financial challenges' and the 'NHS 75th anniversary'. Overall, the wellbeing roadshows have been well received with positive feedback. There are clear indications that staff would like to see more roadshows. The final evaluation of the roadshows will be undertaken following the final session on 26th April.

Successful Gold Corporate Health Standard revalidation

The Corporate Health Standard is part of the WG 'Healthy Working Wales' programme. It is a national mark of quality for health and well-being in the workplace, providing a framework and recognition for employers working to improve the health and well-being of their staff. The Standard is awarded in Bronze, Silver, Gold and Platinum to reflect each development stage achieved and is valid for three years. The Standard promotes good management practice through seven core components: Org Support, Communication, Employee Involvement, Health and Safety, and Policy Dev, Monitoring and Evaluation.

Powys Teaching Health Board achieved GOLD status in February 2020 and in March 2023 we were successful in retaining the GOLD status for a further year. The awards criteria is currently being reviewed and will see a move from Bronze, Silver, Gold and Platinum levels to a modular assessment approach in the future.

The Occupational Health and OD teams, along with colleagues from Estates and the Vaccination Centre were praised by the assessor for their work and coordination of the health board's wellbeing activities over the past few years, including addressing all previous development areas. The key areas of success to name but a few, were:

- having an approved Wellbeing Framework and Action Plan
- Staff Roadshows
- Certificate of Appreciation
- internal Managers' Programme
- Chat 2 Change staff voice
- Mental Health First Aid
- active communication channels such as Facebook pages
- Staff Counselling offer

The Assessor also made the following comments.

'I sensed a positive atmosphere, a supportive culture and a strong commitment to health and wellbeing. Equally, I recognised the challenges in operating a multi-site service, the rural nature of Powys, and the age of the infrastructure and buildings. None of these factors appeared to inhibit the enthusiasm for health and wellbeing, nor diminish the value of health and wellbeing activities.

'It was evident that their ability to plan, adapt and overcome the challenges of Covid demonstrated the "whole team" approach to implementing change and greatly assisted by a comprehensive communications plan. There is a culture of continually wanting to improve'.

Financial Wellbeing – The online pages, including links to the Powys County Council money advice service, have been updated and added to our PTHB staff wellbeing pages of the intranet. Monthly sessions are also being delivered on 'Focus on your Finances'.

Salary Sacrifice - PTHB has previously offered the Cycle to Work scheme however this has now ceased and has not yet been replaced. We have recently had exploratory discussions with NWSSP about utilising 2 schemes they already have in place for cycles and home electronics, as we recognise that offering a range of employee benefits not only strengthens PTHB's employment offer, but salary sacrifice schemes can be a good way of helping employees to save money, particularly during the 'cost of living crisis'.

We understand from NWSSP that the cycle scheme would launch in May 2023 and run until September 2023, and the home electronics scheme runs from 6th April through until 10th January each year. However further work will be undertaken to ensure effective checks and balances are in place before any further scheme is launched.

Positive Psychology and Resilience - Mark Hodder has been commissioned to deliver a range of Positive Psychology virtual events and short video clips to provide staff with access to practical tools and techniques to help support their resilience. Subjects include:

• Positive Psychology and the Science of Happiness

• Better Relationships at Work and Home

• Emotions at Work – how we perceive, use, understand and manage emotions

• Building Your Character Strengths - Developing your unique qualities

• A Good Day at Work – Increasing autonomy and making progress

• Trust and Psychological Safety – creating and environment where everyone can flourish

Certificate of Appreciation - The quarterly Certificate of Appreciation events continue to be a successful way of recognising and thanking our workforce, both as individual and teams. Since the start of the awards in December 2020, there have been 288 nominations which includes 167 individual and 121 team awards.

NHS Wales Awards – The NHS Wales Awards 2023 were launched on 4 May 2023, providing an opportunity to celebrate Powys innovation and improvement on a national stage. We are encouraging colleagues across the organisation to apply with a three step process**:**

- Step one: Expressions of interest
- Step two: Draft entries submitted by 16 June for peer review and Exec Check and Challenge
- Step three: National submission by 3 July

Intranet article: [Celebrate Exceptional People: The NHS Wales Awards are now open (sharepoint.com)](sharepoint.com)

PTHB Staff Excellence Awards – Our Staff Excellence Awards in 2020 were cancelled as the growing impact of the COVID pandemic became evident. During May we will be re-launching our Staff Excellence Awards for the first time post-COVID, with plans for a celebration event in the autumn. Further information will be available later this month.

Team Climate

The Team Climate Survey is an internal approach using a diagnostic tool to understand the culture or climate of a team, based upon known elements that exist within high performing teams. The survey is conducted at a team level (between 10 and 30 members) and consists of 32 scored questions, which relate to how each individual experiences their team. The questions are themed into one of the following 6 areas:

- Purpose and objectives
- Wellbeing
- Psychological Safety
- Accountability
- Compassionate Leadership
- Learning, Improvement, and Innovation

The six Engagement Index questions are also asked to gain this score as a comparison to the all-Wales Staff Survey. The output of the survey provides an anonymised graph that shows where teams are scoring highly and where there are areas of improvement. The emphasis for this is on teams discussing what needs to happen to improve those scores in the future. This discussion can be about each individual question, or more generally against each of the themes. Teams completing the survey will be supported where required, to review their results and understand how they can create healthy working environments. Teams will be introduced to the Co-Lead toolkit, where the resources provide activity to help improve team working capability. The survey has undertaken initial testing in the Workforce and OD Directorate and the Transformation and Value team with positive results. Elements of the team climate may also be used to inform the workforce section of Integrated Performance (IPR) Dashboard and current discussions are being held with the Business Intelligence and performance teams

Occupational Health Team

Helen Hine joined the Occupational Health (OH) team on 6th March 2023 as our full time Consultant OH Nurse. Helen brings with her 17 years of NHS Occupational Health experience. Helen will be working with the OH team to support the streamlining and improvement of existing processes. Waiting times for OH clinics are being addressed and we are happy to see waiting times for an Occupational Health Physician reduce from 8-10 weeks to 2-3 weeks.

2. **Focus on winter resilience in partnership**

A realignment of the Workforce Futures programme - was agreed in November 2022 as a response to the joint winter resilience request by JPB. Activity included the setup of 3 x task and finish groups led by Assistant Directors and Heads of Service from across the partnership, they included:

- **Service delivery** – aim to understanding our pinch points through thorough workforce planning model /service delivery i.e., Support a shift from domiciliary care back to reablement teams' model, redesigning front door entries and the scope of a bridging model between Health and Social Care
- **Partnership and building community resilience through volunteering** – aim to increase opportunities to enhance community resilience through volunteering within clinical and non-clinical areas and solving the gap between hospital care and independent living during winter pressures.
- **Recruitment Pathways** – aim to focus on the areas of work can we address jointly, including joint roles/flexibility of roles, education pathways, overseas recruitment and compatibility of benefits and pay.

Phase 1 of the exploratory work has been completed by each group with further phases to be undertaken around joint local recruitment events and an integrated approach to future Winter workforce system planning.

3. **Focus on workforce sustainability:**

A National Workforce Implementation Plan has recently been launched by Welsh Government. The Implementation Plan builds on the strategic direction in A Healthier Wales: Our Workforce Strategy for Health and Social Care Workforce Strategy, whilst recognising the need for rapid collective action on some key priorities in order to expand and accelerate progress in light of current pressures.

The Plan highlights a number of actions that need to progress immediately to address some of the most urgent pressures within the NHS now. These link with

work already underway and so it is important that these actions are not seen in isolation, but instead are actions that either enable or accelerate actions included in the Workforce Strategy and other plans or are new actions that have been identified through conversations with stakeholders that must be prioritised for action.

The actions in the Plan are framed around three key themes:

In developing the proposals for our IMTP for 2023/24 careful consideration has been given to the alignment of actions locally, to compliment the planned programme of work nationally. More details including the specific timeline of actions can be found at the following link:
https://www.gov.wales/sites/default/files/publications/2023-01/national-workforce-implementation-plan.pdf.

Overseas Nurses (OSN)
In April 2023 we were expecting our 5 newly recruited Overseas Nurses (OSN) to arrive in the UK and travel to their base in Welshpool. At the time of writing 1 nurse has withdrawn and 3 nurses have arrived with the 4th due to arrive on the 21st April. Their OSCE preparation training programme will be delivered in Welshpool and we are currently trying to recruit to the part time Settlement Support role. Our previous 2 overseas nurses are also involved in supporting the new intake to settle in and have already been in contact with them via a 'welcome WhatsApp group'.

4. **A focus on workforce realignment**

Transfer of the CHC in Wales staff to the new CVB: the formal consultation on the TUPE style transfer concluded in January 2023 and a full response to all consultation response was issued to staff at the beginning of February 2023. TUPE letters have now been prepared to be issued to staff in advance of the planned transfer at the end of March 2023 and the programme for the People Workstream currently stands at 95% completed.

5. **A focus on variable pay reduction**

Wagestream – To accompany the variable pay reduction plan that is in development, and recognising the increasingly competitive market, agencies offering much greater wage flexibility and with the challenges many staff face due to the cost-of-living crisis, greater flexibility in terms of frequency of wages has received renewed focus. Wagestream is a charity-backed organisation used by over 2 million workers worldwide. They already partner with a range of NHS Trusts across the UK and in more recent months both Cwm Taf Morgannwg UHB and Hywel Dda UHB having signed up, with others exploring the opportunities this service presents. It allows staff to instantly access worked and approved shifts and access their wages for these whenever they need to. It also provides staff with financial education. If implemented, it would allow the Health Board to respond to feedback from both bank workers and managers who have suggested for some years that the introduction of more frequent payment of wages for Bank work, other than monthly, would be viewed favourably by staff and may lead to an increase in the uptake of Bank shifts.

There is however a fixed charge for the service to the employee of £1.75 paid to Wagestream for each weekly payment. Further work is being undertaken with a view of a final proposal being brought forward for consideration early in the new financial year.

6. **A focus on employee relations**

Industrial Action and Pay: As part of the ongoing discussions between Welsh Government and Trade Unions regarding the 2022/2023 pay settlement, a 1.5% non-consolidated one-off payment was processed in March 2023 pay. We are imminently expecting to receive notification setting out the timing of the payment for the remaining 1.5% consolidated payment.

A review of workforce policies and practices is being undertaken to ensure that avoidable harm is not caused by the application of the Workforce Policies. The work will look to:

a. Undertake a systematic and continuous workforce case load review to ensure they are being managed in a timely and proportionate way.
b. Introduce a system of checks and balances at each stage of the disciplinary and Respect and Resolution Policies in consultation with trade unions.
c. Roll out a series of workshops to ensure that managers are applying the principles of avoidable harm in the use of workforce policies.

Hospital visits
Earlier in the year the Director of Workforce and Organisational Development undertook a series of hospital site visits to meet and talk to staff. The first visit was with the Claire Roche, Executive Director of Nursing to the

Ystradgynlais site on 21st February, followed by Brecon and Bronllys Hospitals with Vice Chair, Kirsty Williams in early March. Finally, a visit to Llandrindod Wells Hospital, The Hazels Centre, the Women & Children's team and Patient Services took place on Friday 10th March. A warm welcome was received by all staff on each site and time was spent understanding their work, what they enjoy and how we can help with those things that get in the way. Further visits across the county are planned.

7. **A focus on new appointments to the workforce team**

Substantive appointment to Executive Director of Workforce & Organisational Development - Debra Wood-Lawson

Strategic Workforce Lead for Health and Social Care – Julia Toy

Occupational Health Consultant Nurse – Helen Hine

Head of Clinical Education – Fiona Price

Midwifery PEF – Jennifer Gough

Nursing PEF – Sue Duff

Widen Access professional and Clinical Educator – Julia Williams

Joint Induction trainer H&S Care – Jonathan Pearce

Joint Workforce Experience and Wellbeing Manager- Samuel Powell

The Equality and Welsh Language team will transfer over from 1st April to the Executive Director of Workforce and OD's portfolio and therefore we welcome Dr. Adam Pearce, Service Improvement Manager for Equality and Welsh Language and his team, Carys Jones, Translator and Siân Jones, Equality and Welsh Language Officer.
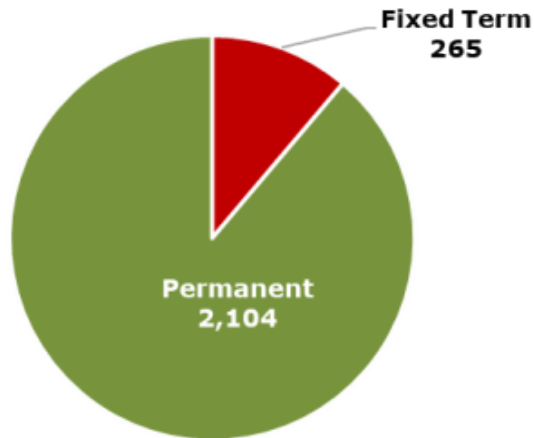
Workforce & Culture Committee Tuesday 16 May 2023 Item 2.2

Workforce Performance Report : March 2023 Data
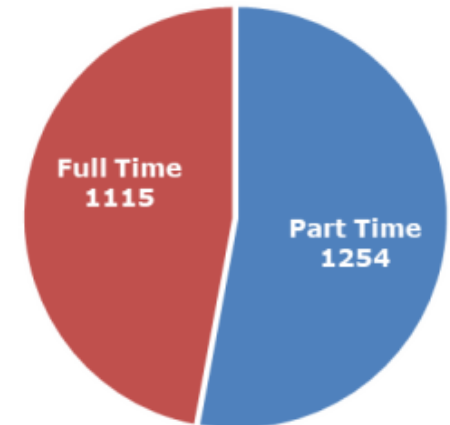
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Staff in Post by Month

Directorate	Staff in Post WTE			
	Mar-20	Mar-21	Mar-22	Mar-23
Chief Executive Office	17.39	15.69	19.48	19.99
Community Care & Therapies	741.88	763.93	755.61	766.38
Community Dental Service	39.35	39.39	39.13	39.98
Corporate Governance	8.67	10.27	10.67	8.00
COVID 19 Prevention and Response		35.90	32.82	9.20
Environment Directorate	186.57	196.39	200.30	192.89
FID Finance Directorate	52.50	56.52	71.60	82.00
MED Medical Directorate	7.39	7.79	8.79	9.79
Medicines Management	28.84	28.00	27.42	27.13
MHD Mental Health	324.50	330.75	349.00	356.54
NUD Nursing Directorate	32.59	31.39	28.29	31.09
PHD Public Health Directorate	2.00	58.71	67.16	73.31
PLD Planning Directorate	21.11	35.36	35.95	36.49
Primary Care	19.81	22.62	27.36	24.08
THD Therapies & Health Sciences Directorate	2.80	2.80	6.45	23.91
WOD Directorate	44.96	44.73	47.61	46.95
Women and Children Directorate	175.58	168.87	181.50	181.66
Grand Total	1705.94	1849.09	1909.14	1929.39

Staff Group	Staff in Post WTE			
	Mar-20	Mar-21	Mar-22	Mar-23
Add Prof Scientific and Technic	65.77	72.66	69.77	80.84
Additional Clinical Services	329.16	375.13	394.31	397.60
Administrative and Clerical	431.88	487.54	523.18	549.53
Allied Health Professionals	125.59	137.50	131.49	136.45
Estates and Ancillary	160.87	166.33	184.44	166.84
Healthcare Scientists	2.00	5.00	5.00	7.61
Medical and Dental	34.85	33.44	30.13	31.40
Nursing and Midwifery Registered	555.82	571.49	570.82	559.10
Grand Total	1,705.94	1,849.09	1,909.14	1,929.39

What the charts tells us	Areas of Concern	Actions/Mitigations
The number of staff employed by the Health Board has continued to grow since March 2020 with an increase of 223.44 WTE at the end of March 2023. The directorates that have seen the largest growth when compared to March 2020 are: • Public Health Directorate – 71.31WTE (TUPE transfer of Local PH team) • Mental Health - 32.04 WTE • Finance Directorate – 29.49 WTE • Community Care & Therapies – 24.50 WTE • Therapies and Health Sciences – 21.11 WTE • Planning Directorate – 15.39 WTE Most occupational groups have seen increases in the number of staff employed since March 2020 are: • Administrative and Clerical – 117.65 WTE • Additional Clinical Services – 68.44 WTE • Add Prof Scientific and Technic – 15.07 WTE • Allied Health Professionals – 10.86 WTE • Estates & Ancillary – 5.97 WTE • Healthcare Scientists – 5.61 WTE • Nursing and Midwifery – 3.29 WTE The only occupational group to see a decrease in numbers over this period is Medical and Dental, with a reduction of 3.45 WTE.	Whilst there are overall increases in WTE since March 20 there remains significant challenges in recruiting to a number of clinical roles with 137.56 WTE Registered Nurse vacancies out of a budgeted establishment of 669.66 WTE. The community inpatient wards account for 57.66 WTE (38%) of the deficit. There are currently 10.1 WTE medical vacancies out of a budgeted establishment of 26.5 WTE. The majority of these roles are within Mental Health services, where vacancies have been covered by long standing locums due to the inability to recruit over a number of years. Fixed term contracts currently make up 12.59% (295) of the total organisational workforce. The age distribution for the health board continues to show the highest proportion of the workforce are in the 56 and over category, with almost a third of the entire workforce in this group (over 700).	• Business case agreed for the recruitment of a further 5 overseas nurses. Four of these nurses arrived in the UK on 14th April. • Development with HEIW of improved options for flexible route to nursing being developed (Aspiring Nurse Programme, Dispersed and Distance Learning). • Continued targeted attendance at recruitment events locally and attendance at national events. • We have successfully attracted 2 applications to a Consultant Adult Psychiatry vacant post and interviews will take place early May. An appointment has also been made to the CAMHS consultant vacancy with the appointee due to start at the beginning of May. • We have successfully recruited to a Specialty Doctor role in Mental Health Services with the appointee due to start in April. • Mental Health services are exploring the use of Physicians Associates and other roles as alternative to Consultant and Specialty Doctor roles. • The Workforce and OD Business Partner team and working with managers to identify future plans for fixed term contracts and to escalate any risk that may be associated.

PADR Compliance

PADR Compliance line chart showing % Compliance from Mar-20 to Mar-23, with Compliance % line and Target % (85%) dashed line.
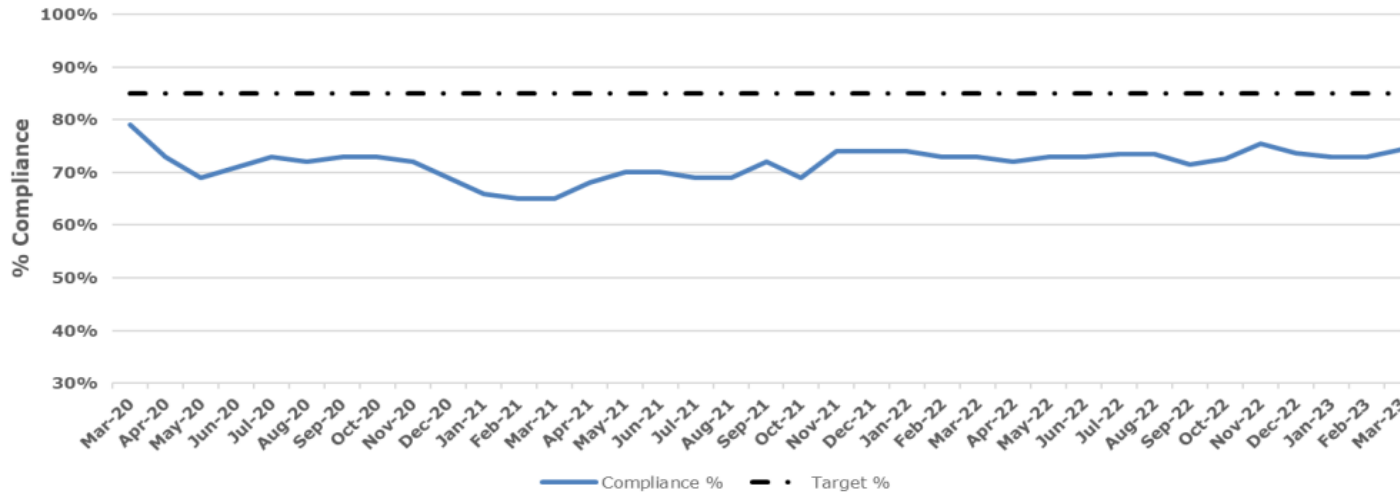
Actual Performance		
Mar-23	**Mar-20**	**All Wales Benchmark**
74%	**79%**	**66% (Dec-22)**
Target		
85%		

Directorate/Locality	Assignment Count Mar-22	Dec-22	Jan-23	Feb-23	Mar-23
Chief Executive Office	21	64%	71%	71%	81%
Community Care & Therapies	961	71%	71%	71%	74%
Community Dental Service	43	77%	76%	76%	77%
Corporate Governance	8	63%	63%	63%	63%
COVID 19 Prevention and Response	11	73%	82%	82%	73%
Environment Directorate	239	89%	86%	86%	88%
FID Finance Directorate	82	86%	87%	87%	87%
MED Medical Directorate	8	100%	75%	75%	75%
Medicines Management	31	88%	81%	81%	81%
MHD Mental Health	394	62%	59%	59%	60%
NUD Nursing Directorate	33	73%	73%	73%	73%
PHD Public Health Directorate	98	88%	82%	82%	79%
PLD Planning Directorate	36	81%	69%	69%	69%
Primary Care	25	68%	58%	58%	56%
THD Therapies & Health Sciences Directorate	26	81%	81%	81%	81%
WOD Directorate	48	81%	92%	92%	90%
Women and Children Directorate	232	76%	78%	78%	79%
Total	2,296	74%	73%	73%	74%
Medical & Dental Compliance	48	52%	52%	50%	50%
Grand Total	2,344	74%	73%	73%	74%

Staff Group	Assignment Count Mar-22	Dec-22	Jan-23	Feb-23	Mar-23
Add Prof Scientific and Technic	96	78%	77%	75%	78%
Additional Clinical Services	495	69%	68%	71%	69%
Administrative and Clerical	628	80%	79%	79%	78%
Allied Health Professionals	161	82%	81%	83%	83%
Estates and Ancillary	215	88%	86%	87%	90%
Healthcare Scientists	7	100%	100%	100%	100%
Nursing and Midwifery Registered	694	67%	66%	66%	67%
Grand Total	2,296	74%	73%	73%	74%
Medical & Dental Compliance	48	52%	50%	50%	50%
Grand Total	2,344	74%	73%	73%	74%

What the chart tells us	Areas of Concern	Actions/Mitigations
Since March 2020, Organisational PADR compliance has fallen from and remained below 79%. Current PADR compliance is reported at 74% for March 2023, 11% below the national target of 85%. The health board benchmarks positively when compared the All Wales position of 66%. Out of 17 directorates, there are 3 that are above the 85% target for compliance in March 2023. The top 3 directorates for compliance in March 2023 were: • WOD Directorate - 90% • Environment Directorate – 88% • Finance Directorate – 87%	The bottom 3 directorates for PADR compliance in March 2023 are: • Primary Care – 56% • Mental Health – 60% • Corporate Governance – 63% As of March 2023, there were … service areas who's performance was below the national target of 85% but above the All-Wales benchmark of 65%: • Chief Executive Office (81%) • Community Care & Therapies (74%) • Community Dental Service (77%) • COVID 19 Prevention and Response (73%) • Medical Directorate (75%) • Medicines Management (81%) • Nursing Directorate (73%) • Public Health Directorate (79%) • Planning Directorate (68%) • Therapies & Health Science Directorate (81%) • Women & Children Directorate (79%) The Staff Groups with the lowest PADR compliance are: • Nursing & Midwifery Registered - (67%) • Additional Clinical Services (69%) • Add Prof Scientific & Admin & Clerical (78%)	• The WOD BP team continue to discuss mandatory compliance at senior management meetings within services. • The WOD BP team are regularly discussing low compliance with individual managers and reminding them of ESR guidance. • The All Wales pay progression policy and positive action required in ESR has been in place as of October 2022 and reminders regarding pay progression have been issued to managers by the WOD BP team. • An FAQ document has been issued to staff and managers reminding them of the importance of PADR to pay progression. • Work is underway with managers and ESR Systems Manager to ensure reporting lines within ESR are correct.

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Mandatory & Statutory Training Compliance
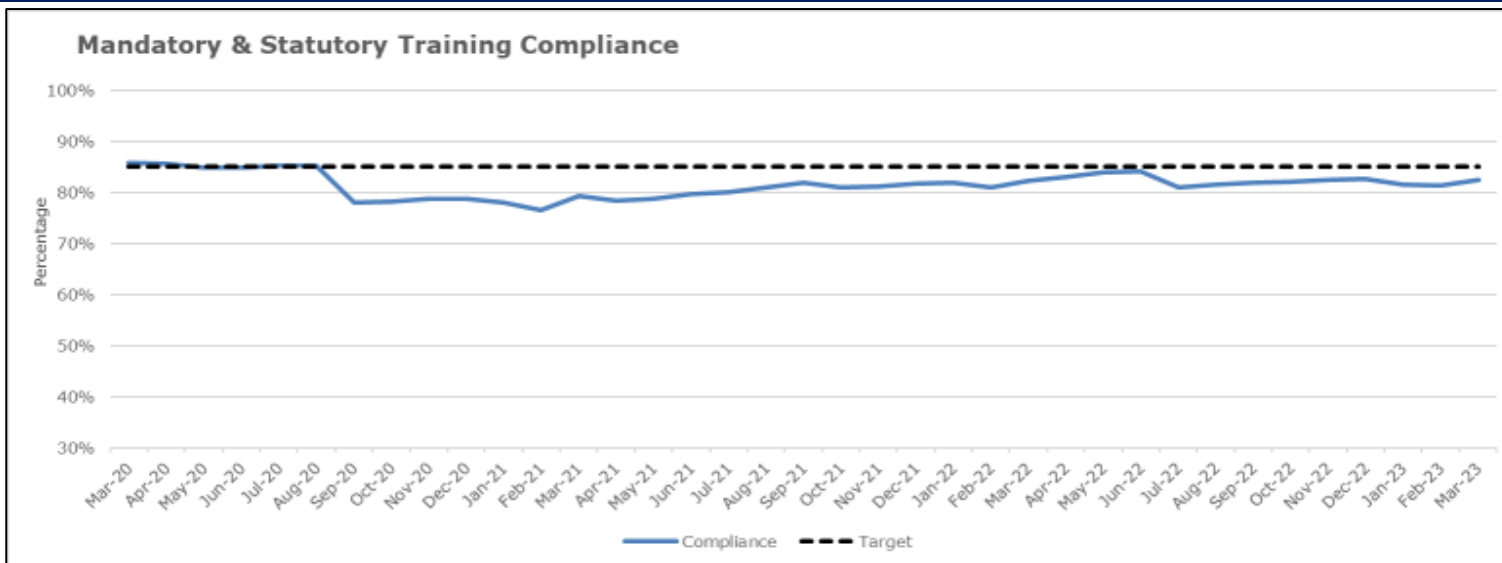
Actual Performance

Mar-23	Mar-20	All Wales Benchmark
83%	86%	82% (Dec-22)
Target		
85%		

Directorate/Locality	Assignment Count Mar-23	Dec-22	Jan-23	Feb-23	Mar-23
Chief Executive Office	23	65%	65%	67%	69%
Community Care & Therapies	962	82%	81%	81%	82%
Community Dental Service	57	83%	83%	82%	83%
Corporate Governance	8	89%	88%	85%	85%
COVID 19 Prevention and Response	11	86%	90%	90%	90%
Environment Directorate	249	89%	88%	85%	87%
FID Finance Directorate	87	93%	89%	89%	91%
MED Medical Directorate	14	62%	64%	62%	64%
Medicines Management	32	92%	93%	94%	95%
MHD Mental Health	418	76%	76%	75%	76%
NUD Nursing Directorate	35	92%	93%	92%	92%
PHD Public Health Directorate	98	92%	92%	93%	94%
PLD Planning Directorate	38	87%	84%	81%	84%
Primary Care	29	83%	77%	76%	77%
THD Therapies & Health Sciences Directorate	29	97%	94%	92%	91%
WOD Directorate	51	86%	85%	85%	86%
Women and Children Directorate	228	82%	79%	80%	81%
Grand Total	2,369	83%	82%	81%	83%

Staff Group	Assignment Count Mar-23	Dec-22	Jan-23	Feb-23	Mar-23
Add Prof Scientific and Technic	96	79%	78%	78%	79%
Additional Clinical Services	499	82%	80%	82%	83%
Administrative and Clerical	639	89%	86%	87%	88%
Allied Health Professionals	160	79%	79%	79%	80%
Estates and Ancillary	222	88%	85%	85%	86%
Healthcare Scientists	8	85%	86%	86%	87%
Medical & Dental Compliance	49	61%	60%	59%	59%
Nursing and Midwifery Registered	696	80%	78%	78%	79%
Grand Total	2,369	83%	82%	81%	83%

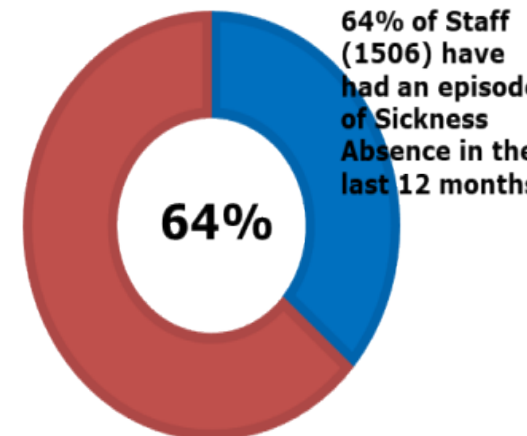| What the chart tells us	Areas of Concern	Actions/Mitigations
Since March 2020, Organisational statutory and mandatory training compliance has fallen from and remained below 86%. At the end of March 2023 compliance was reported at 83%, which is 2% below the national target. There are 9 directorates/services achieving above the 85% target for compliance, with the top directorates for compliance being: • Medicines Management - 95% • Public Health Directorate - 94% • Nursing Directorate – 92% • Therapies & Health Science – 91% • Finance Directorate - 91% • COVID 19 Prevention and Response – 90% • Environment Directorate – 87% • Workforce and OD – 86% • Corporate Governance – 85% Of the Staff Groups only 3 achieved the 85% target: • Admin & Clerical – 88% • Healthcare Scientists – 87% • Estates & Ancillary – 86%	The bottom three directorates/services areas for compliance are: • Medical Directorate - 64% • Chief Executive Office - 69% • Mental Health - 76% In addition to the above the following service areas' performance was below the national target of 85% at the end of March 2023: • Community Care & Therapies (82%) • Community Dental Service (83%) • Women & Children Directorate (81%) • Primary Care (77%) • Planning Directorate (84%) The staff groups with the lowest levels of compliance are: Medical and Dental - (59%) Nursing & Midwifery Registered - (79%) Add Prof Scientific and Tech – (79%)	• Compliance reports are produced monthly and circulated to services • The WOD BP team discuss mandatory compliance at Service Senior Management meetings. • The WOD BP team are regularly discussing low compliance with individual managers and reminding them of ESR guidance.

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Staff Absence

Sickness Absence Rate

Legend: Actual Sickness % — Rolling Sickness % — Short Term Absence FTE % — Long Term Absence FTE %
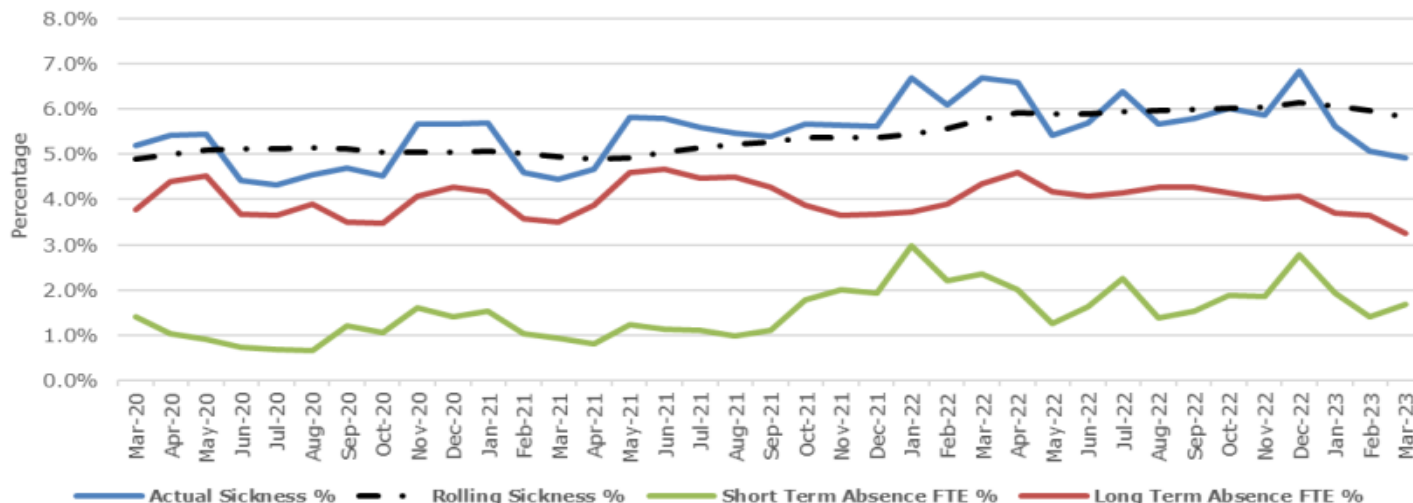
Actual Performance

Mar-23	Mar-20	All Wales Benchmark
5.8%	4.9%	6.9% (Dec-22)
Target		
Nil		

64% of Staff (1506) have had an episode of Sickness Absence in the last 12 months

64%

Directorate	Headcount Mar-23	Dec-22 Actual	Dec-22 Rolling	Jan-23 Actual	Jan-23 Rolling	Feb-23 Actual	Feb-23 Rolling	Mar-23 Actual	Mar-23 Rolling
Chief Executive Office	23	5.00%	5.22%	4.82%	5.17%	1.24%	4.48%	0.81%	4.29%
Community Care & Therapies	962	7.63%	6.95%	6.09%	6.82%	5.06%	6.64%	4.83%	6.40%
Community Dental Service	57	5.54%	3.44%	2.50%	3.14%	3.72%	3.32%	3.04%	3.07%
Corporate Governance	8	5.47%	1.12%	13.01%	2.20%	12.50%	3.22%	12.50%	4.17%
COVID 19 Prevention and Response	11	10.32%	5.35%	13.13%	6.17%	12.03%	6.77%	15.22%	7.39%
Environment Directorate	249	7.98%	7.85%	6.50%	7.69%	5.96%	7.69%	5.67%	7.61%
FID Finance Directorate	87	2.78%	3.43%	3.02%	3.16%	3.62%	3.01%	4.41%	3.00%
MED Medical Directorate	14	13.58%	4.94%	1.10%	5.03%	0.00%	5.03%	2.97%	5.28%
Medicines Management	32	2.98%	5.64%	0.32%	5.04%	0.00%	4.44%	5.14%	4.13%
MHD Mental Health	418	6.70%	5.70%	5.33%	5.64%	5.01%	5.60%	5.99%	5.65%
NUD Nursing Directorate	35	7.96%	6.67%	4.05%	5.91%	4.12%	5.42%	4.50%	4.98%
PHD Public Health Directorate	98	6.19%	4.90%	6.53%	5.18%	5.11%	5.15%	2.45%	4.81%
PLD Planning Directorate	38	4.29%	3.17%	3.92%	3.31%	5.47%	3.64%	4.22%	3.57%
Primary Care	29	5.40%	4.11%	5.03%	4.28%	4.88%	4.38%	4.14%	4.20%
THD Therapies & Health Sciences Dir.	29	4.91%	4.09%	5.07%	4.51%	14.47%	5.71%	9.50%	6.38%
WOD Directorate	51	4.75%	4.56%	10.54%	4.96%	7.01%	5.31%	4.87%	5.47%
Women and Children Directorate	228	6.68%	6.14%	4.58%	5.98%	4.38%	5.80%	3.59%	5.42%
Grand Total	**2,369**	**6.85%**	**6.15%**	**5.62%**	**6.06%**	**5.07%**	**5.97%**	**4.93%**	**5.83%**

Rolling Sickness Absence by Staff Group

Data labels: 2.54%, 7.50%, 4.64%, 4.65%, 8.18%, 2.38%, 2.89%, 5.95%

Legend: Mar-20, Mar-21, Mar-22, Mar-23

X-axis categories: Add Prof Scientific and Technic, Additional Clinical Services, Administrative and Clerical, Allied Health Professionals, Estates and Ancillary, Healthcare Scientists, Medical and Dental, Nursing and Midwifery Registered
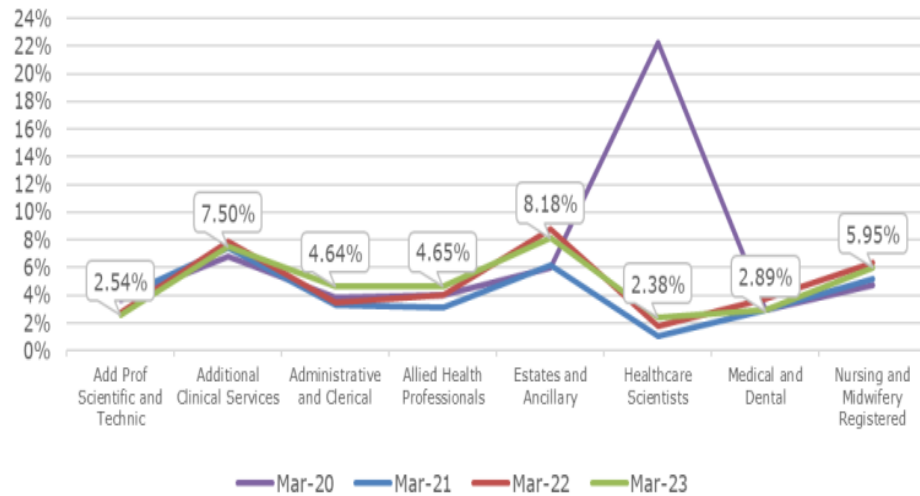
Anxiety, Stress & Depression/Cold Cough, Flu, Influenza - WTE Days Lost

Y-axis: FTE DAYS LOST

Legend: S10 Anxiety/stress/depression/other psychiatric illnesses; S13 Cold, Cough, Flu - Influenza
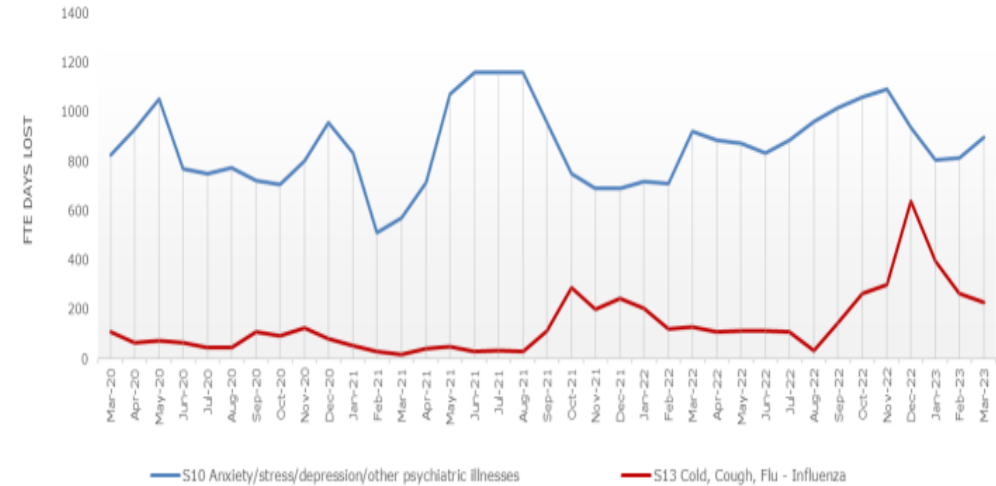
Covid Sickness and Isolation Absence

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
■ Covid Isolation Absence %	0.24%	0.18%	0.03%	0.00%	0.01%	0.00%	0.00%	0.04%	0.00%	0.00%	0.01%	0.00%	0.00%
■ Covid Sickness Absence %	1.39%	1.31%	0.53%	0.81%	1.16%	0.57%	0.57%	0.55%	0.39%	0.51%	0.33%	0.21%	0.26%
■ Sickness Absence % Exc Covid	5.31%	5.29%	4.89%	4.88%	5.22%	5.09%	5.23%	5.48%	5.49%	6.34%	5.29%	4.85%	4.63%

| What the chart tells us	Areas of Concern	Actions/Mitigations
The rolling 12-month absence level is reported as 5.83% at March 2023 with actual sickness absence for the month being 4.89%. Rolling sickness is 1.02% lower when compared with the end of Q3 22/23, the lowest it has been since May 2022. The three directorates with the lowest rolling sickness absence rates in March 2023 are: • Finance Directorate – headcount – 87 (3.00%) • Community Dental – headcount 57 (3.07%) • Planning Directorate– headcount 38 (3.57%) 64% of staff in the health board have had at least 1 period of sickness absence since April 2022 an increase of 4% when compared with figures at the end of quarter 3 (Dec-22). Anxiety/Stress/Depression continues to be the main reason attributed to staff absence. Between November 2022 and February 2023, there was a steady but significant reduction in staff reporting this as the reason for their absence. However, March has small increase in the reported reason.	The three directorates with the highest level of rolling sickness absence rates at the end of Q4 22/23 are: • Environment Directorate – headcount 249 (7.61%) • Prevention & Response – headcount 11 (7.39%) • Community Care & Therapies – headcount 961 (6.40%) Anxiety Stress & Depression accounted for over 27% of all sickness absence in Powys in the last 12 months, with 286 episodes recorded (286 of which were long term) and 11,074 WTE days lost. This is followed by Infectious Diseases which accounted for over 10%, 497 reported episodes (17 long term) and 4,175 WTE days lost.	• The WOD BP team have updated the managers toolkit to support the deployment of the All Wales Managing Attendance at work policy. • The WOD BP team are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed. • Directorates are actively promoting all available wellbeing support to staff that are in work and absent. • Sickness absence is monitored via directorate SMT meetings. • All long-term absence cases are being reviewed with managers to ensure all actions are up to date in line with the Managing Attendance at Work policy. • A series of roadshows have begun across all hospital sites to support wellbeing. • The Health Board has commissioned Mark Hodder to deliver a series of virtual workshops and short videos on positive psychology and resilience to staff. • The actual absence within the Environment Directorate has reduced significantly over Q4 22/23.

Employee Relations

Employee Relations and Sickness Activity Meetings Apr 2022 to Mar 2023

What the chart tells us	Areas of Concern	Actions/Mitigations
Between the period of April 2022 and March 2023 employment relations cases remain low overall. However, there has been a slight increase in the use of the Fast Track disciplinary process. Overall Formal Resolution meetings under the All-Wales Respect and Resolution Policy remain disproportionally high. Formal sickness absence hearings also slightly increased from the previous period up to February 2023. However, this is in part explained by more proactive steps being taken by the Health Board to resolve, long term cases in line with the policy.	Since the introduction of the Respect & Resolution policy, there continues to be an unreasonably high number of formal requests for resolution. Although the policy was intended to have a focus on informal resolution, there is a feeling nationally that the policy is not working in practice in the way that it was intended. This is also compounded by some cases taking too long to reach a formal conclusion.	The Workforce and OD Directorate has instigated a review to ensure avoidable harm is not caused to staff through the application of workforce policies and practices. As part of this there has been a revised and more robust initial fact-finding assessment process introduced which is beginning to have a positive impact on reducing the need to use the formal disciplinary procedure and thereby helping to speed up the resolution of cases. The Workforce and OD Directorate continues to keep a tracker of all on-going employment relations cases which is kept under review by the Business Partners. A revised system of checks and balances will be developed in consultation with the trade unions to monitor each stage of the Respect and Resolution and Disciplinary policies. Toolkits for managers are available on the intranet which will support managers with how to manage employee relation matters.

Turnover/Stability Index

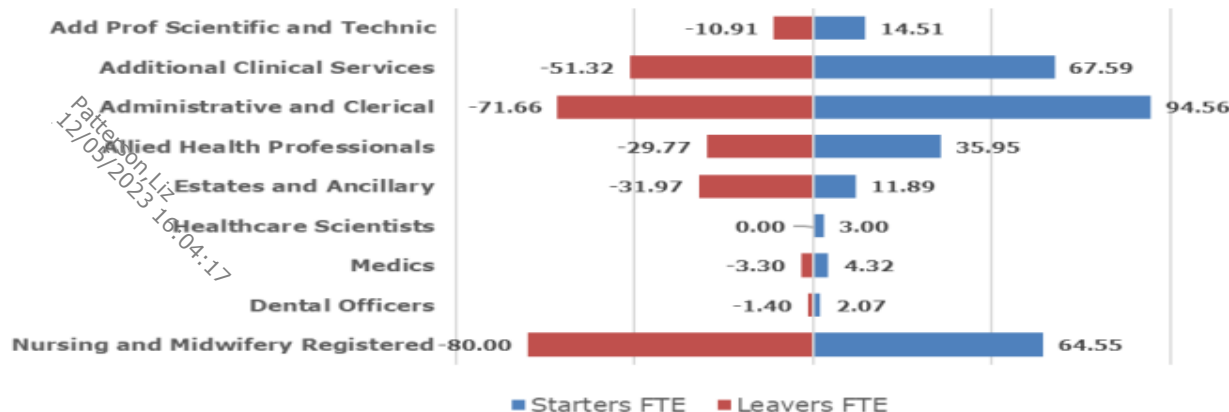Turnover - Percentage of Turnover of staff, starters and leavers, stability Index.
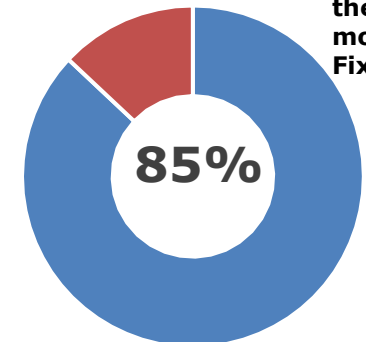
% Rolling Turnover

Legend: Turnover Inc. Fixed Term Contracts — Turnover Exc. Fixed Term Contracts
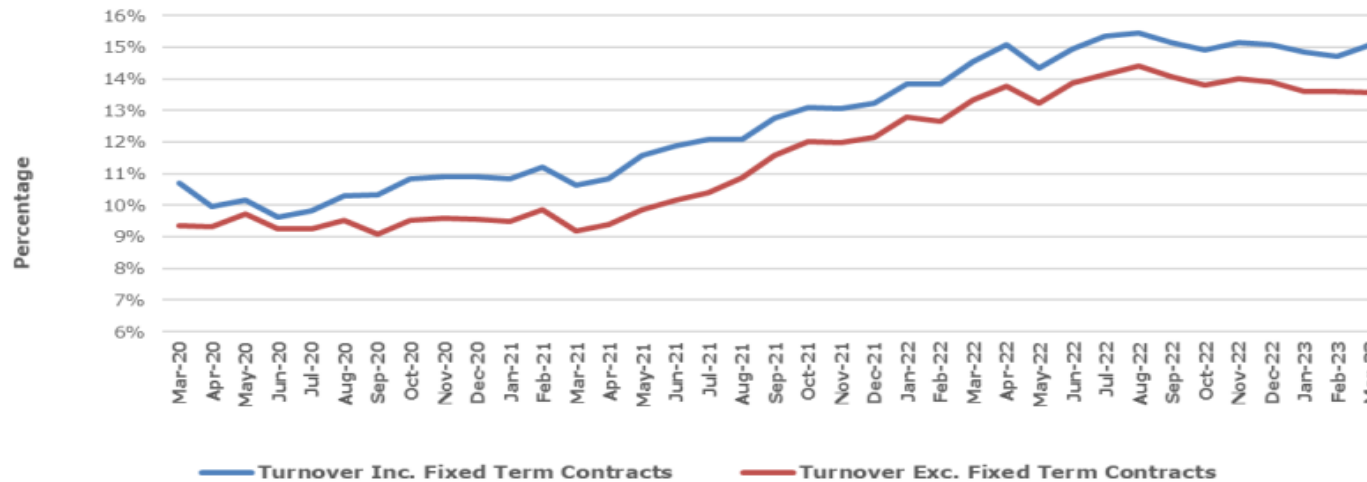
Actual Performance		
Mar-23	**Mar-20**	**All Wales Benchmark**
Including Fixed Term		
15.1%	10.7%	8.8% (Dec-22)
Excluding Fixed Term		
13.6%	9.4%	Unavailable

Starters V Leavers - Apr-22 to Mar-23

Category	Leavers FTE	Starters FTE
Add Prof Scientific and Technic	-10.91	14.51
Additional Clinical Services	-51.32	67.59
Administrative and Clerical	-71.66	94.56
Allied Health Professionals	-29.77	35.95
Estates and Ancillary	-31.97	11.89
Healthcare Scientists	0.00	3.00
Medics	-3.30	4.32
Dental Officers	-1.40	2.07
Nursing and Midwifery Registered	-80.00	64.55

Legend: Starters FTE, Leavers FTE

Staff Retention

85%

85% of Staff have been retained over the last 12 months (Exc. Fixed Terms)

Rolling Turnover 2022/23 by Directorate/Staff Group

Directorate	Average Headcount	Avg FTE	Starters Headcount	Starters FTE	Leavers Headcount	Leavers FTE	Headcount Turnover %	WTE Turnover %
Chief Executive Office	23	19.89	3	3.00	3	2.60	13.33%	13.07%
Community Care & Therapies	950	752.92	147	116.72	124	97.38	13.06%	12.93%
Community Dental Service	54	39.45	11	7.87	7	5.72	12.96%	14.50%
Corporate Governance	10	9.83	0	0.00	1	1.00	10.00%	10.17%
COVID 19 Prevention and Response	24	19.64	4	3.03	11	8.33	46.81%	42.42%
Environment Directorate	255	196.57	20	13.49	37	26.17	14.51%	13.31%
FID Finance Directorate	82	76.22	17	17.00	8	7.80	9.82%	10.23%
MED Medical Directorate	13	9.29	5	3.40	3	2.40	24.00%	25.84%
Medicines Management	32	27.27	6	5.31	7	5.60	21.88%	20.53%
MHD Mental Health	413	353.02	55	46.72	52	42.41	12.59%	12.01%
NUD Nursing Directorate	33	29.14	5	3.80	3	2.41	9.23%	8.26%
PHD Public Health Directorate	95	70.26	32	24.71	23	17.90	24.21%	25.48%
PLD Planning Directorate	36	35.22	10	9.20	5	5.00	13.89%	14.20%
Primary Care	31	25.52	3	3.00	8	7.12	25.81%	27.90%
THD Therapies & Health Sciences	24	20.18	9	6.72	7	5.53	29.17%	27.38%
WOD Directorate	52	45.68	10	8.80	19	13.87	36.89%	30.36%
Women and Children Directorate	226	179.75	35	25.67	36	29.10	15.93%	16.19%
Grand Total	2,350	1909.87	372	298.45	354	280.33	15.07%	14.68%

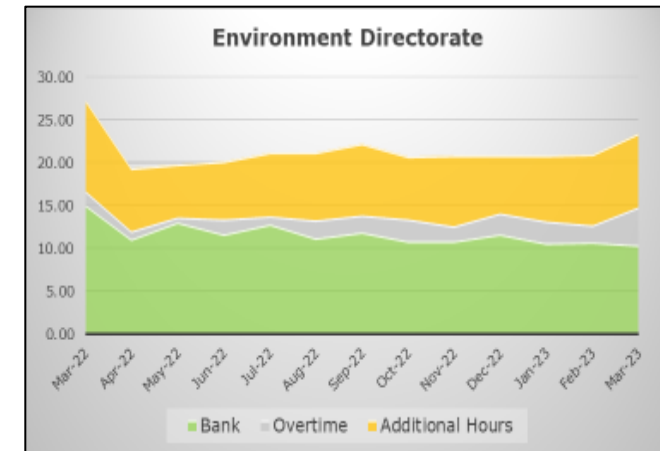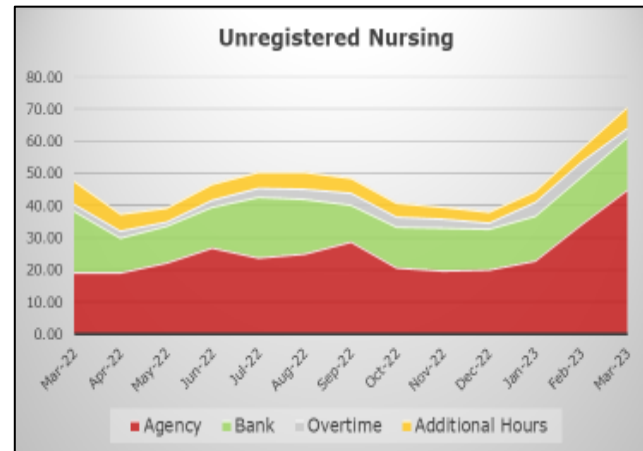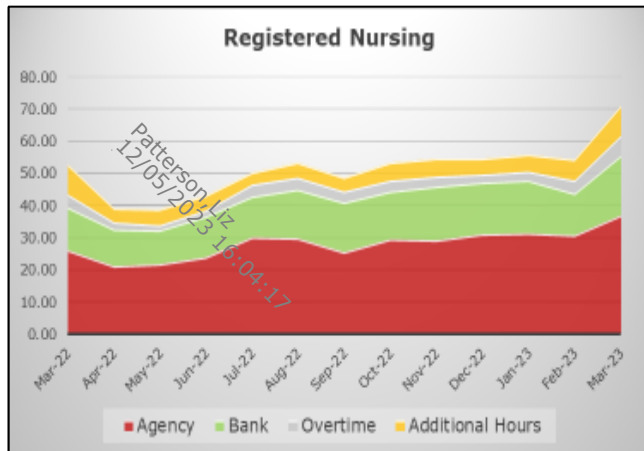| Staff Group	Average Headcount	Avg FTE	Starters Headcount	Starters FTE	Leavers Headcount	Leavers FTE	Headcount Turnover %	WTE Turnover %
Add Prof Scientific and Technic	91	76.31	17	14.51	15	10.91	16.48%	14.30%
Additional Clinical Services	497	396.08	82	67.59	67	51.32	13.48%	12.96%
Administrative and Clerical	622	530.68	116	94.56	86	71.66	13.84%	13.50%
Allied Health Professionals	157	132.57	38	35.95	35	29.77	22.36%	22.45%
Estates and Ancillary	235	175.71	18	11.89	46	31.97	19.57%	18.19%
Healthcare Scientists	7	6.11	3	3.00	0	0.00	0.00%	0.00%
Medical	30	18.89	8	4.32	4.00	3.30	13.33%	17.47%
Dental	17	11.71	3	2.07	2.00	1.40	12.12%	11.96%
Nursing and Midwifery Registered	696	561.80	87	64.55	99	80.00	14.23%	14.24%
Grand Total	2,350	1909.87	372	298.45	354	280.33	15.07%	14.68%

What the chart tells us	Areas of Concern	Actions/Mitigations
Rolling turnover for March 2023 was at 15.1% which is 4.4% higher than March 2020, and 6.3% higher than the all Wales benchmark position. Excluding staff on fixed term contracts turnover was 13.6%. Turnover has been steadily increasing in percentage terms over the last 3 years . Turnover was particularly high over the past 12 months in the following occupational groups: • Allied Health Professionals (22.36%) • Estates & Ancillary (19.57%) • Add Prof Scientific and Tech (16.48%) Despite higher levels of turnover there was an increase overall in the number of substantive FTE staff employed by PTHB (20.24 WTE). 11 of 17 services saw an increase in WTE staff employed over the last 12 months although the increases were relatively small. The Directorate/services who saw the largest increase were: • Therapies & Health Sciences (17.46 WTE) • Community Care and Therapies (10.77 WTE) • Finance (10.40 WTE) • Mental Health (7.53 WTE) The Directorate/service who saw the largest reduction in WTE was Covid-19 Prevention & Response (23.62 WTE).	Nearly half of service areas/Directorates have a turnover higher than the Health Board's average and all have a turnover higher than the All-Wales benchmark (December 2022) over the last 12 months. The service with the highest turnover is Covid-19 Prevention & Response– Avg. headcount 24 (46.81%). With 11 headcount leaving the organisation. The service with the next highest level of turnover is WOD Directorate – Avg. headcount 52 (36.89%). With 19 leaving, all of which were due to either end of fixed term contracts or voluntary resignation due to promotion or career development.	Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave. The Workforce and OD Directorate together with the Trade Unions and colleagues from services have been rolling out a series of Staff Roadshows across all Hospital sites. The aim of these events is to support staff wellbeing and promote the support that is available within the Health Board. Mark Hodder has also been commissioned to deliver online positive psychology and resilience workshops and a series of short videos for staff to access. The Workforce and OD Directorate are working to develop good practice guides to support managers in working to improve retention. The Workforce and OD Directorate will be rolling out a Team Climate survey which will support managers and teams to identify actions which they can take to support retention.

Variable Pay
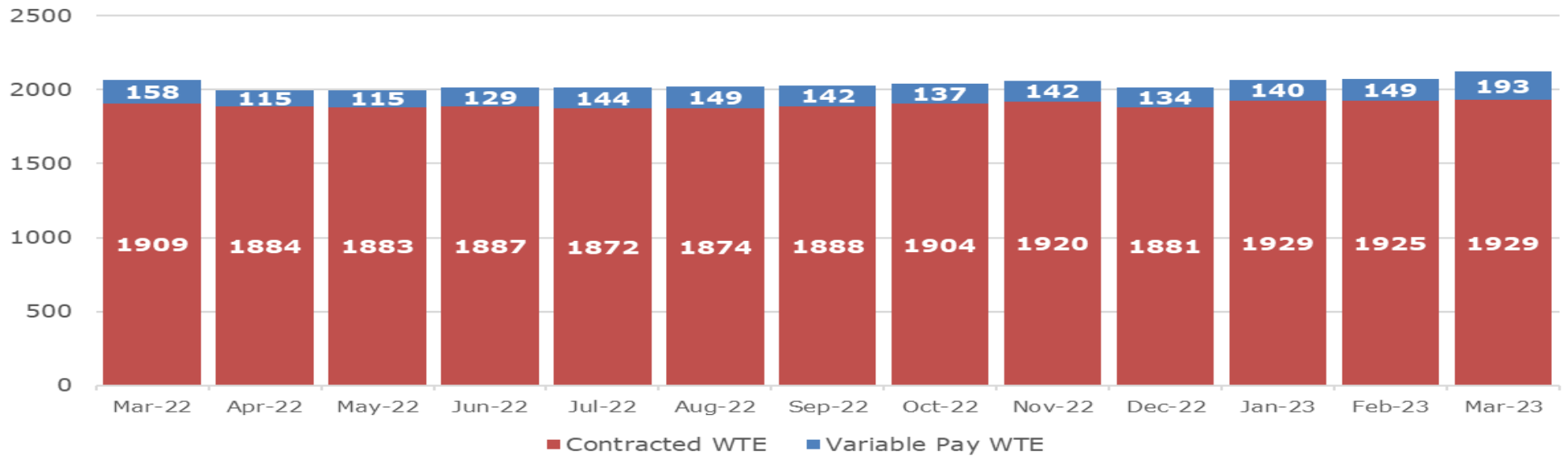
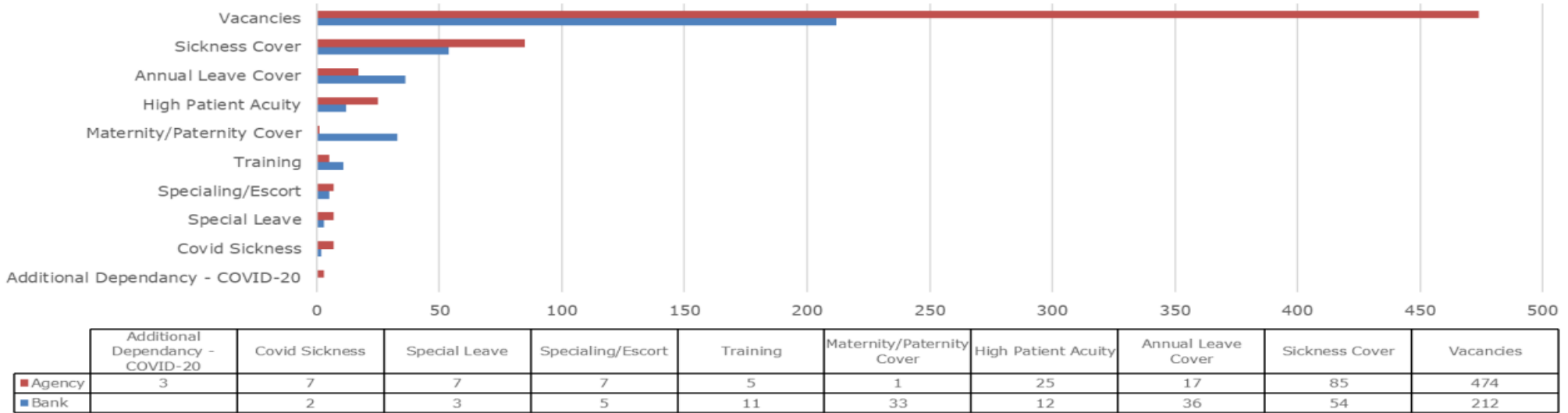NB. Variable Pay includes Bank/Agency/Additional Hours and Overtime
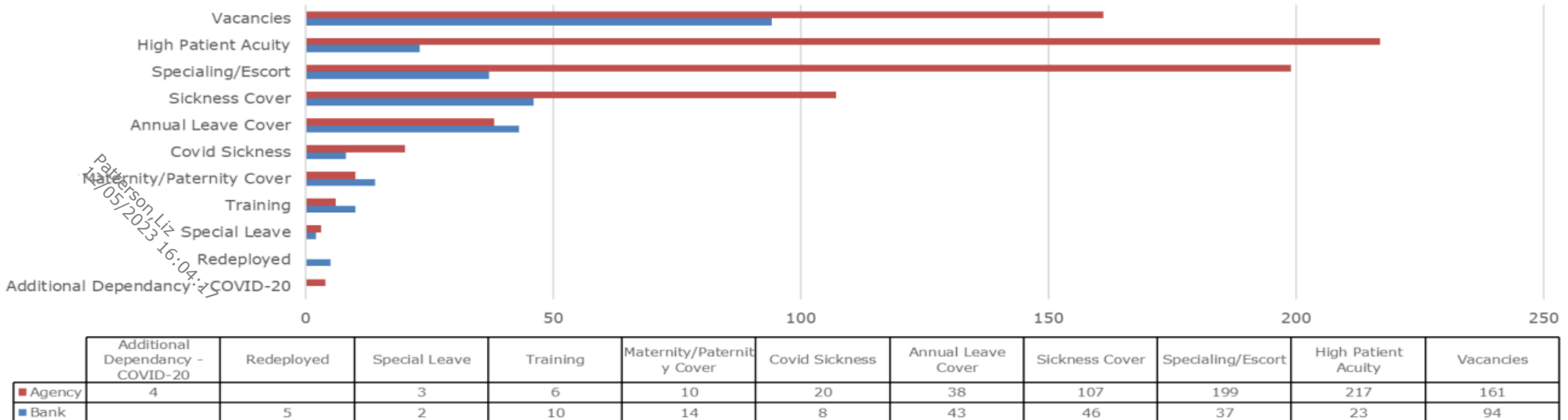
What the chart tells us	Areas of Concern	Actions/Mitigations
Agency usage has seen a considerable rise in March 2023 for Nursing (82.14 WTE) when compared with March 2022 (45.55 WTE). With an average of 54 WTE worked per month over the last 12 months (unregistered nursing 25 WTE and registered nursing 29 WTE). Nursing bank has slightly increase from 32.43 WTE in March 2022 to 34.95 WTE in March 2023, with an average of 29 WTE per month worked over the last 12 months (unregistered nursing 15 WTE and registered nursing 14 WTE). Additional hours/overtime has increase from 22.91 WTE in March 2022 to 24.66 WTE in March 2023, with an average of 17 WTE worked over per month the 12 months (unregistered nursing 8 WTE and registered nursing 9 WTE). There continues to be no agency usage within the Environment Directorate with variable pay covered mainly by bank and additional hours/overtime respectively. An average of 11.4 WTE Bank was worked in the last 12 months, along with 9.7 WTE Additional Hours/Overtime.	Agency use accounts for the largest proportion of variable pay spend in both Registered Nursing and unregistered Nursing, and remains an area of focus. The top 3 areas using the highest amount of agency for registered nursing in March 2023 were: • Llandrindod Wells (7.04 WTE) • Welshpool (6.10 WTE) • Brecon- Eppynt ward (4.15 WTE) The top 3 hospital sites using the highest amount of agency for unregistered nursing in March 2023 were: • Ystradgynlais - Tawe ward (7.43WTE) • Bronllys – Llewellyn ward(5.46 WTE) • Bronllys – Felindre ward (5.14 WTE)	The Workforce and OD Directorate have supported a range of local recruitment events actively seeking to recruit bank registered nurses and unregistered nurses. A joint recruitment event with partners across health and social care is being planned for the North of the County as a pilot. The Workforce and OD Directorate are exploring options to improve the flexibility and increase the frequency of when Bank staff are able to draw down their wages to incentivise take up of shifts. Weekly monitoring of all Bank applications is now in place to ensure fast track of applicants through the pre-employment stages. A variable pay action plan is in development by the Workforce & OD team and service areas.

Temporary Staffing

Registered Nursing - Agency/Bank Shift Request Reasons (March 2023)

	Additional Dependancy - COVID-20	Covid Sickness	Special Leave	Specialing/Escort	Training	Maternity/Paternity Cover	High Patient Acuity	Annual Leave Cover	Sickness Cover	Vacancies
Agency	3	7	7	7	5	1	25	17	85	474
Bank		2	3	5	11	33	12	36	54	212

Unregistered Nursing - Agency/Bank Shift Request Reasons (March 2023)

	Additional Dependancy - COVID-20	Redeployed	Special Leave	Training	Maternity/Paternity Cover	Covid Sickness	Annual Leave Cover	Sickness Cover	Specialing/Escort	High Patient Acuity	Vacancies
Agency	4		3	6	10	20	38	107	199	217	161
Bank		5	2	10	14	8	43	46	37	23	94

What the chart/ data tells us	Areas of Concern	Actions/Mitigations
For the month of March, more agency was used compared to bank in both registered and unregistered nursing. For registered Nursing, the main reasons for bank and agency shifts bookings in March 2023 continues to be vacancies (67%) followed by sickness absence (14%). For unregistered Nursing the main reasons for bank and agency shift bookings in March 2023 continues to be vacancies (24%) followed by Higher Patient Acuity (23%) and Speciality/Escorting (23%).	Off and on contract agency use continues to be high for both registered and unregistered agency use. The top 3 areas using the highest amount of off contract agency for registered nursing in March 2023 were: • Welshpool (70 shifts – 3.92 WTE) • Theatre (54 shifts – 2.67 WTE) • Llanidloes (45 shifts -2.67 WTE) The top 3 areas using the highest amount of off contract agency for unregistered nursing in March 2023 were: • Newtown (75 shifts – 4.50 WTE) • Bronllys – Felindre ward(47 shifts – 2.63 WTE) • Bonllys Llewellyn ward (38 shifts – 2.06 WTE)	The appointment of the second cohort of 5 overseas nurses, to be based in Welshpool, will potentially remove the reliance on agency nursing at this site. This will also potentially free up on-contract agency nurses to cover shifts that are currently being covered by off contract agencies across the North and possibly mid of the County. The TSU continue to evaluate shift demand and fill to see if the new agencies are able to fill to increase on contract usage and support block booking where needed. Self – billing agencies from our roster system is being investigated so invoicing can be more streamlined and handled in a timely manner. This would free up capacity within the TSU to spend more time on recruitment activity. Open rolling adverts for Bank registered and unregistered nursing continue to be promoted through social media. A variable pay action plan is in development by the Workforce & OD team and service areas.

Patterson Liz
12/05/2023 16:04:17

Occupational Health

April 2022 - March 2023

- 998 pre-employment questionnaire received
- 895 pre-employment cleared
- 337 staff referred into the service
- 1258 appointments attended

Occupational Health Referrals Received

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Referrals	28	30	24	28	29	27	37	14	29	33	23	35
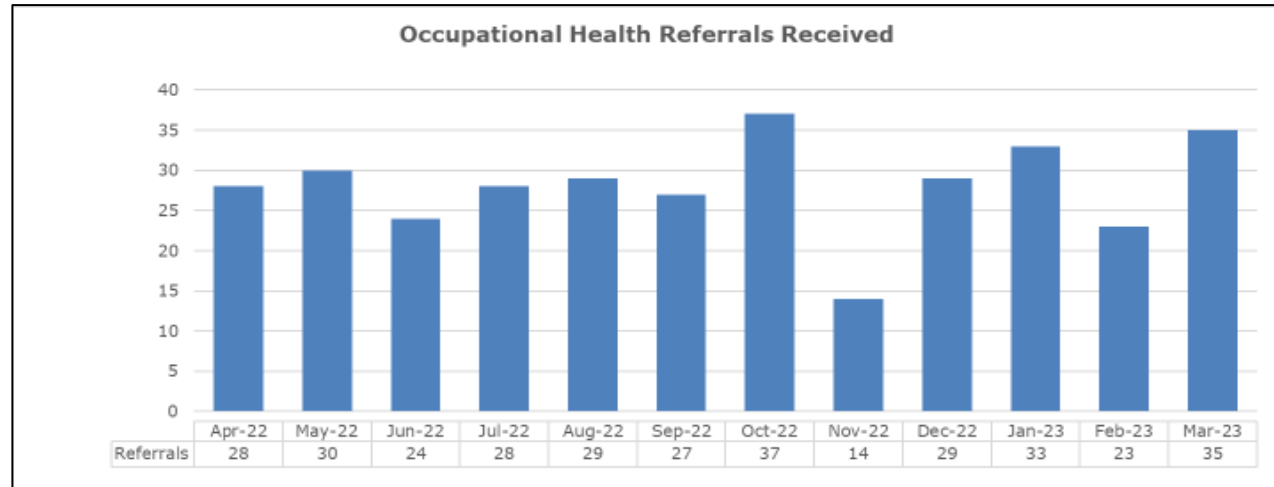
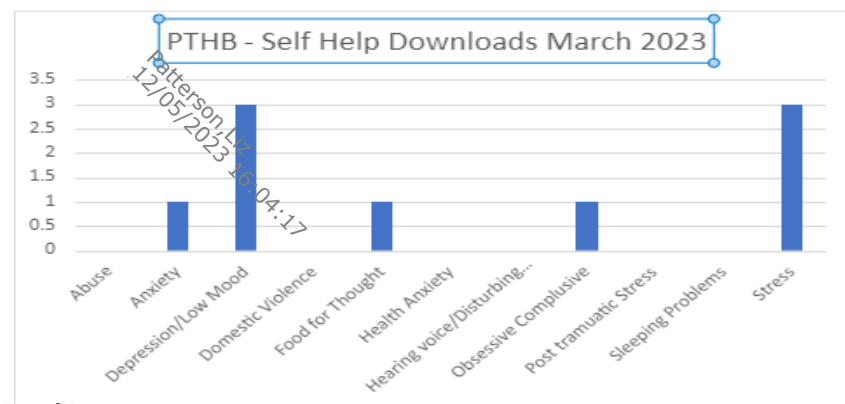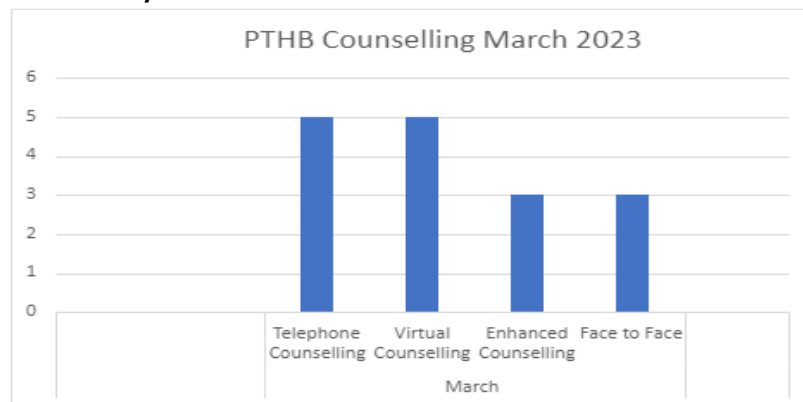| What the chart/ data tells us	Areas of Concern	Actions/Mitigations
The no. of management and self-referrals received over a 12-month period has been relatively consistent with no obvious peaks – over a 12 month period 14.2% of total staff have referred into the service. Referrals are triaged by the OH nurse and allocated to the OH Physician or the OH nurse to review the staff member – now utilising the Cohort system instead of paper based which speeds up the process Appointment waiting times will depend on the nature of the condition and the acuteness of the request – this has been reduced significantly with the recruitment of a new clinical lead nurse and is now sitting at 2-3 weeks wait.	There continues to be limited clinical capacity for immunisation in the North of the county due to our bank imms nurse being off sick There appears to be a slight inconsistency with not yet cleared/against cleared - we are aware of these as we are awaiting further information we add to as a delay reason, and we will be able to report on these.	The nurse and a bank HCA will travel to North to do a bloods/imms clinic to reduce the wait once a month The team continues to use Vivup EAP service for counselling signposting. The recruitment of Occupational Health Physician via single tender waiver was successful and currently working 1 clinical session per week has continued to enable to waiting times to be reduced and ongoing clinical knowledge for the team is invaluable. There are plans to increase the clinical commitment to include management of health surveillance clinics on an adhoc basis initially. Triage will identify the priority of clinician allocation and urgency. Any serious incident at work, domestic abuse, violence and aggression referrals, and employees in crisis will have a welfare check on the day of notification with an urgent appointment provided for assessment. **We will be fully utilising the cohort data system and therefore will be able to provide a refined data set from the 1st April**

Occupational Health – Counselling Service

Wellbeing pages : VIVUP employee assistance programme is in place, to developing wellbeing specific intranet pages and providing wellbeing resources and activities. The page continues to have approximately 750 visits each month. To encourage usage of the Employee Assistance Programme (EAP) service, we are planning a banner advertisement on ESR; posters/flyers/business cards in staff areas and changing areas/rest rooms. Also more directed promotion via Sharepoint and Social Media pages over the coming months. Self Help Downloads have dropped this month – but a new campaign for Staff Awareness for Vivup services is due to commence on 1st May 2023.
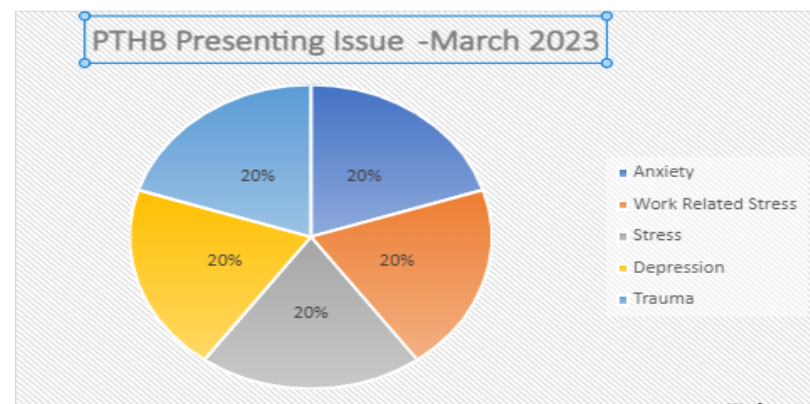
PTHB Counselling March 2023

PTHB - Self Help Downloads March 2023

PTHB Presenting Issue -March 2023

Workforce & Culture Committee – 16 May 2023 Item 2.2a

Triangulation of Data and Information to Understand the 'Health' of a Team

Patterson Liz
12/05/2023 16:04:17

Agenda

- Aim and IPF
- Individual Motivation
- Data in addition to the Workforce Performance Report
- Team Climate Survey
- Future Development

Patterson,Liz
12/05/2023 16:04:17

Aim and Integrated Performance Framework

❖ Aim – To triangulate data from a variety of sources to understand what support teams need in order to perform

❖ Integrated Performance Framework (IPF)

Workforce	Quality
IPF	
Finance	Access
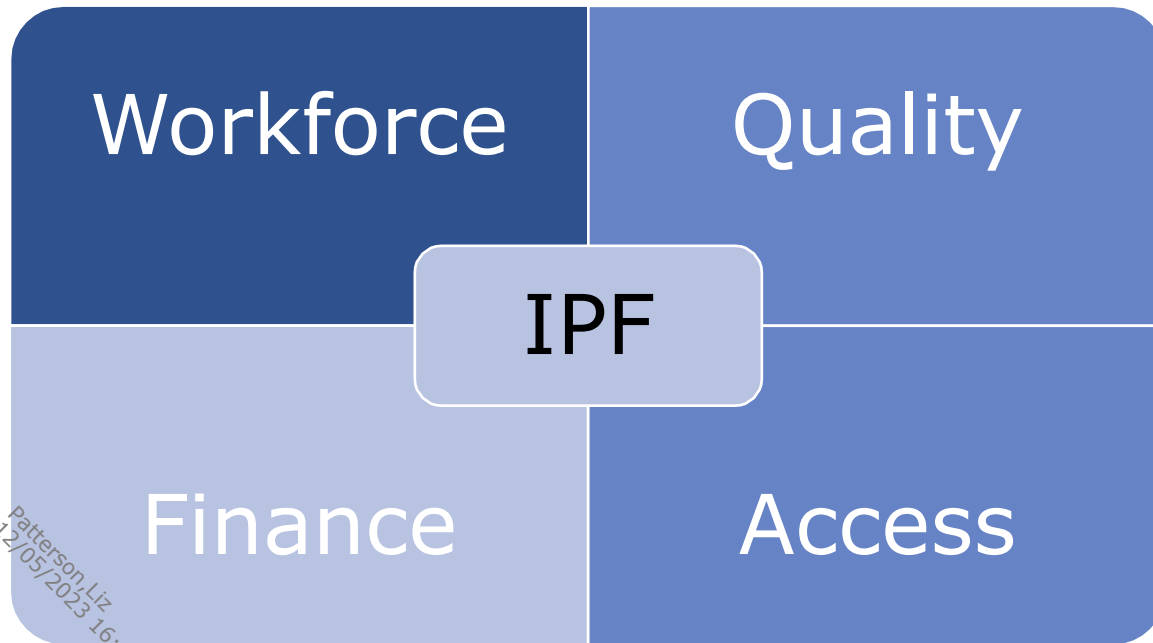
❖ Provides the total picture of the 'success' of a team

❖ Generally IPF shows performance, Workforce section needs to show if the environment is in place in order to perform

Patterson,Liz
12/05/2023 16:04:17

Individual Motivation

Clarity of Purpose

Feeling of Influence

Cared for by others

Sense of belonging

Sense of Value

Treated fairly

Compassionate Leadership

- Creating a compelling vision

- Having 5-6 clear objectives (translated to individual and team level)

- Enlightened people management that is authentic, positive, open and honest

- culture of continual learning and improvement

- Excellence in team working

- Collective leadership

Four Quadrants of Psychological Safety

Learner Safety

It's safe to:
- Discover
- Ask questions
- Experiment
- Learn from mistakes
- Look for new opportunities

Collaborator Safety

It's safe to:
- Engage in an unconstrained way
- Interact with colleagues
- Have mutual access
- Maintain open dialogue
- Foster constructive debate

Challenger Safety

It's safe to:
- Challenge the status quo
- Speak up
- Express ideas
- Identify changes
- Expose problems

Inclusion Safety

It's safe to:
- Know that you are valued
- Treat all people fairly
- Feel your experience, and ideas matter
- Include others regardless of title/position
- Openly contribute

Learner Safety

Collaborator Safety

Challenger Safety

Inclusion Safety

Self Reporting Data

National Staff Survey

- Due out in 2023 – no known date yet
- Engagement Index Score

Pulse Survey

- Limited delivery in CEO briefings & Staff Wellbeing Roadshows
- Utilised Engagement Index Score

Team Climate Survey

- Delivered at a team level
- 32 Questions that cover all aspects of team dynamics
- Results enable discussion around improvements to be made
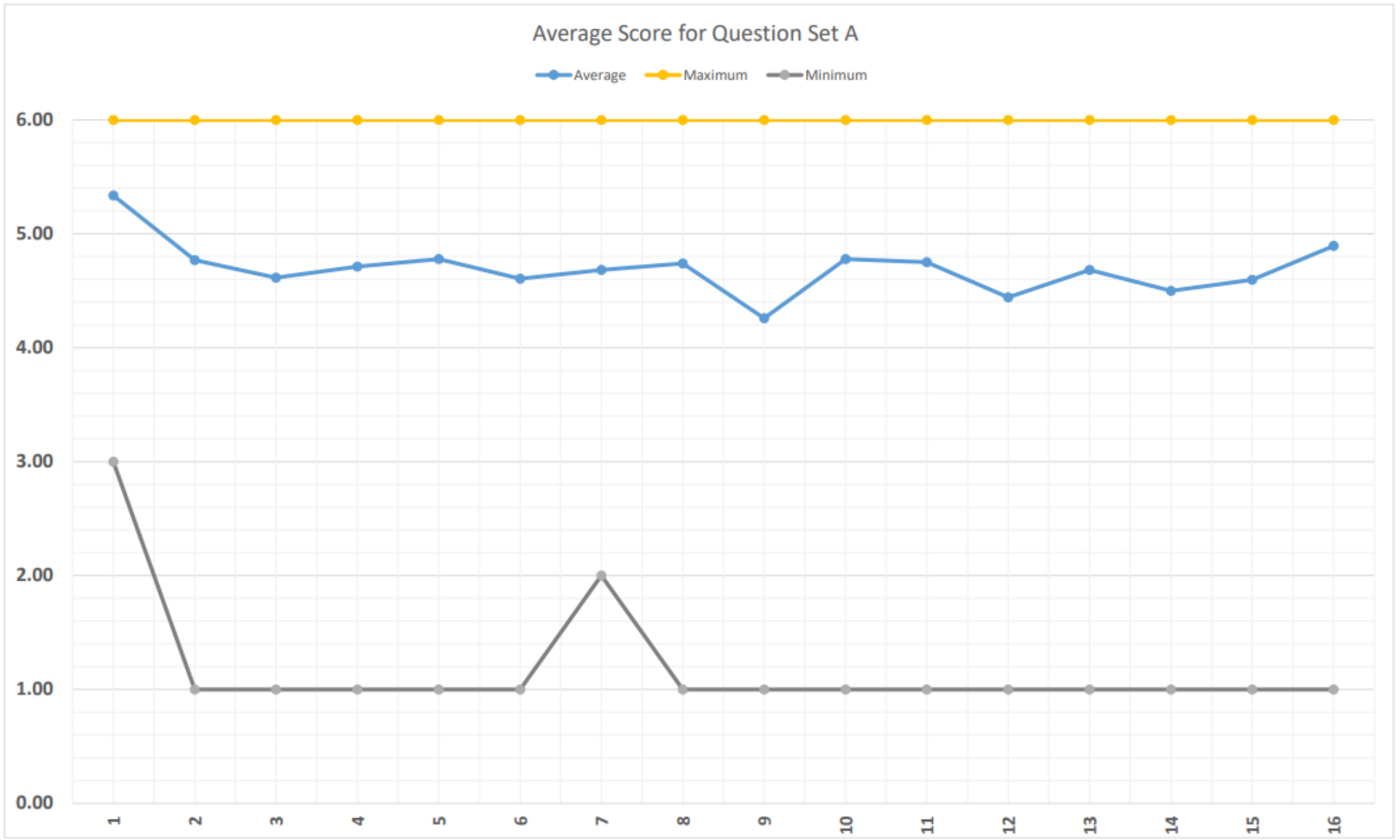- OD support for teams with lower average scores

Patterson, Liz
12/05/2023 16:04:17

Team Climate Survey

Question Set A

- I have meaningful one to ones and annual PADR with my line manager

- Our team has realistic objectives

- We know how our team is performing

- I regularly receive thanks and/or praise from my line manager

- We hold each other to account for our behaviours and actions

- We have a team environment where people are happy to ask questions or raise concerns

Question Set B

- My line manager takes an interest in my wellbeing

- I am responsive to the wellbeing needs of my colleagues

- My work tasks and objectives are achievable

- When I make mistakes, I am open and honest about them in order to learn how to reduce them in the future

- I look forward to team meetings

- I feel able to make decisions about my work without constantly having to seek my line manager's approval

Team Climate Survey

Team Climate Survey – Self Reporting Data

Data We Could Collect

- Data that could be collected:

    - Team Climate Survey Themes
    - Pulse Survey
    - Learning Activity (approved Study Leave Applications?)
    - Leadership Development courses

Patterson, Liz
12/05/2023 16:04:17

Further Development

- **Level/hierarchy that we report data – is it meaningful to individual teams**?
  - Community Care and Therapies
  - Environment
  - Finance
  - Mental Health
  - Public Health
  - Women and Children
- **Roll out of Team Climate, Automation and Refresh Rate**
- **Capturing access to learning outside of Statutory and Mandatory**

Patterson,Liz
12/05/2023 16:04:17

Workforce & Culture Committee	Date of Meeting: 16 May 2023
Subject :	Workforce Futures: Partnership and Citizenship Highlight Report - Joint Health and Care Induction Framework - School of Volunteers and Carers Progress
Approved and Presented by:	Debra Wood-Lawson, Interim Director of Workforce & OD
Prepared by:	Sarah Powell, Assistant Director of OD Louise Richards, Strategic Workforce Lead for Health, Care and Partnership
Other Committees and meetings considered at:	Workforce Steering Group, 2 March 2023

PURPOSE:
The report provides an update on delivery and progress against the **Workforce Futures strategic priority SP17: Workforce Futures: Partnership and Citizenship** including a specific reference to: - Joint Health and Care Induction Framework - School of Volunteers and Carers Progress
RECOMMENDATION(S):
The Workforce & Culture Committee is asked to receive, and take assurance from the report, outlining the work achieved against **Workforce Futures strategic priority SP17: Workforce Futures: Partnership and Citizenship** including: - the progress of the 'Joint Health and Care Induction' Framework - the development of 'School of Volunteers and Carers'.

Workforce Futures: Partnership and Citizenship highlight Report   Page 1 of 9   Workforce & Culture Committee 16 May 2023 Agenda Item 2.3

1/9   56/185

Approval/Ratification/Decision[1]	Discussion	Information
✘	✘	✓

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

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

EXECUTIVE SUMMARY:

Workforce Futures: Partnership and Citizenship is one of the themes within the Joint Workforce Futures Strategic Framework, a key enabler of the Health and Care Strategy for Powys. Its aim by 2027, is to approach workforce development and transformation by making 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.

During the first phase of work 2018/22, partners from across the Health & Care Sector worked collaboratively to lay the foundations of the programme, focusing on building strong working relationships and the foundations of the joint Health & Care Academy. The Academy delivers a range of CPD offers through 4 schools: School of Leadership; School of Clinical and Professional Education, Training and Development; School of Research, Improvement and Innovation and the School of Carers and Volunteers.

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

Workforce Futures: Partnership and Citizenship highlight Report | Page 2 of 9 | Workforce & Culture Committee
16 May 2023
Agenda Item 2.3

2/9   57/185

The implementation phase commenced in 2022/23, where the development of the Health & Care Academy started to evolve. Through the 'school' approach to the Academy, we have been able to develop our capacity in partnership and citizenship, by enhancing our support to volunteers and carers through joint pioneering education initiatives both across entry level education i.e. Joint Induction Framework and a range of schemes through the 'school of volunteers and carers'.

DETAILED BACKGROUND AND ASSESSMENT:

Joint Health and Care Induction Framework

The Health & Care Academy has been integral to the development of the 'Powys Joint Health and Social Care' induction programme, which incorporates the NHS Wales health care support worker induction and the All-Wales induction framework for social care support workers. This programme runs over six-days consisting of three face to face days and three days of virtual training. The programme covers those aspects relevant to the effective induction of new staff to health and social car, and involves a combination of simulated learning, guest speakers and dedicated trainers providing foundation skills development and assessment.

An initial pilot in West Wales highlighted, that by combining the respective sector inductions together, collaborative working across the health and care sector was promoted and staff were more able to relate to the roles of their colleagues. The evidence shows that teams who work better together create better outcomes for patients (Kingsfund, 2016) and has a significant positive impact of patient/client care.

Due to delays in the appointment of the joint educator, the Powys pilot programme, is now scheduled to commence on 1st March 2023, and will run alongside the current NHS Wales Induction for entry level staff. A further 2 cohorts in April 2023 and June 2023 are planned to complete the pilot, and a full evaluation will be undertaken on impact and benefits of the joint programme.

Alongside the development of the joint induction programme, the Academy education team has been working closely with two secondary schools in Powys to enhance the education offer to students undertaking health and social care qualifications at level 3 (A-Level/BTEC/Certificate). Through a pilot with the Powys' 16+ education team in Powys County Council, Crickhowell and Llanfyllin high schools, the Academy has enabled two cohorts of school students to engage in sessions led by specialist guest speakers and our own education team. 34 students are taking part in this pilot.

Working with the main educators in the schools, topics have been based around their curriculum syllabus as well as health and social care career

Workforce Futures: Partnership and Citizenship highlight Report

Page 3 of 9

Workforce & Culture Committee
16 May 2023
Agenda Item 2.3

3/9

58/185

opportunities. The students have also been invited into the Academy to participate in scenario and simulated based learning events. This is planned to continue and expand, working with students in year 11 and students studying with our Further Education providers to promote these qualifications and the enhanced opportunities and experiences offered through the Academy. Further to this, the possibilities of work experience and volunteering has been highlighted to these students, whilst work is underway to facilitate enrolment onto the PTHB temporary staffing bank.

School of Volunteers and Carers Progress

2022 has been a year of growth in developing the 'School of Volunteers and Carers' within the Health and Care Academy. This has been notable through our joint approach to the deployment of volunteers with PAVO, and the added support to volunteers and carers i.e. additional CPD opportunities, career pathways into the sector, a range of wellbeing initiatives specifically aimed at volunteers and carers and an established robust induction to the sector to name a few initiatives.

We have increased our volunteering opportunities, over and above the 'Wayfinder' volunteers who support the Mass Vaccination Programme, and the range of opportunities include:

- an additional 8 x hospital support volunteers, which have been rolled out in Bronllys, Welshpool, Llanidloes and Llandrindod community hospitals.
- A new 'Lay Member' is in place to support Individual Patient Funding Request (IPFR) & Prior Approval Panels.
- Telephone Buddies who are positioned in PAVO to support hospital to home discharge.
- Further work underway to explore volunteers in the social care setting including care homes. This aims to support the 'hospital to home' pathways. Pilot sites and role profile currently in development.

We have seen that regular volunteering in these roles has allowed volunteers to integrate onto community wards and become part of the team. It has also supported a broader understanding of how ward areas work and how multi-disciplinary teams with volunteers being part of the workforce can enhance the experience of the patient and/or service user, maintain integrity and continuity. The joint volunteer manager has worked with service areas to promote the role and provide clarity on volunteers and the differences between a paid member of staff and those volunteering.

We are already starting to see volunteers' step into the employment market, with one of our mass vaccination volunteers taking up a permanent role in the Support Services team.

There is further appetite to explore other roles in other areas across the health board, with requests being received from women and children's services, pet therapy sessions, peer support for those who have a lived experience of cancer, end of life care, digital inclusion, gardening and grounds maintenance, patient liaison roles and external website maintenance, digital to name but a few.

Working in partnership with our colleagues in PAVO, we have enhanced the volunteer onboarding process currently undertaken by PAVO, which up until now included recruitment of volunteers, ensuring pre-deployment e-learning packages and DBS checks. The enhancement includes a more informed induction, focusing on the role of volunteer and expectations and includes statutory training requirements.

We have further work to do to review the current Memorandum of Understanding (MOU) between PTHB and PAVO, that we agreed at the start of the Pandemic.

As part of the Young Peoples Volunteering Enterprise programme, we are also working closely with PAVO to establish a range of roles across partner organisations to support students to be involved in the practical volunteering opportunities. It is envisaged that a defined volunteering programme to support both the Welsh Baccalaureate and the Duke of Edinburgh awards will be offered in future. This programme is being developed in conjunction with PAVO.

A large piece of work around developing a skills matrix for the Academy's School of Volunteers and Carers was undertaken with PAVO in 2022. Outputs of this include:

- The scoping of a suite of CPD training opportunities and a menu of support for our volunteers and carers, and the content for a skills matrix tool, which will enable the school of volunteers and carers to start to map out the skills available in these areas. Stage two of this work is due to commence in March 2023.

Unpaid Carers support

The inaugural Powys Unpaid Carers Conference took place in November 2022 to coincide with Carers Rights Day. The theme of the conference was - Value, Collaborate and Communication and was developed with unpaid carers being a key stakeholder. This conference was delivered across three sites, Bronllys, Llandrindod and Newtown through a hybrid model which included face to face and virtual presentations. All three sites were linked together via video conferencing.

Over eighty people attended, both in person and online with most guest speakers and the Q&A panel being based in Bronllys. There were a huge variety of attendees from health and social care, Primary Care and carers themselves. Our keynote speaker, Simon Hatch - Director of Carers Trust attended and gave a presentation on 'building a caring society'. The conference was opened by Kirsty Williams - Vice Chair, Powys Teaching Health Board and chaired by Kim Spelman an unpaid carer. A wide variety of topics were discussed with actions carried forward for further discussion.

The feedback from attendees was extremely positive as per the example below:

Hayley Pugh – unpaid carer representative stated:
"I would like very much to thank everyone involved in the Conference, to start these conversations giving us a platform to work with the health board and wider service is a great opportunity, to collaborate during these very challenging demanding times. We need to keep talking, being given the opportunity to help develop a service fit for purpose, in our rural areas that works well for everyone."

As we continue to develop and enhance the support to unpaid carers, we want to ensure they have a voice in developing the work and therefore a carer representative is now a member of the School of Volunteer and Carers Steering Group. We are also working closely with Credu to identify a carer representative to engage in the Chat to Change meetings. As we develop this area of work, we will be looking to better understand the wider third sector organisations who support carers, so that we can increase our reach to unpaid carers across the county.

We recognise that young carers make a massive contribution to the health and care system in Powys in supporting their loved ones. However, it can sometimes prove difficult to engage with our young carers due to their education commitments and caring responsibilities. We are working closely with outreach' workers from Credu, who are building links with the School of Volunteers and Carers to develop these relationships and support our young carers to access resources that are available to them. A young carers forum hosted by PTHB to scope training and strengthen accessibility to resources has been offered to Credu.

As we start to better understand the contribution and role of an unpaid carer, we are working closely with Credu to deliver carer aware training across the partner organisations. This year, 6 sessions were delivered across PTHB and Powys County Council, with 28 people registering for sessions. In total, 18 people attended through a virtual mode.

We continue to consider different ways to support our unpaid carers, and at the beginning of 2022 we commissioned Phoenix Mindfulness Living to scope

Workforce Futures: Partnership and Citizenship highlight Report

Page 6 of 9

Workforce & Culture Committee
16 May 2023
Agenda Item 2.3

6/9

61/185

the gap in support to carers and develop a programme of learning to address this gap. In doing so the Powys Balance Programme was developed. A pioneering programme of various personal transformation initiatives that provided our unpaid carers an opportunity to learn techniques that enables them to balance the needs of those they care for, without losing the essence of themselves. As part of the initiatives, the Powys Karma Camper was formed which enabled the programme to be delivered to participants in their communities across the county. This increased reach to unpaid carers who sometimes struggled with access to more centralised locations and virtual sessions.

Following the proof of concept, the programme was extended to support our carers who work across our services in paid roles, this adaption was called the Powys Harmony Programme. The programme has continued to be delivered through online sessions and one day retreats to support not only carers, but volunteers and staff with caring responsibilities in Powys.

Feedback from the programme includes:

Mindful based living course participant feedback:

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

Mindful Retreat participant feedback:

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

In January 2023, PTHB became a member of Employers for Carers Wales. Carers Wales launched this membership programme which aims to encourage Welsh employers to implement carer friendly employment practices into their workplaces. PTHB will be leading the way in promoting effective workplace practice to support staff with caring responsibilities and in turn demonstrating the real business benefits of better engaged people, lower recruitment costs/ turnover, and retention of talent and experience.

We recognise that there is limited resource to support the carers agenda and have built a resource into the RPB – RIF finance requirements for next year 2023/24.

NEXT STEPS:

The annual Workforce Futures evaluation report will be reported to the RPB at the end of March 2023, and it will outline the progress achieved this year and challenges, as well as areas for further work. The report will also outline the next steps to further develop the programme of work against Workforce Futures longer term outcomes.

This report can be shared with a future Workforce & Culture Committee when it has been finalised.

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

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

Workforce Futures: Partnership and Citizenship highlight Report

Page 8 of 9

Workforce & Culture Committee
16 May 2023
Agenda Item 2.3

8/9

63/185

Welsh Language					

Risk Assessment:

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

Workforce & Culture Committee	Date of Meeting: 16 May 2023
Subject:	Workforce Futures Strategic Priority 13 – Update
Approved and Presented by:	Debra Wood-Lawson, Interim Director of Workforce & OD
Prepared by:	Sarah Powell, Assistant Director of OD Katelyn Falvey, Head of Organisation Design & Workforce Transformation Sara Alford, Senior BP Resourcing Louise Richards, Strategic WF Lead for Health, Care & Partnerships
Other Committees and meetings considered at:	Workforce Steering Group, 2 March 2023

PURPOSE:

The report provides an update on delivery and progress against the Workforce Futures strategic priority 13: Design, develop and implement a comprehensive approach to workforce planning to include:

- Organisational approach to workforce planning and sustainable workforce models and implementation of the All-Wales Workforce Planning Toolkit
- Recruitment Programmes Progress
- Accelerated Learning Routes

RECOMMENDATION(S):

The Workforce and Culture Committee is asked to **receive** the progress update and take **assurance** against the delivery of IMTP Strategic Priority 13.

Workforce Futures: Workforce Planning Overview Report   Page 1 of 12   Workforce & Culture Committee
16 May 2023
Agenda Item 2.4

1/12   65/185

Approval/Ratification/Decision[1]	Discussion	Information
		X

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

EXECUTIVE SUMMARY:

The report provides the Workforce and Culture Committee with an update against the IMTP Delivery Plan 2022-23 for strategic priority 13: Design, develop and implement a comprehensive approach to workforce planning (focussing on attracting/securing workforce for targeted services). The paper is focussed on providing an update specifically against the milestones for quarters 3 and up to February in quarter 4 and includes:

- Organisational approach to workforce planning and sustainable workforce models and implementation of the All-Wales Workforce Planning Toolkit
- Recruitment Programmes Progress
- Accelerated Learning Routes

DETAILED BACKGROUND AND ASSESSMENT:

PTHB's Integrated Medium-Term Plan (IMTP) 2022-25 sets out our organisational priorities for the next 3 years. Strategic Priority 13 within the enabling 'Workforce Futures' section is to '*design, develop and implement a comprehensive approach to workforce planning, focusing on attracting/securing workforce for targeted services.*

For the purpose of this paper, the updates have been grouped into the following sections, but recognising that many programmes of work are cross cutting and strongly align with one another:

- Organisational approach to workforce planning and sustainable workforce models and implementation of the All-Wales Workforce Planning Toolkit
- Recruitment Programmes and activity
- Accelerated Learning Routes

1. **Organisational approach to workforce planning, sustainable workforce models and implementation of the All-Wales Workforce Planning Toolkit.**

Within our IMTP, we have committed to supporting our services with a comprehensive and sustainable approach to workforce planning. This is vital to enable us to effectively maintain the delivery of our existing services, respond to renewal activity, and continue to support the delivery of our Health and Care strategy. Effective workforce planning will help us identify areas of service change and development, and any associated workforce gaps and risks. With the current challenges around specialist workforce supply unlikely to change in the near future, the level of understanding around current and future workforce requirements is now greater than ever.

Our proposed organisational approach to workforce planning can be used for short term, medium term, and long-term planning and is based on the six-step methodology. In addition to the very clear step-by-step process that will support service leads to develop

and produce well-informed workforce plans, the Powys approach will have an additional focus on key areas which will include:

- identifying and reducing single points of dependency
- workforce planning underpinned by a value-based healthcare approach
- a competency-based approach to workforce planning
- Consideration given to development of new roles, role re-design to include extended/hybrid roles
- consideration given to our organisational 'Grow our Own' agenda with integration of roles into workforce plans such as Apprenticeships, Aspiring Registrants, and training/development roles using Annex 21.

Progress has been made against the milestones in Quarters 3 up to February in Quarter 4 and includes:

- Our organisational approach to workforce planning was presented and approved at Executive Committee in November 2023.
- Key individuals within the WOD Business Partnering team have completed 'Train the Trainer' Training for Workforce Planning.
- A rolling programme of workforce planning training has been scheduled and advertised for delivery from early March 2023 with a view to delivering 3 cohorts per quarter going forwards.
- The Business Partner Team are marketing the training opportunity and encouraging service leads and professional heads to attend the training. In addition to this, they are encouraging all staff at Band 7 and above to complete the online workforce planning training available through ESR.
- Discussions with Planning Directorate colleagues have commenced to explore and agree an integrated approach to the submission of workforce plans as part of the IMTP process. The initial focus going into 2023-24 will be on building workforce planning capacity and capability with a view to formal submission of workforce plans being integrated into the IMTP process for 2024-25.
- Quarter 3 saw the Accelerated Sustainable Model (ASM) programme of work begin. Recognising an urgent need to develop a sustainable model for health and care services in Powys, this programme was launched and Quarter 3 has been focused on the Discovery phase. During this rapid phase of the programme, the Head of Workforce Transformation has been supporting the programme team with the required workforce data intelligence and analytics to inform the picture in terms of our current workforce models.
- 10-Year workforce projection modelling data was produced for the majority of clinical and non-clinical services/roles and presented to Workforce Steering Group. This data has been used to support and inform the Discovery Phase of the ASM. Detailed data analytics were undertaken for Nursing, Midwifery and AHPs, and further work needs to be undertaken with some professional groups such a Psychologists to produce more granular detail. (see appendix 1 for Workforce Projections Slides presented at Workforce Steering group Nov 2022).
- As we move into the design phase of the ASM, workforce planning support will be provided to help inform the new service models and subsequent workforce models.

Workforce Futures: Workforce Planning Overview Report

Page 4 of 12

Workforce & Culture Committee
16 May 2023
Agenda Item 2.4

4/12

68/185

There will be consideration given to role redesign, introduction of new, extended and hybrid roles with due consideration given to workforce supply and sustainability.

- An example of exploring hybrid roles would be in relation to the initial conversations that have commenced with Edgehill University in relation to the training of dual registrants, such as Nurse-Paramedics or Nurse-Social Workers. There is a meeting planned in March 2023 which will help us to understand what is required to train dual registrants and where these roles could be utilised effectively in our workforce models across the organisation and potentially with partner organisations.
- The first meeting of the Community Paediatric remodelling steering group occurred in Jan 2023 and the Head of Workforce Transformation will be supporting this programme of work going forward.
- Work continues with the Renewal Priorities, with each programme at a different stage in relation to workforce modelling. There are 52.40 WTE posts across the 7 areas: 20.50 WTE of these posts are recurrent posts and the remaining 31.90 WTE are fixed term appointments. All recurrent posts have been appointed to, and all non-recurrent posts are due to finish in March 2023.

2. **Recruitment Programmes Progress**

There are two key Recruitment objectives within the IMTP

1. To widen recruitment and careers opportunities building on apprenticeship offer, international nursing, including specific promotional campaigns.
2. To support accelerated learning routes including part-time degrees for health and care staff, enhancing the Student Streamlining offer.

Both objectives support the delivery of effective workforce plans by focusing on attracting and securing workforce for targeted services (SP13).

- The second cohort of Overseas Nurses (OSN) is currently being recruited, bringing Phase 1 of the All-Wales International Nurse Recruitment Programme to an end. Offers have been issued and accepted and the remaining 5 successful OSN are at varying stages of the sponsorship and visa process. The target landing date for 3 of the 5 nurses is currently 11th April. Work is underway to recruit a Settlement and Pastoral Care Support Worker who, once recruited into this fixed term post, will provide vital on-boarding and settlement support to the 5 OSN to aid long term retention and value for money.
- The second tranche of Student Streamlining events are underway. With only 2 students allocated in the first round at the end of last year, the Workforce team, with support from the representatives from the service areas attended events at Swansea University and the University of South Wales in January and February respectively. A further event is planned at Cardiff University in March. The resourcing team also attended their first event at the University of Bangor for the Faculty of Medical Sciences, although not a student streamlining event it proved very successful.
- The talent pool continues to be developed in Trac. Work has started to develop an 'issues and requirements' register which looks at the functionality of Trac in

Workforce Futures: Workforce Planning
Overview Report

Page 5 of 12

Workforce & Culture Committee
16 May 2023
Agenda Item 2.4

5/12

69/185

its current configuration. One area of concern is the lack of access to applicants who only partially complete their applications, choosing not to submit. It is hoped that by identifying such issues, the lack of triangulating between the applicant login portal and the talent pool section of Trac can be remedied.

- Recruitment events continue to take place across the county and further afield. In addition to Student Streamlining events noted above, a series of open days are due to take place in the Mid and the North, including Machynlleth 20th February, Llanidloes 23rd February, Welshpool 27th February and Llandrindod Wells 6th March. PTHB are continuing to have a presence at DWP events across the county, with events also planned for Brecon and Newtown colleges.
- Preliminary planning is taking place to structure a large-scale partnership recruitment event for September '23 to counter against winter pressures felt by the Health Board and Powys County Council.
- In January, a new social media platform purely for recruitment and application information was launched. Our new 'Powys NHS jobs' Facebook page, with over 500 followers, has made quite an impression. The page is very much in its infancy but with plans in place to develop the content further it is hoped that its objective 'to let the outside in' will see it grow in strength, reach and numbers of followers. Our LinkedIn page is currently under construction and will be relaunched in the next few weeks. Our ambition is to further our demographic reach by targeting early talent on TikTok.
- The Temporary Staffing Unit (TSU)has recently launched rolling Bank adverts on Trac, for each hospital site location, for both RN and HCSW Bank vacancies. It is anticipated that these continually rolling adverts will speed up the bank recruitment process and enhance the candidates experience of PTHB. We will be monitoring the success of this approach and working closely with other service areas to replicate the process where possible.
- The TSU are planning on advertising Welsh essential language jobs for all Nursing and HCSW roles.

3. **Accelerated Learning Routes**

In support of our education commissioning and workforce planning approach, we have been working with our education commissioners to gain support to widen our 'grow our own' offer. The aim of this is to provide our current and future workforce with educational and career development opportunities, including improved access to the apprenticeship frameworks.

- Further funding support of £36K from HEIW has been secured to support a second cohort of 12 learners onto the Level 4 HE Certificate in Healthcare Support. The original cohort of 12 in Sept 2022 were the first to join a pilot programme with Llandrillo College, delivering the programme through a distance learning model over 1 year. The second cohort is due to start in Feb 2023, so applications and interviews have been undertaken. This learning programme is the equivalent of Stage 1 of the Nursing Degree programme, therefore supporting 24 of our HCSWs

in 2022-23 to join the first step of a career pathway from HCSW to Registered Nurse.

- We have another cohort of 6 internal Aspiring Nurses due to start their distance learning part-time degree programme in February 2023. These Aspiring Nurses will qualify in January 2028. 1 Aspiring Occupational Therapist commenced their degree programme with Glyndwr University in January 2023.
- Due to the unforeseen difficulties encountered last year in recruiting an Aspiring Radiographer to PTHB, agreement has now been confirmed in January 2023 from HEIW that we can utilise the funding support agreed previously to recruit an Aspiring Radiographer to the September 2023 cohort at Bangor University. There are plans in place to undertake a joint recruitment and selection approach with Bangor University into the trainee role and onto the degree programme through direct application.
- A newly qualified nurse preceptorship programme has been developed and rolled out for all new nurse registrants to access upon joining PTHB, delivered by the Clinical Education Practice Education Team.
- March 2023 will see the first cohort of Powys based Aspiring Nurses join the full-time Dispersed Learning Nursing Degree programme at Bangor University. This new educational contract has been commissioned by HEIW specifically for Powys in a bid to support the development of the future nursing workforce in Powys. This blended learning full-time Adult or Mental Health Nursing degree is only available to Powys residents who will remain in Powys for the duration of their degree allowing them to study from home whilst continuing to live in Powys. The taught elements of the course will be delivered via an interactive virtual learning environment which will allow students to access lectures, seminars and skills training delivered live or recorded. There will also be in-person contact with academic staff on a weekly basis in nominated hubs in Powys during theory teaching blocks. This will ensure that students get a great combination of online and in person personalised, local teaching and support that is easily accessible. This approach in aimed at Powys domiciled students who want to gain a career in nursing without having to leave their home county. Powys THB have been supporting Bangor Uni with their local marketing strategy and will continue to work closely in partnership to provide a range of excellent clinical placement opportunities.

3.1   Health & Care Academy update

A large investment over the last 12 months has been around the development of the joint Powys Health & Care Academy. The Health and Care Academy Model acts as a platform for local delivery to achieve our ambition in increasing local access to education, training and development across the health and social care sector, specifically focused on the workforce in Powys. With the absence of a brick university in county, the model enables Powys to have a truly integrated Health and Care Academy establishment that is core to the delivery of our education and training across the county by 2027. Though to date our focus has been on entry point education, work is underway

to start to scope the repatriation of degree training back into county through the Academy model.

- The Health & Care Academy education team has been working closely with two schools in Powys to enhance the education offer to students undertaking health and social care qualifications at level 3 (A-level/BTEC/Certificate). 34 students across Crickhowell and Llanfyllin high schools have been able to engage in sessions led by specialist guest speakers and our own education team. Topics have been based around their curriculum syllabus as well as health and social care careers. The students have also been invited into the Academy to participate in scenario and simulated based learning events. Further to this, the possibilities of work experience and volunteering has been highlighted to these students, whilst work is underway to facilitate enrolment onto PTHB bank.
- The Academy has been integral to the development of the Powys Joint Health and Social Care Induction, which incorporates the NHS Wales health care support worker induction and all Wales induction framework for social care support workers. The Powys pilot programme due to commence on 1st March 2023, will run alongside the current NHS Wales Induction for entry level staff. A further 2 cohorts in April '23' and June '23' will complete the pilot, whereby a full evaluation will be undertaken on its impact.

Widening Access initiatives

- **Reaching wider**
  We are working in Partnership with Bangor University to support our care leavers to access a level 4 qualification. Currently we have 24 care leavers undertaking this learning across Llandrindod and Brecon high schools. These students are starting to understand education pathways available to them, careers in the Health and Care Sector, and are spending some time in the Academy through a simulated lens.
- **Powys Health & Care Academy Careers & Education Enterprise Scheme (ACEEs) for Young People**
  Working together with our resource teams across the partner organisations, the Academy has developed a Careers & Educational Enterprise scheme. This scheme will help to educate young local students, our future workforce, with the knowledge and understanding of the world of health and social care.
  Working closely with the Educational Transformation team in Powys County Council, the Academy will offer career and educational advice to students at all stages of the educational curriculum about a range of services, career pathways and enterprise opportunities within health and care will empower them to make informed career choices and create alternative ways and places for them to choose to study.

  Offering new exciting and dynamic career and educational programmes on a range of workplace experiences and incorporating the use of digital technology, will help to attract our digital age students, increase a wider knowledge of services

Workforce Futures: Workforce Planning Overview Report

Page 8 of 12

Workforce & Culture Committee
16 May 2023
Agenda Item 2.4

8/12

72/185

available and the ability to reach and accommodate a wider audience. The triad of programmes include:

- **Careers and Education Enterprise Programme** – these delivered virtually via MS Teams webinars and will be available to all students aged 14+ in secondary and further education establishments across Powys. These sessions will inform students of the range of job roles, careers, and pathways, including work experience, volunteering, and apprenticeships. Careers Wales supported the first on these events that took place on 25th January 2023. 10 Schools from across the county joined the webinar with an estimated 300 students taking part. We are currently working with DWP to identify those students who are keen to explore further work experience/simulated learning/ apprenticeship and/or entry level employment opportunities with us through the Health & Care Academy.
- **Young Peoples Volunteering Enterprise Programme** – a range of roles are available across partner organisations to support students to be involved in the practical volunteering opportunities. It is envisaged that a defined volunteering programme to support both the Welsh Baccalaureate and Duke of Edinburgh awards will be offered in future. This programme is being developed in conjunction with PAVO.
- **Careers and Education Enterprise Work Experience Programme** - to work more closely with our organisational resource teams, Careers Wales, High Schools, and FE Colleges to streamline processes and widen access to support and educate the young people of Powys, our future workforce.

  In addition to these, we have been working closely with internal and external agencies to widen the offer further, taking advantage of dynamic simulated learning and the use of digital technology. Key activities have included streamlining FE pathways, initially targeted at students currently studying Health & Social Care related courses, policy development with partner organisations and linking in the national work programme with HEIW around Careersville; a digital platform that supports students to navigate the family of roles with the Health & Social Care Sector.

- **Apprenticeships**

Our apprenticeship offer is pivotal to our longer-term outcome of increasing employment opportunities at entry level into the sector. In the last year we have been exploring more openings to increase our capacity in this area. We anticipate this will support the need to grow our own workforce and help to fill vacancies in hard to recruit areas. Here are some of the existing roles we are supporting through the Health & Care Academy:

- **Health Care Support Worker (HCSW) Apprentice**

The Health Care Support Worker apprenticeship programme initially set up in 2018 offers apprentices the opportunity to gain practical skills working as a HCSW on inpatient wards whilst working towards a Level 2 qualification in Clinical Health Care Support. These individuals sit within the Health & Care Academy and are supported by

Workforce Futures: Workforce Planning Overview Report   Page 9 of 12   Workforce & Culture Committee
16 May 2023
Agenda Item 2.4

9/12   73/185

the Widening Access Manager with a 360* pastoral support and 1:1 coaching. A mentorship model has been developed and principles rolled out to supervisors/teams who host these apprentices.

Evaluation summary:

Cohort 3 – September 2021 – October 2022:

Recruited	L2 Qualification Achieved	Secured Substantive HCSW Role
7	6 (1 x long term sickness due to long covid)	4 x in PTHB 2 x External

Cohort 4 – September 2022 – October 2023:

Recruited	L2 Qualification (Not Due until September 2023)	Secured Substantive HCSW Role
6	5 (1 x resigned)	N/A as yet

- **Digital Marketing & Media Apprentice**

Based in the regional Research & Innovation Hub, this role works alongside the Communications Team, and will continue their learning until May 2024.

As part of the apprenticeship offer, additional work experience placements have commenced that support apprentices in addition to their regular place of work. These are offered in various services and departments within the health and social care sector to widen service knowledge and support each apprentice to make informed career choices and increase confidence in applying for vacancies outside of their work placement. This compliments their qualifications framework and aims to support organisational recruitment and the retention of staff. The first group of apprentices will start these placements between February and May 2023.

NEXT STEPS:

Further progress against the strategic priorities and objectives will continue to be monitored as part of the quarterly IMTP reporting framework.

Appendix 1. Workforce Projection Slides

Patterson Liz
12/05/2023 16:04:17

Workforce Futures: Workforce Planning Overview Report

Page 10 of 12

Workforce & Culture Committee
16 May 2023
Agenda Item 2.4

10/12

74/185

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	✓

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive	Statement
Age	■				**Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken**
Disability	■				
Gender reassignment	■				
Pregnancy and maternity	■				
Race	■				
Religion/ Belief	■				
Sex	■				
Sexual Orientation	■				

Workforce Futures: Workforce Planning Overview Report   Page 11 of 12   Workforce & Culture Committee 16 May 2023 Agenda Item 2.4

11/12   75/185

	Marriage and civil partnership	🟩				
	Welsh Language					

Risk Assessment:

	Level of risk identified				Statement
	None	Low	Moderate	High	
Clinical		🟩			**There is a low risk for the organisation in employing clinical staff with no prior health or social care experience and a low financial risk related to supporting increased supernumerary shifts to allow the staff member to gain required competencies**
Financial		🟩			
Corporate	🟩				
Operational	🟩				
Reputational	🟩				

Workforce Futures: Workforce Planning Overview Report

Page 12 of 12

Workforce & Culture Committee
16 May 2023
Agenda Item 2.4

12/12

76/185

PTHB Workforce Projection Data & Proposed Workforce Planning Approach
Workforce and Culture Committee 16 May 2023 Item 2.4a

Debra Wood-Lawson, Interim Director of Workforce & OD

Katelyn Falvey, Head of Organisational Design & Workforce Transformation

Patterson,Liz
12/05/2023 16:04:17

Background

- March/April 2022 – request from CEO's in Wales to undertake Nursing Workforce modelling exercise for Nursing and Midwifery

- Nationally agreed planning assumptions

- Recognising the value of this data to inform strategic workforce planning

- Local decision to utilise tool and undertake WF projection modelling for all clinical and non-clinical service areas/professional groups

National picture

RCN Wales publishes workforce report as Welsh Parliament debates safe nurse staffing levels

2,900 Registered Nurse (RN) vacancies in NHS Wales (up from 1,719 in 2021)

Department of Health & Social Care

"Sixty per cent of the staff that will deliver NHS services in ten years' time are already working in healthcare"

CHARTERED SOCIETY OF PHYSIOTHERAPY

The numbers of registered physiotherapists has lagged behind demand for several years.

A HEALTHIER WALES:

OUR WORKFORCE STRATEGY FOR HEALTH AND SOCIAL CARE

NHS England

33.8% of Doctors in NHS Trusts in England are non-UK nationals with an overall figure of 21.5% across all NHS staff (Dept for Health, June 2022,)

In 2009, 29% of the workforce were over the age of 50, but 10 years later, this has risen to nearly 40%. The same is true for a number of staff groups, especially Nursing & Midwifery, which has increased from 25% to 37%.

Local Context

By 2030, the number of **elderly persons in Powys is projected to rise by 15%, while at the same time the working-age population is projected to fall 3,200 (4%)** (Welsh Gov, 2018).

27.9% of people in Powys **LAD** are aged 65 years and over

5.6% 13.8% 18.3% 22.2% 26.1% 33.5%

North Powys Cluster — 64,000
Mid Powys Cluster — 29,000
South Powys Cluster — 46,000

26 Population density of Powys **LAD** in persons per square kilometre

26 1,213 3,121 6,612 11,161 15,703
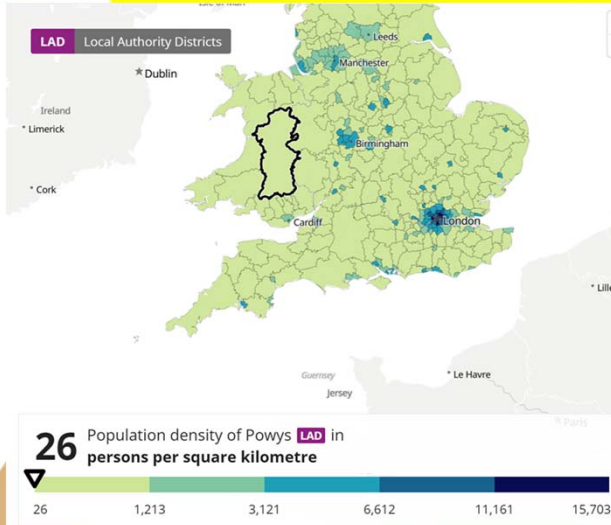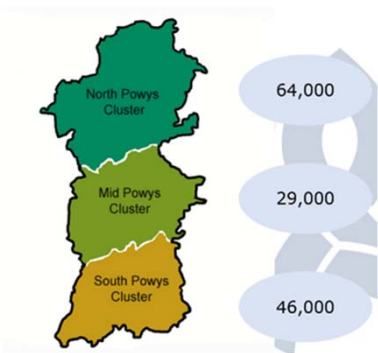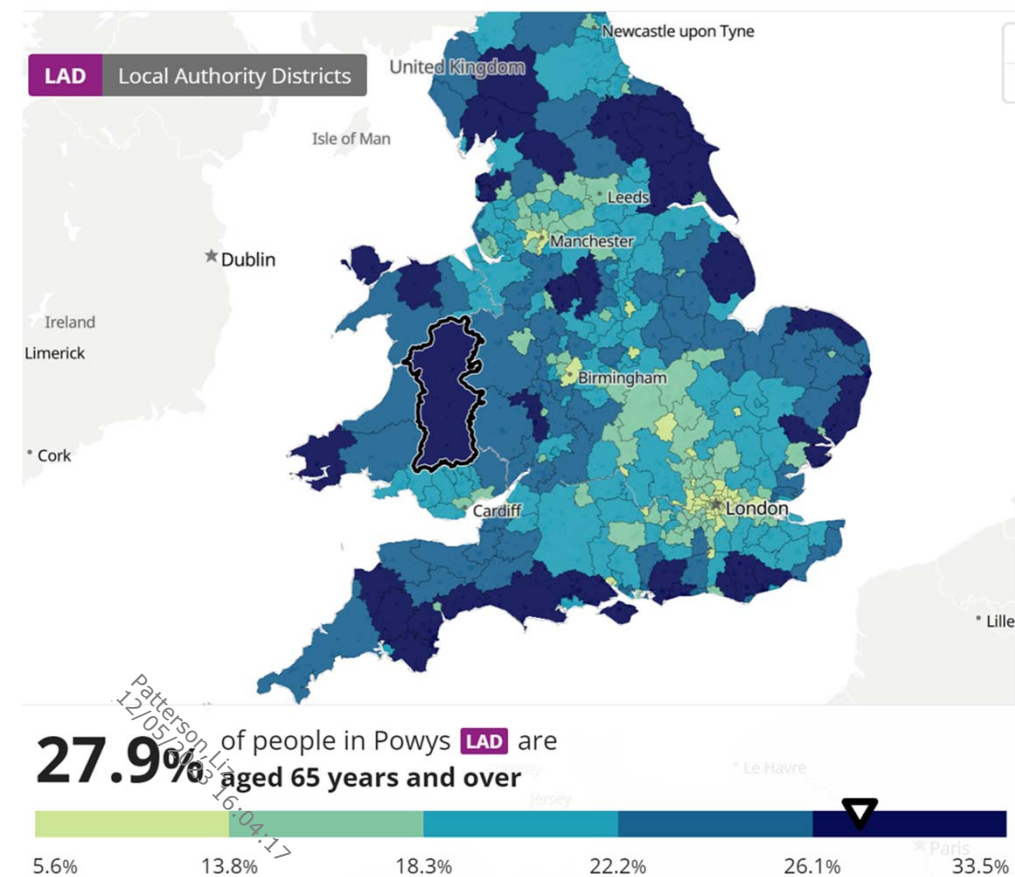
- With an ageing population, health and care needs will increase
- The gap between the needs of older people and the working age population will further drive shortfalls in staff.

Workforce Projection Data by Clinical Staff Group

- Doctors – overall
  - Mental Health
  - Adult
  - Paediatrics
  - GP's

- Psychologists

- Pharmacists

- Pharmacy Technicians

- AHPs – overall
  - Physiotherapists
  - OT's
  - SaLT's
  - Dietetics
  - Podiatrists
  - Radiographers
  - HCSWs - Therapies

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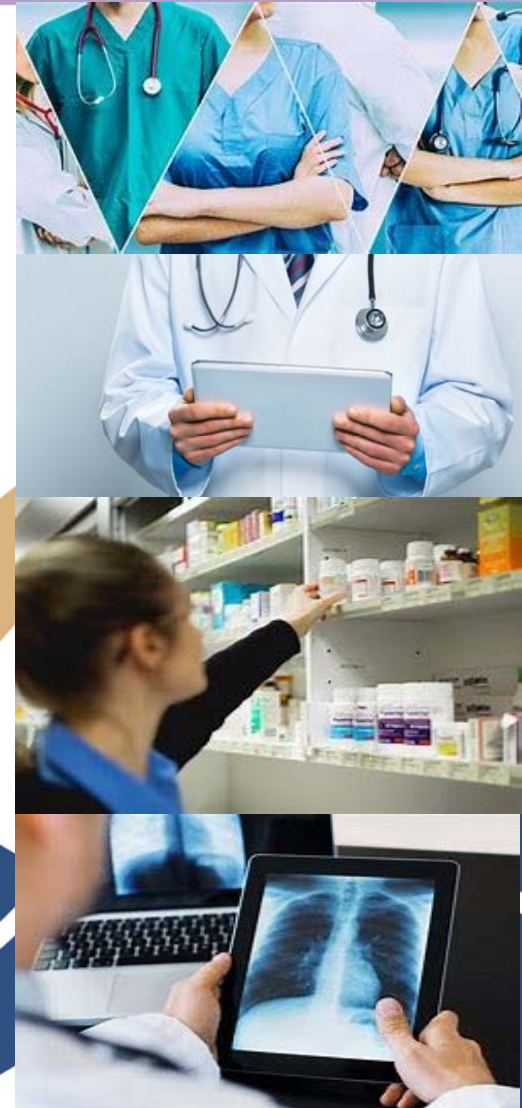
Workforce Projection Data by Clinical Staff Group

- Midwifery RM's
- Registered Nurses – overall
- Nursing HCSWs – overall
- Womens & Childrens RN's
  - Health Visitors
- All Mental Health RN's
  - Ward RN
  - Community RN
  - CAHMS RN
  - LD RN

- Adult RN's - overall
  - Specialist Nursing RNs
  - Outpatients & Theatres RNs
  - Community DNs
  - Community HCSWs B2&3
  - Adult Wards RNs
    - Individual wards RNs
  - Adult Wards HCSWs

Patterson Liz
12/05/2023 16:04:17

Workforce Projection Data by Staff Group

Non-Clinical Workforce

- Estates & Works
- Facilities
- Finance (includes IG, Information Projects and Department, Clinical Coders)
- Workforce & Organisational Development

Patterson Liz
12/05/2023 16:04:17

Planning Principles and Assumptions

- All establishment/budget data is as of 30th Sept 2022

- Establishment is steady state within the projection model

- Resourcing numbers are based on average recruitment numbers for each area over last 5 years

- Turnover is based on average turnover rates for each staff group from the last 5 years

- Retirement numbers are based on an assumption that those who are at the average retirement age for that staff group, do retire.

- Only Actual Aspiring Registrants numbers on programme are included in the projections

- Assumption that Resourcing and Student Streamlining (in relation to nursing) success will remain in steady state and not change

- Assumption that demand will remain steady state (although given local population data, it's likely to increase)

- Assumption that recruitment success will remain in steady state (likely to be a worsening picture)

- Assumption that Education Commissioning process remains unchanged for PTHB

- Assumption that new Dispersed Learning programme will not impact numbers, based on intelligence that no applicants for programme so far (as of Nov 22)
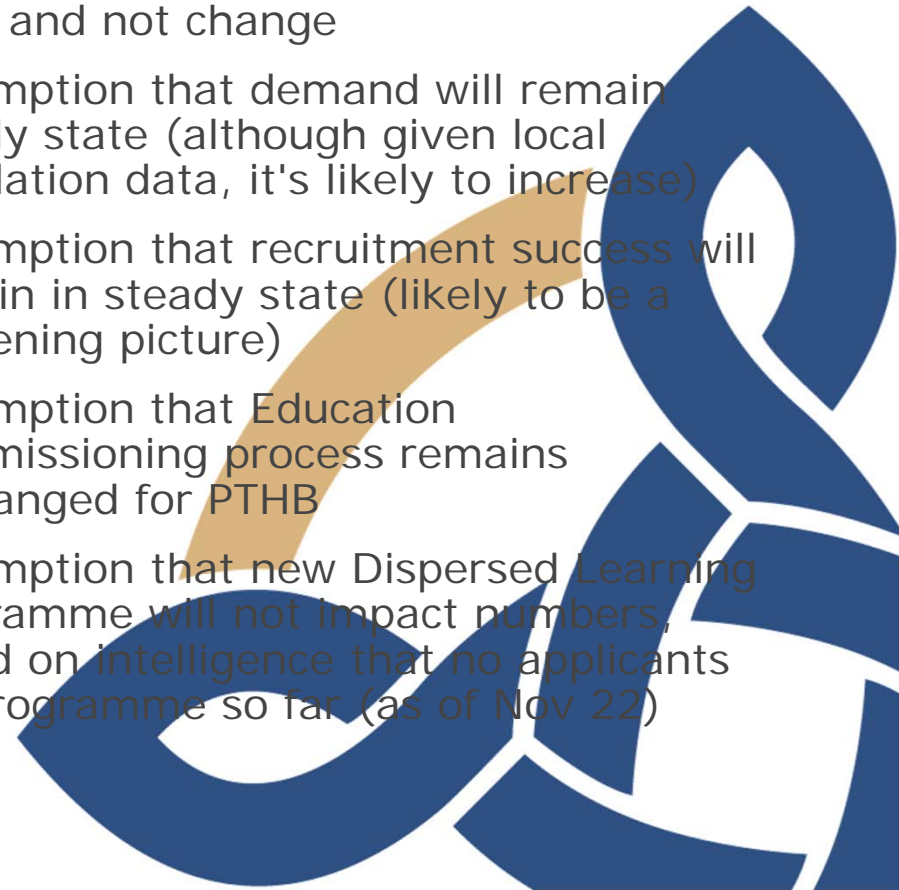
Workforce Projections - Doctors
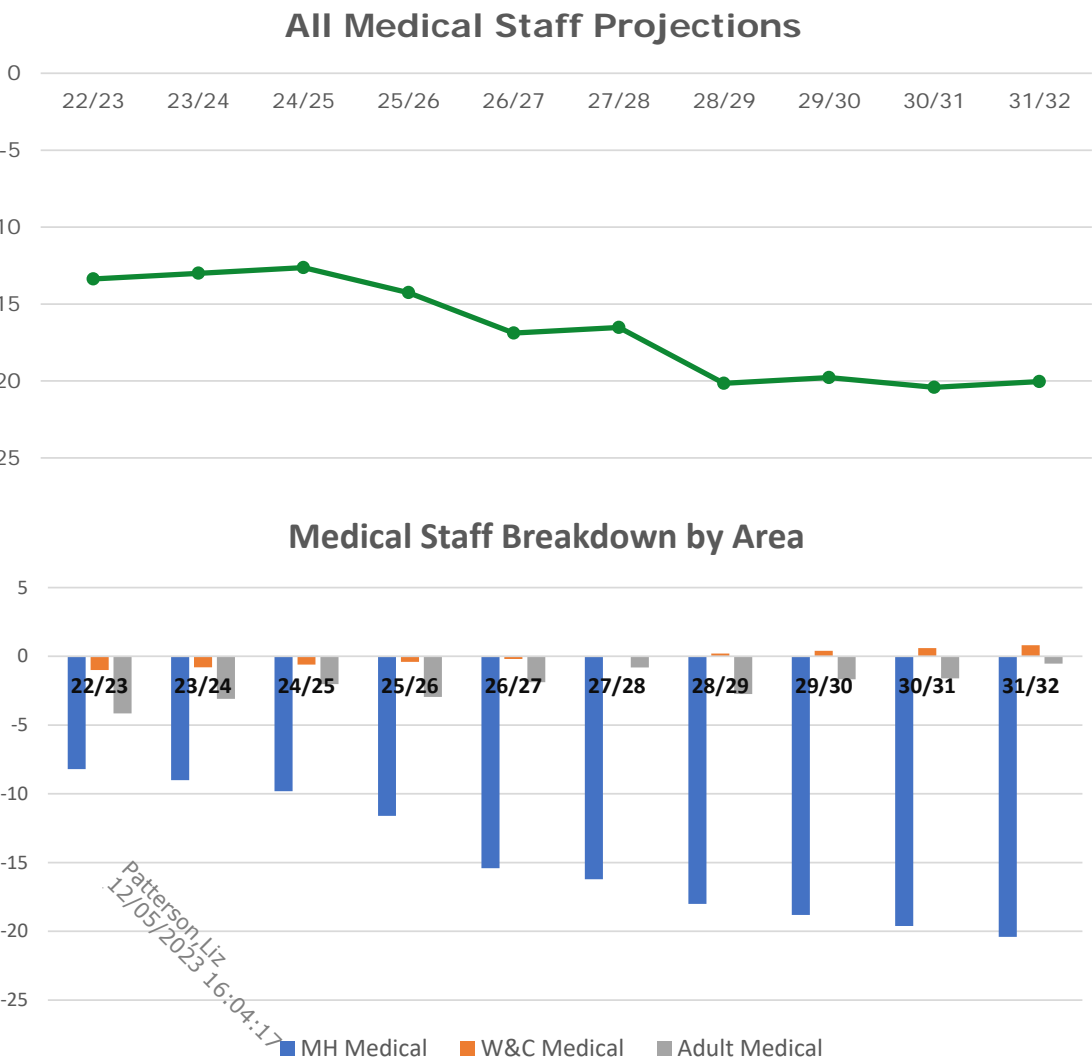
Budgeted Establishment 30.58 wte

SIP 17.21

10 yr forecast -13.37 to −20.04

Avg. Resourcing per year = 4

Avg. Turnover = 3.63

Avg. Retirement projections = 1 per year

Workforce Data – Powys GPs

	Headcount	WTE
North Powys GPs	74	35.4
Mid Powys GPs	34	19.8
South Powys GPs	51	29.7

Limited data available to allow projection data

North Powys GPs Age Profile (Nov 22)

Mid Powys GPs Age profile (Nov 22)

South Powys GPs Age Profile (Nov 22)

Total Powys GPs Age Profile (Nov 22)
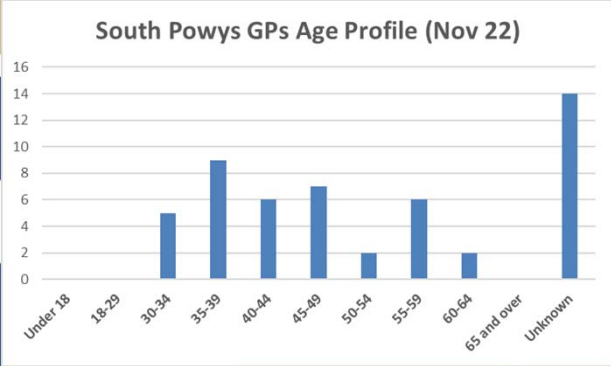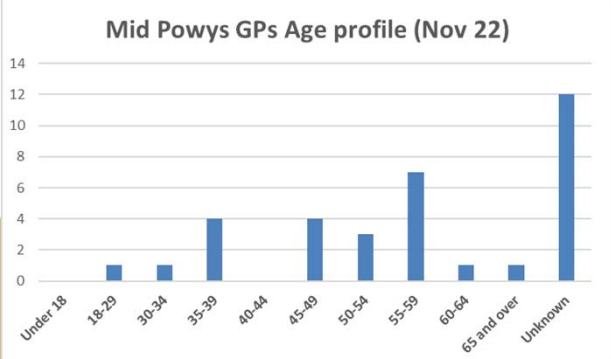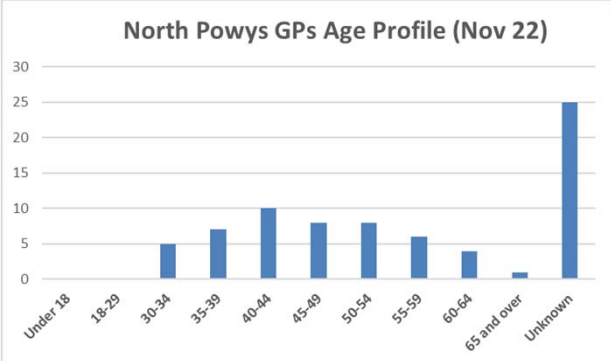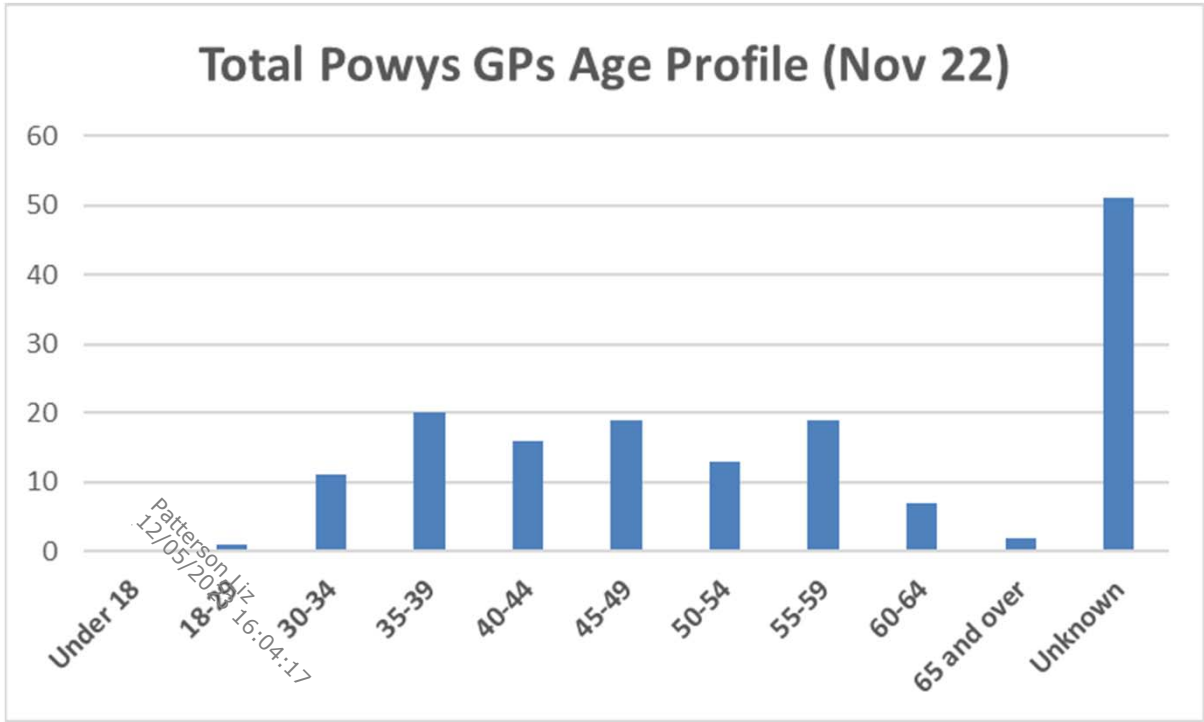
Workforce Projections - Pharmacy

Pharmacy Projections
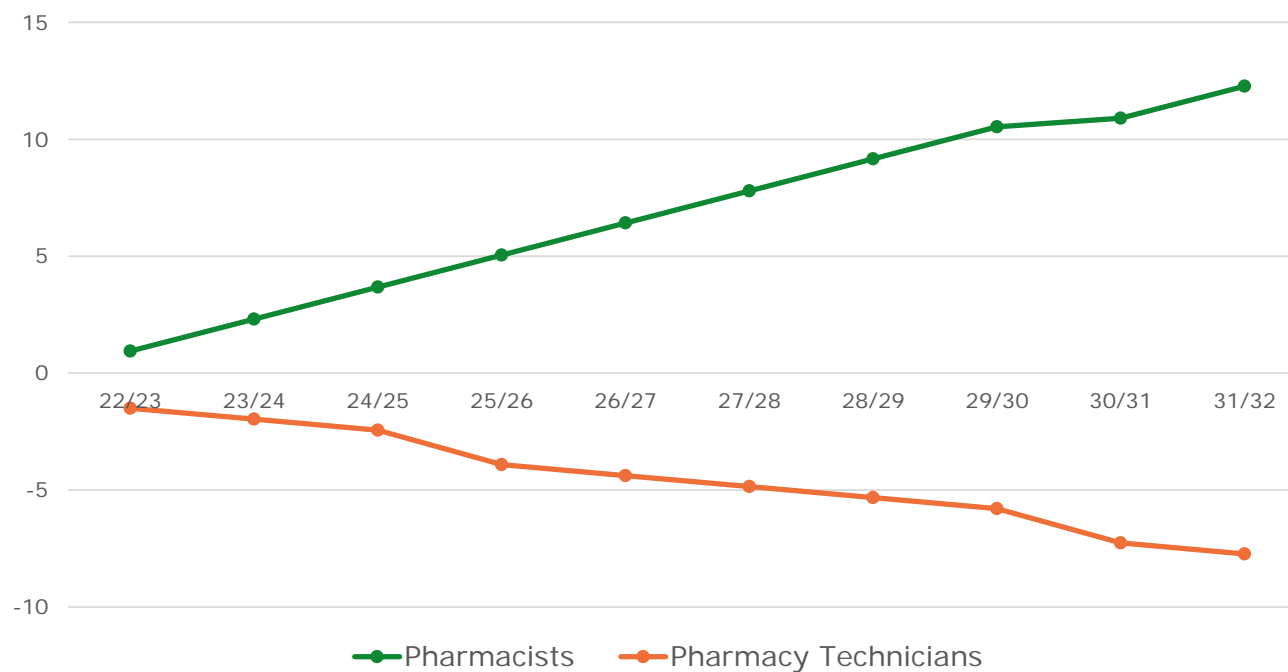
- Budgeted Establishment **Pharmacists** 8.94 wte
- SIP 9.88 wte
- 10 yr forecast 0.94 to 12.27
- Avg. resourcing per year = 2
- Avg. Turnover = 0.63
- Avg. retirement projections = 0 per year
- Budgeted Establishment Pharmacy Technicians 9.71 wte
- SIP 8.21 wte
- 10 yr forecast -1.50 to -7.73
- Avg. resourcing per year = 1
- Avg. Turnover = 1.47
- Avg. retirement projections = 0 per year

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Workforce Projections – Nursing & Midwifery

Nursing & Midwifery - Overall Projections
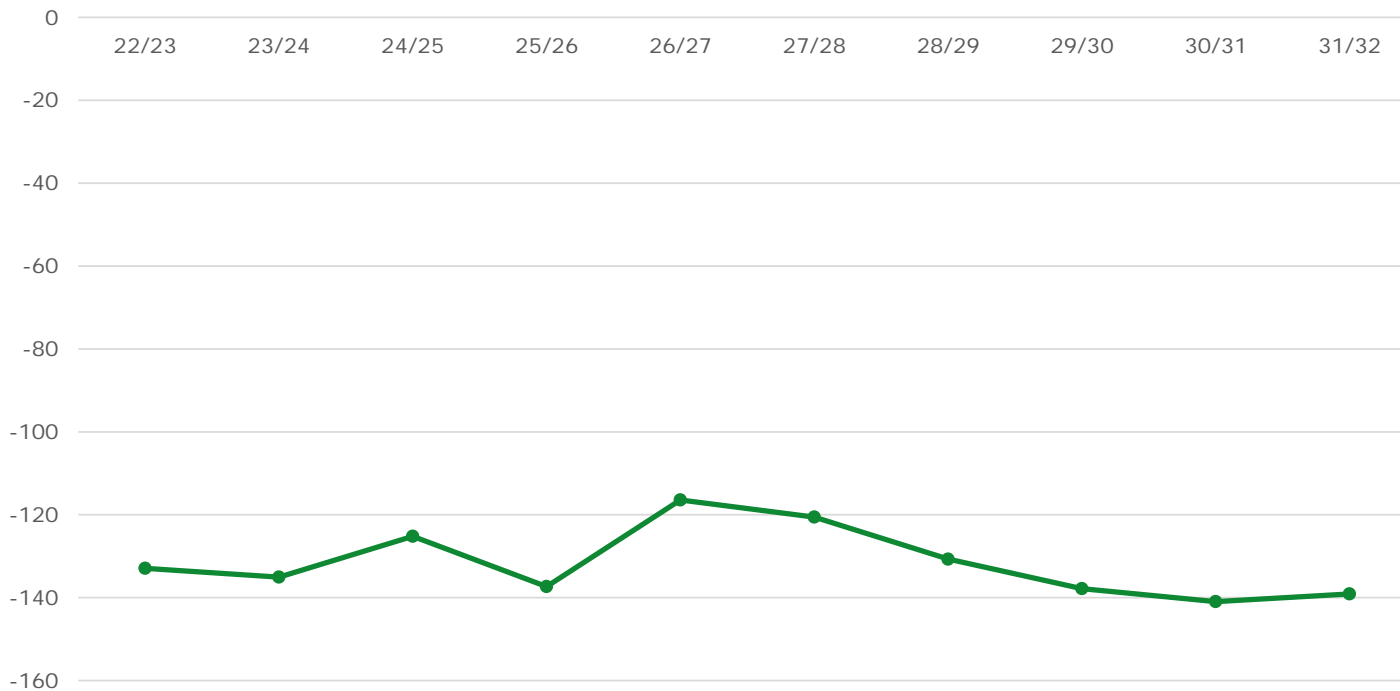
- Budgeted Establishment 667.81wte

- SIP 534.89 wte

- 10 yr forecast -132.92 to –139.09

- Avg. resourcing per year = 86

- Avg. Turnover = 68.13

- Avg. Retirement projections = 23 per year

- Slight increase 23/24 - 26/27 = aspiring nurses

Workforce Projections – Nursing & Midwifery

Nursing & Midwifery - Breakdown by Area
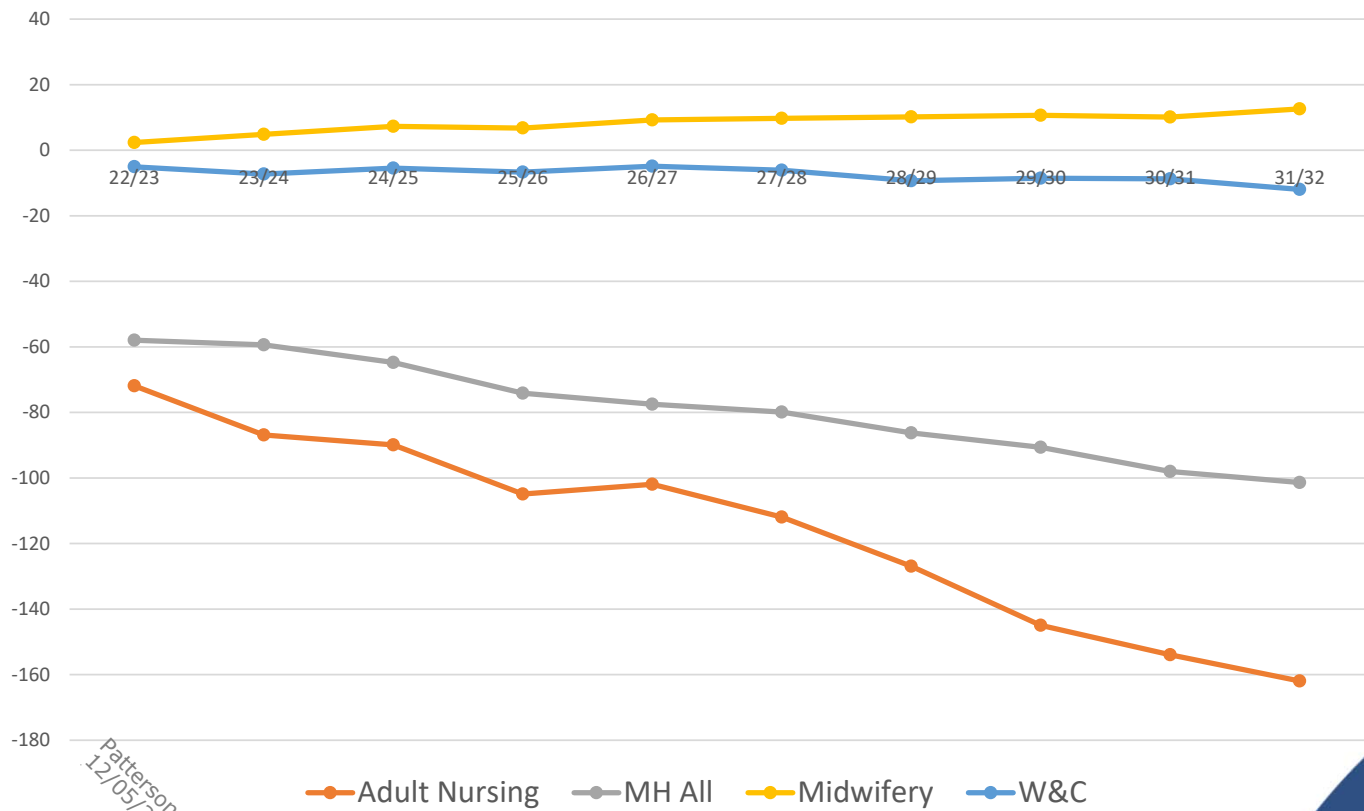
Adult Nursing

BE= 373.01 SIP 301.15

10 yr forecast -71.86 to -161.95

MH Nursing

BE= 196.53 SIP 138.55

10 yr forecast -57.98 to -101.4

W&C Nursing

BE= 64.04 SIP 58.99

10 yr forecast -5.05 to -11.94

Midwifery

BE= 34.23 SIP= 36.59

10 yr forecast 2.36 to 12.59

Workforce Projections – Mental Health Nursing

All Mental Health Nursing Projections
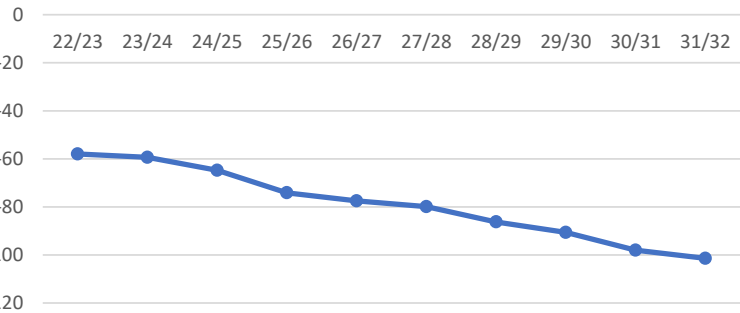
Mental Health Nursing Breakdown

Legend: ■ MH Wards ■ MH Comm ■ CAMHs ■ LD
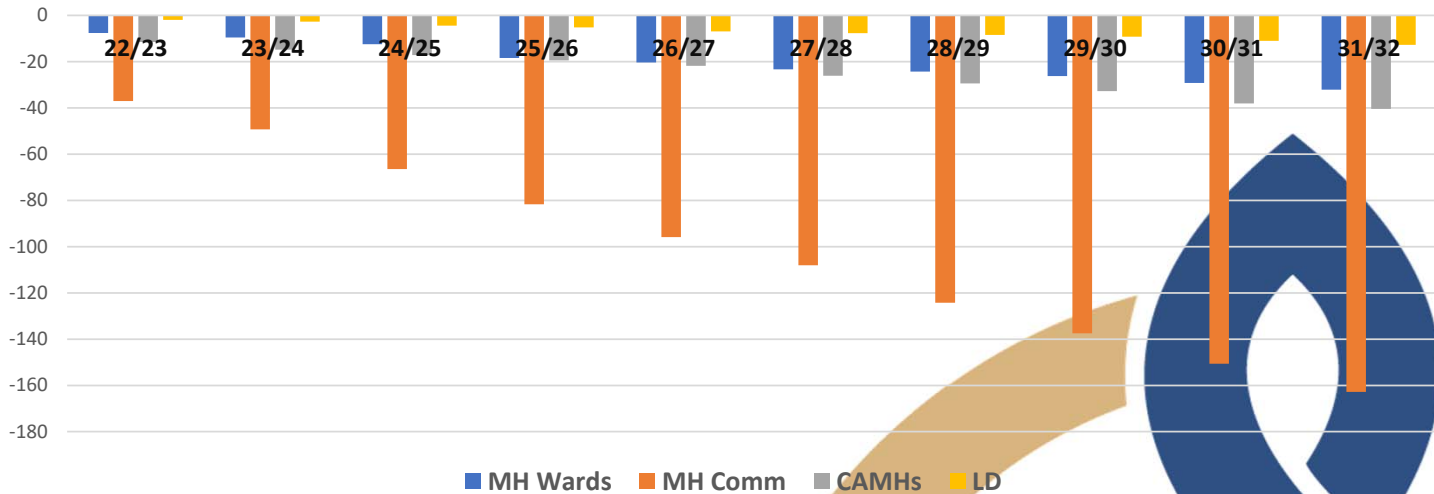
MH Wards

BE= 45.06

SIP 37.50

-7.56 to –32.11

Resourcing = 4/yr

Turnover = 5/yr

Retirement = 1.5/yr

MH Community

BE=113.24

SIP= 76.21

-37.03 to –162.83

Resourcing = 13/yr

Turnover = 23/yr

Retirement = 4/yr

MH CAHMS

BE= 26.19

SIP= 14.69

-11.50 to –40.38

Resourcing = 2/yr

Turnover = 4/yr

Retirement = 1/yr

MH LD

BE= 12.04

SIP= 10.15

-1.89 to –12.73

Resourcing = 2/yr

Turnover = 2.76/yr

Retirement = 0.5/yr

Workforce Projections – W&C incl.MW

W&C incl. MW
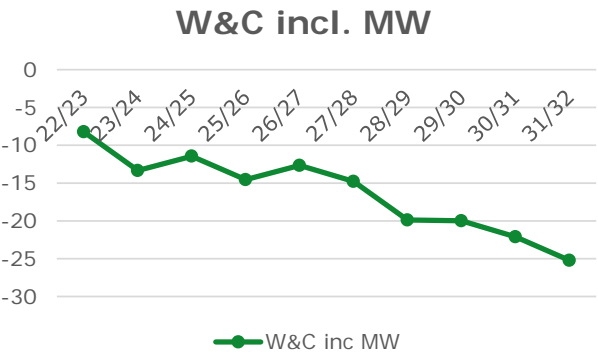
Women & Children N&M Breakdown

Patterson Liz
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Legend: Midwifery, W&C, HVs
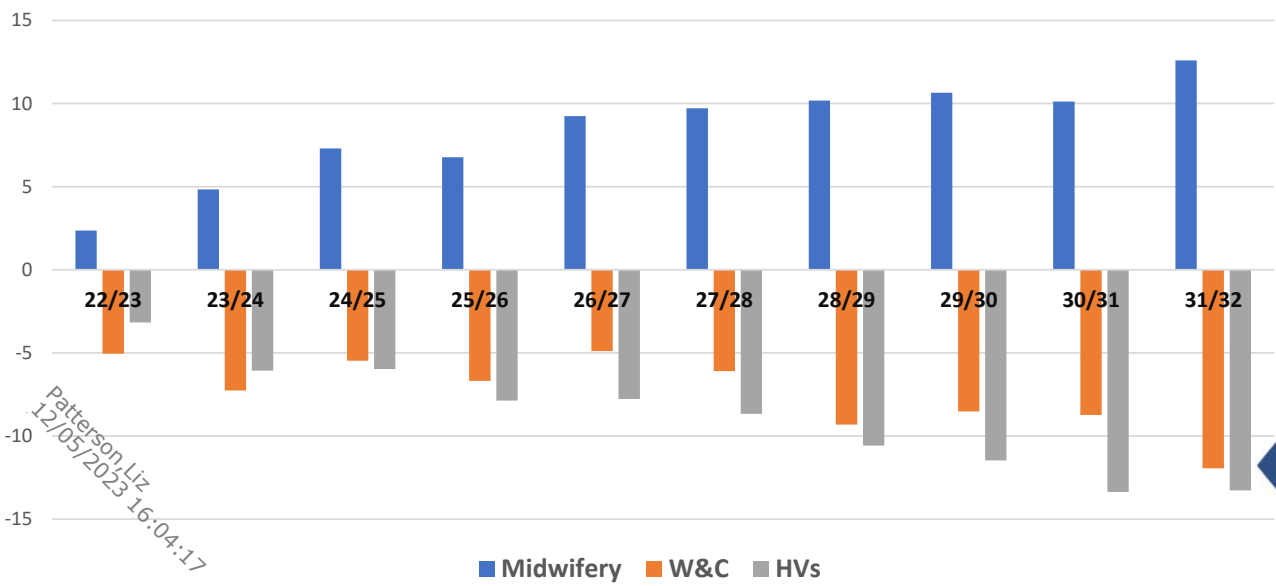
Midwifery

BE= 34.23 SIP= 36.59

10 yr forecast 2.36 to 12.59

W&C Nursing

BE= 64.04 SIP 58.99

10 yr forecast -5.05 to −11.94

Health Visitors

BE=33.20 SIP= 30.03

10 yr forecast -3.17 to −13.27

Workforce Projections – Adult

Overall Adult Nursing
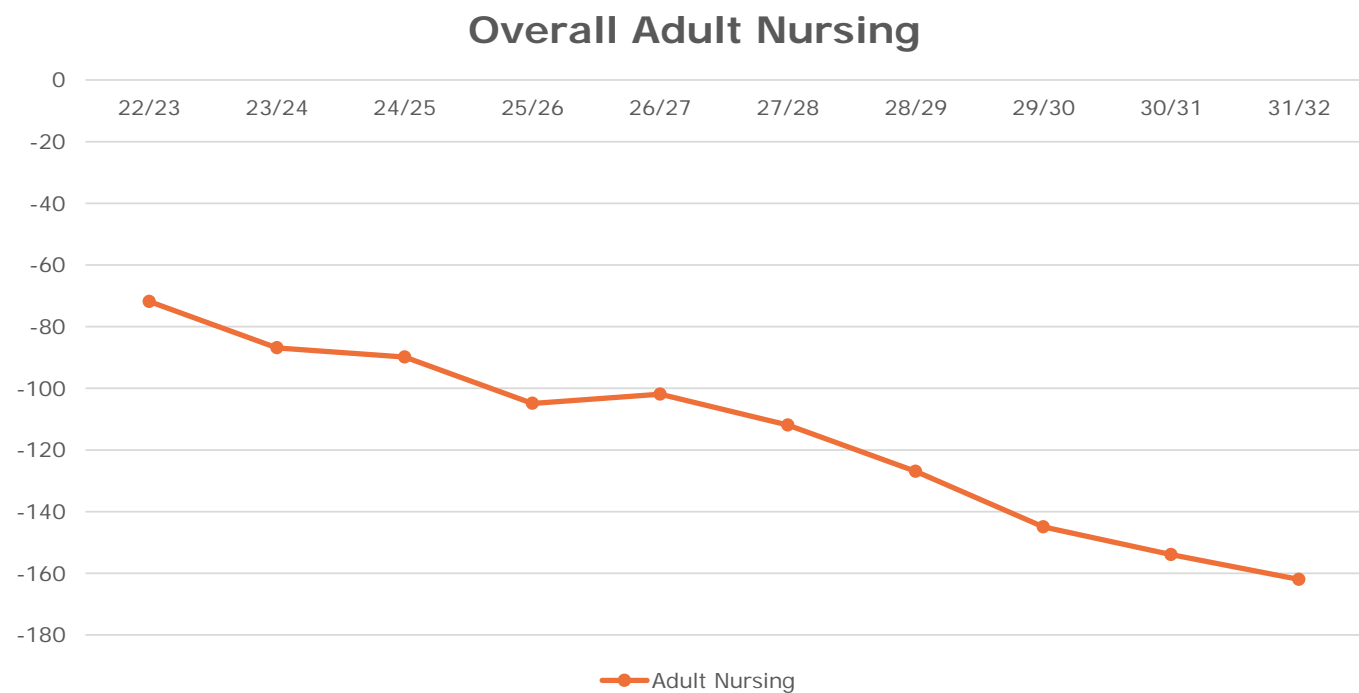
Adult Nursing

BE= 373.01

SIP 301.15

10 yr forecast -71.86 to –161.95

Avg. resourcing = 40/yr

Avg. Turnover = 41/yr

Avg. retirement projections = 12/yr

Workforce Projections – Adult by area

Adult Nursing Projections

Legend: ■ Wards ■ Comm ■ OPD & Theatre ■ Specialist Nursing
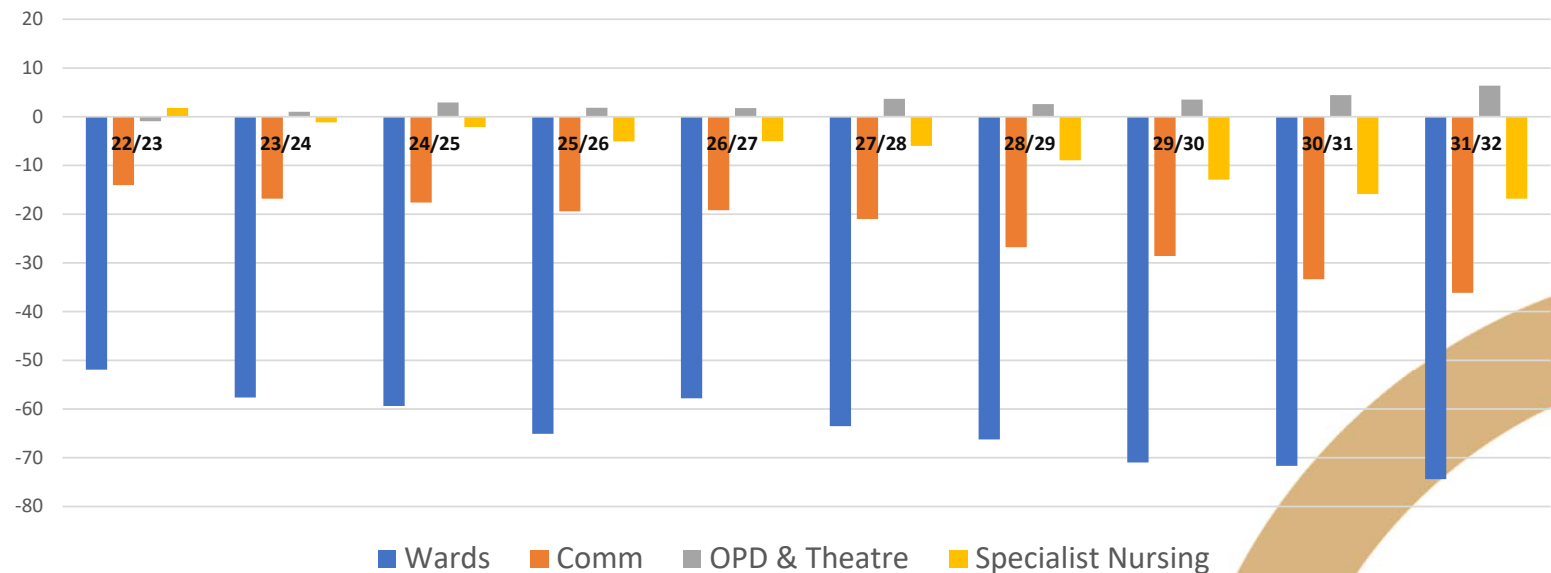
Wards

BE= 141.03 SIP 89.11

-51.92 to -74.4

Resourcing = 13/yr

Turnover = 14/yr

Retirement = 4/yr

Community

BE= 96.93 SIP 82.89

-14.04 to –36.15

Resourcing = 8/yr

Turnover = 9/yr

Retirement = 2.6/yr

OPD/Theatres

BE= 29.30 SIP 28.39

-0.91 to 6.37

Resourcing = 5/yr

Turnover = 3/yr

Retirement = 1/yr

Specialist Nursing

BE= 40.27 SIP 42.09

1.82 to –16.82

Resourcing = 4/yr

Turnover = 4/yr

Retirement = 2.6/yr

Workforce Projections – Adult Wards

Community Wards Projections
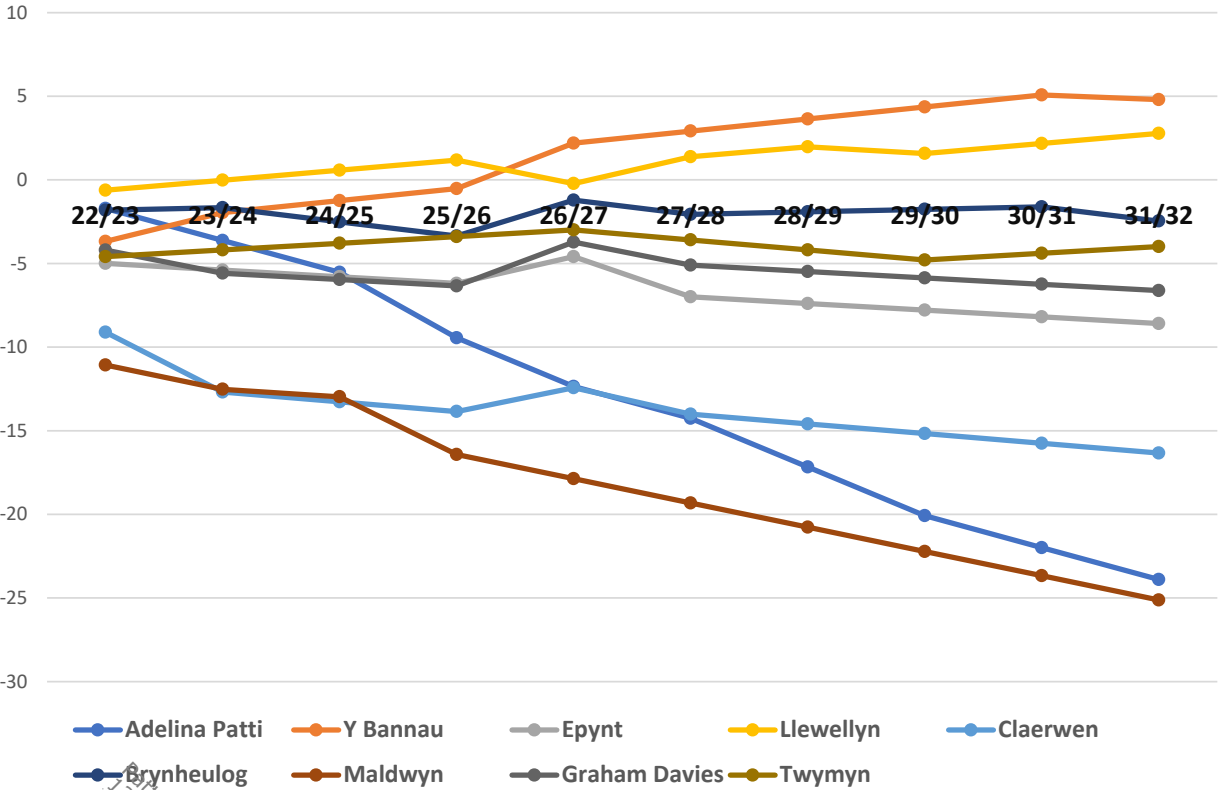
Assumption – Knighton remains closed

Adelina Patti

BE= 17.67 SIP 15.96

-1.71 to −23.9

Y Bannau

BE= 10.71 SIP 7.03

-3.68 to 4.8

Epynt

BE= 10.71 SIP 5.72

-4.99 to −8.59

Llewellyn

BE= 13.32 SIP 12.70

-0.62 to 2.78

Claerwen

BE= 17.67 SIP= 8.56

-9.11 to −16.33

Brynheulog

BE= 13.32 SIP 11.51
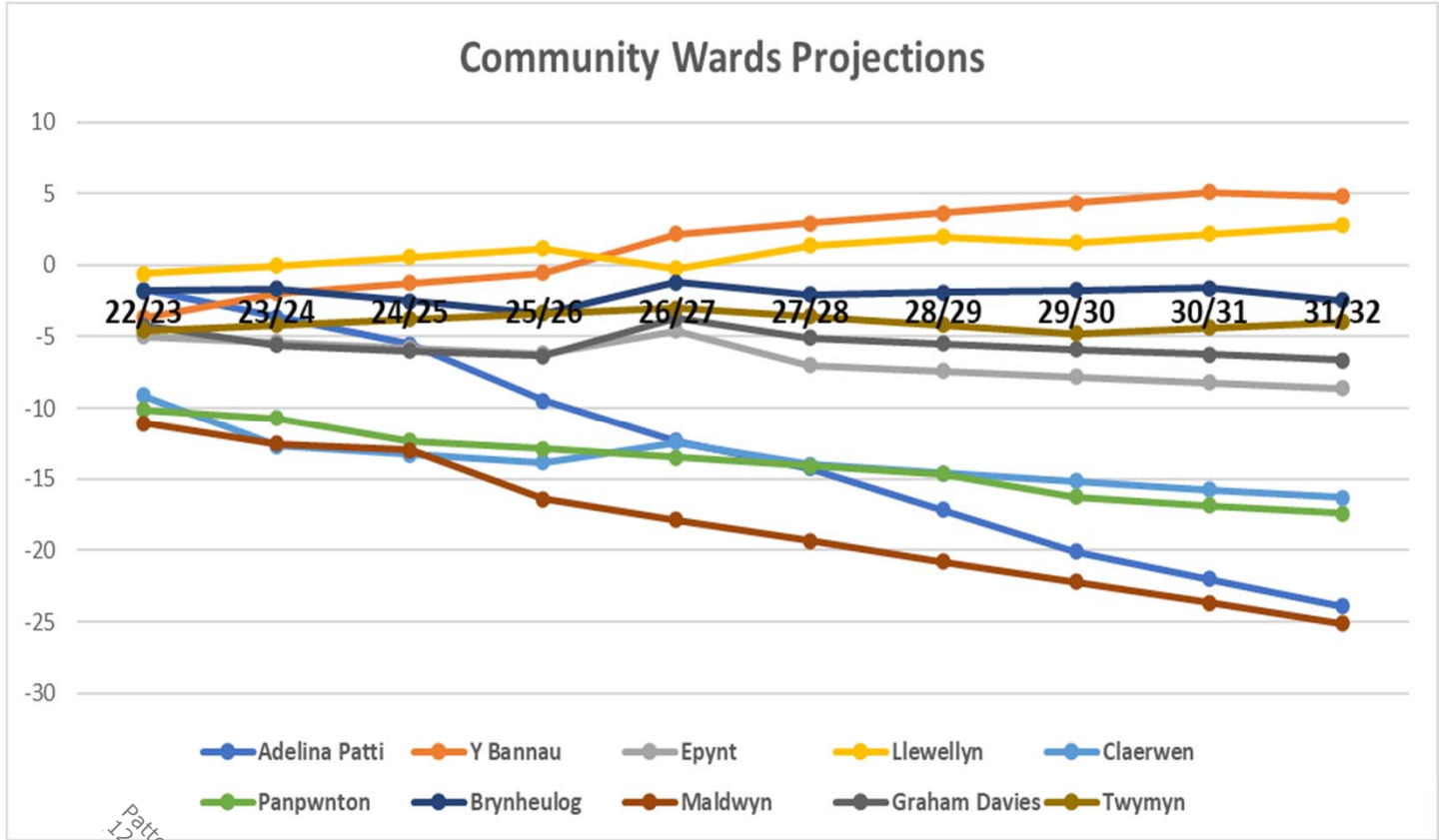
-1.81 to −2.46

Maldwyn

BE= 17.67 SIP= 6.60

-11.07 to −25.12

Graham Davies

BE=13.32 SIP=9.12

-4.20 to −6.62

Twymyn

BE= 13.32 SIP 8.73

-4.59 to −3.99
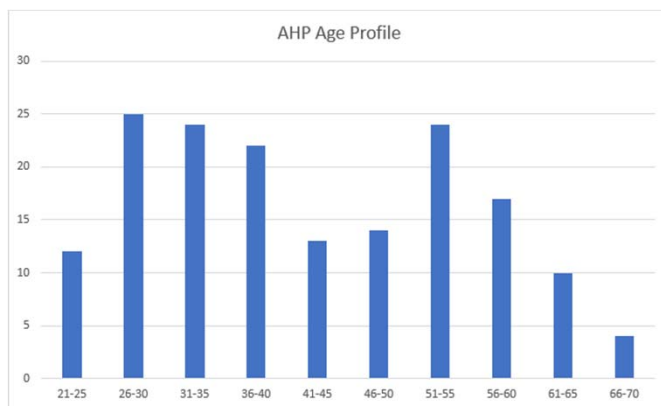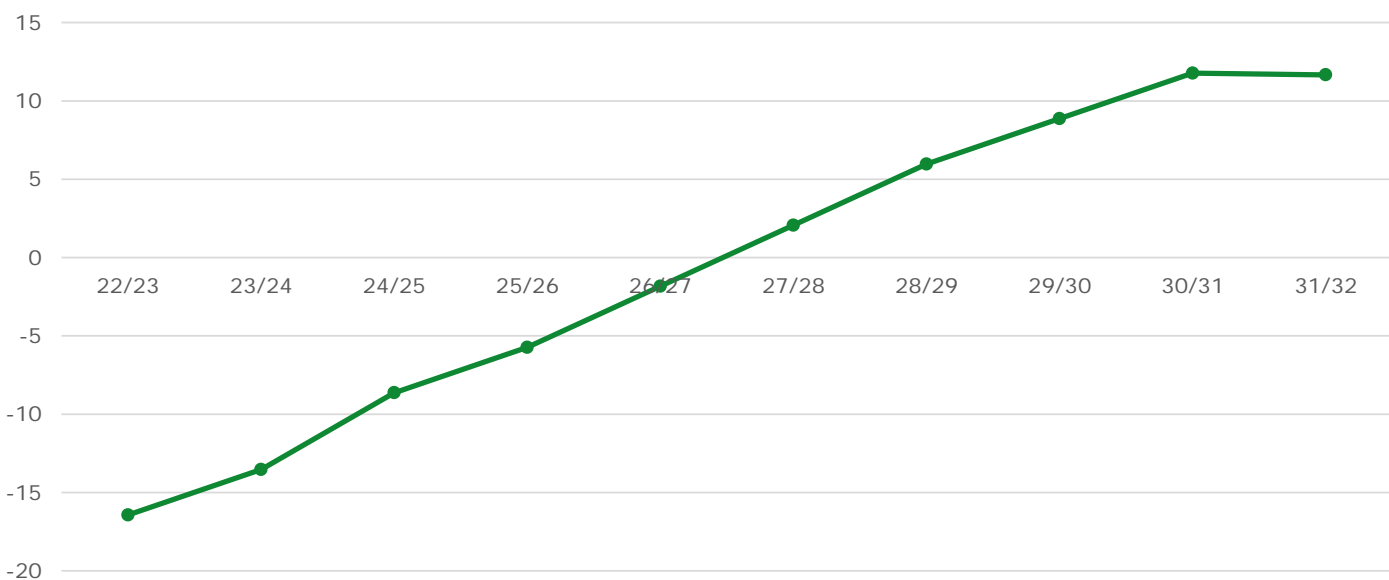
Workforce Projections – Adult Wards incl. Knighton

- ◈ Knighton Included (Green)
- ◈ BE= 13.32
- ◈ SIP 3.19
- ◈ -10.13 to −17.44
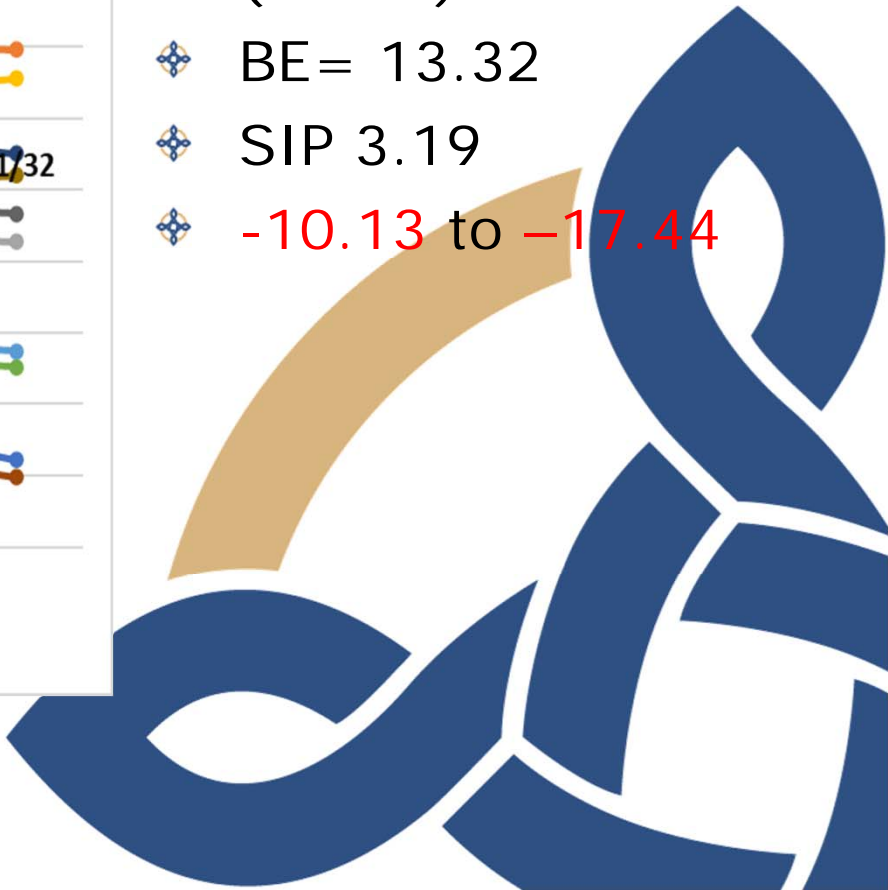
Workforce Projections – AHP's overall

All Allied Health Professionals Projections

AHP Age Profile

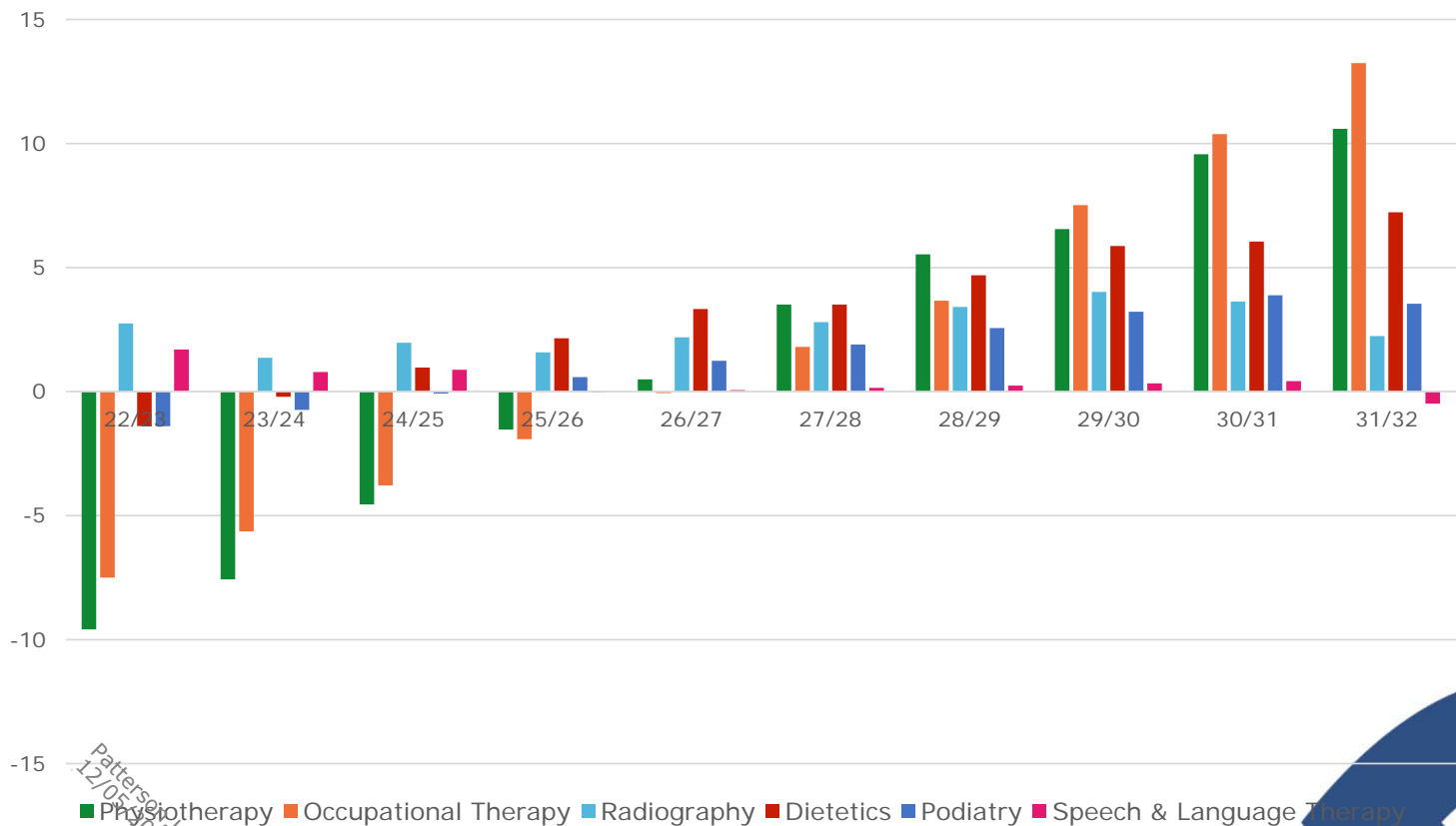Patterson,Liz
12/05/2023 16:04:17

- Budgeted Establishment 1 49.51 wte

- SIP 133.08 wte

- 10 yr forecast -16.43 to 11.67

- Avg. resourcing per year = 25

- Avg. Turnover = 18

- Avg. retirement projections = 4 per year

- Age profile is younger, therefore potential retirement numbers are lower over next 10 years

- 89% AHP WF are Female - ?high maternity leave rate

Workforce Projections – AHP's by Profession

AHP Breakdown by Profession

Physiotherapy

BE = 55.53 SIP= 45.94

−9.59 to 10.59

Occupational Therapy

BE= 49.51 SIP= 42.01

-7.50 to 13.24

Radiography

BE= 10.34 SIP= 13.09

2.75 to 2.24

Dietetics

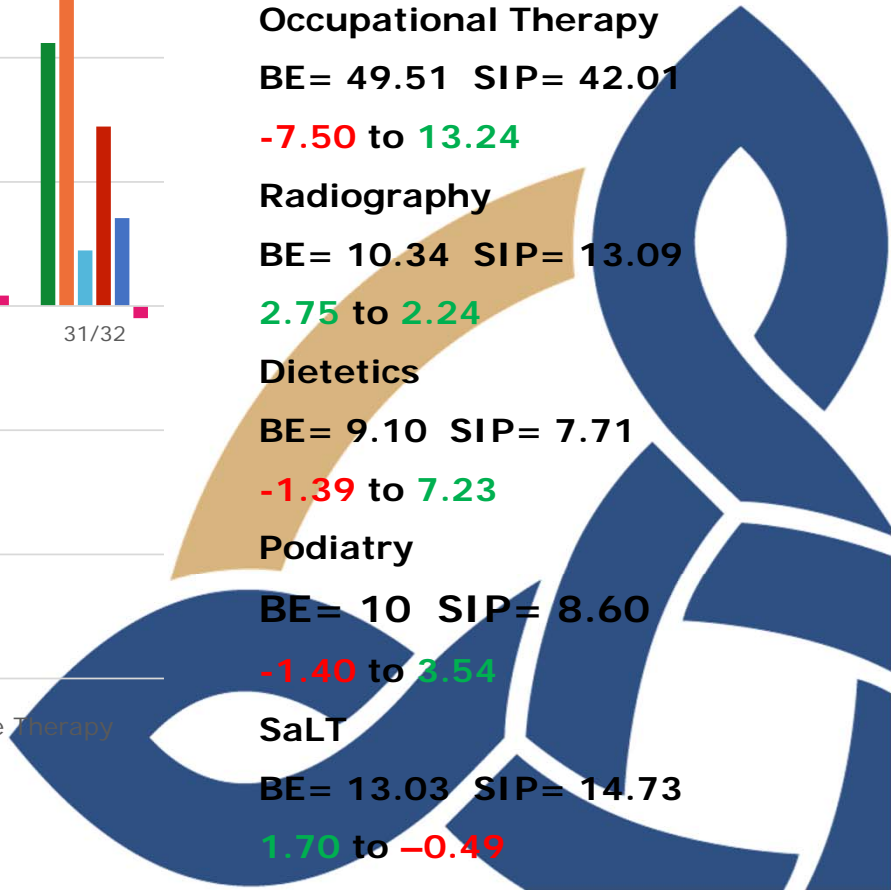BE= 9.10 SIP= 7.71

-1.39 to 7.23

Podiatry

BE= 10 SIP= 8.60

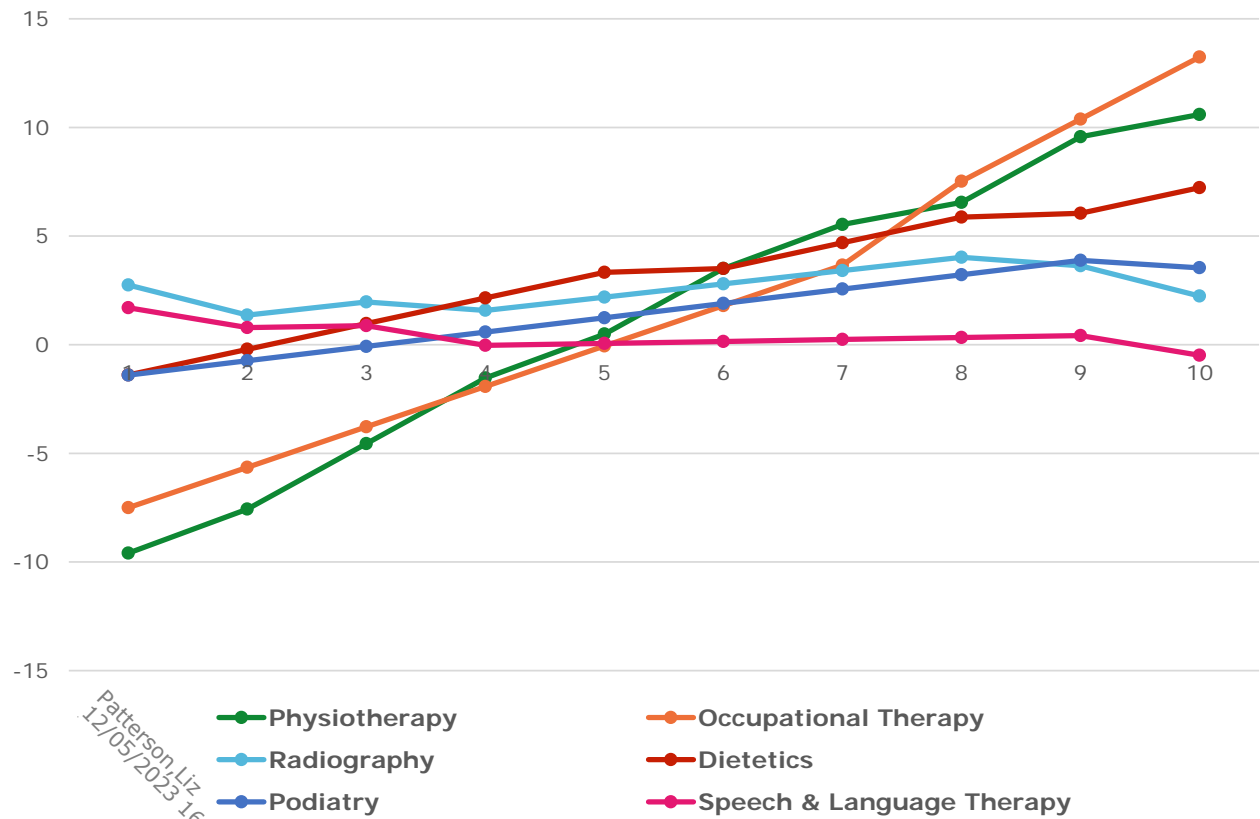-1.40 to 3.54

SaLT

BE= 13.03 SIP= 14.73

1.70 to −0.49

Workforce Projections – AHP's by Profession

AHPs By Profession

Workforce Projections - Psychologists

Psychologist Projections
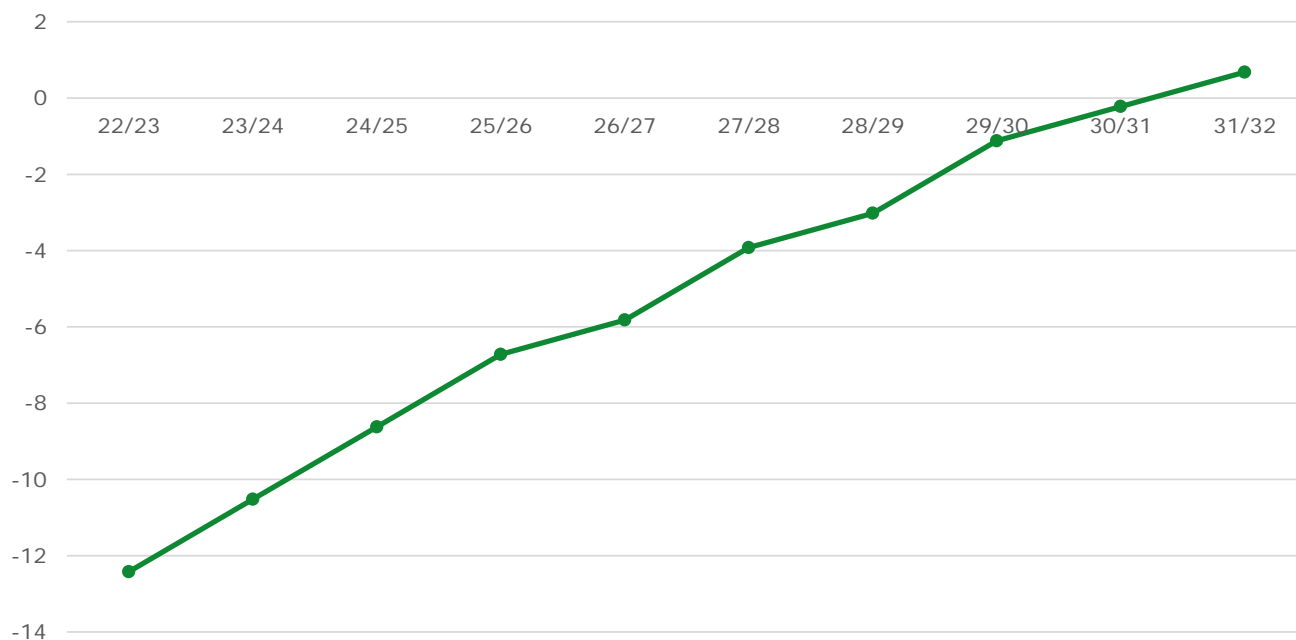
- Budgeted Establishment 34.21 wte
- SIP 21.79
- 10 yr forecast -12.4 to 0.68
- Avg. resourcing per year = 4
- Avg. Turnover = 2.1
- Avg. Retirement projections = 0.6 per year

Workforce Projections – HCSWs overall

All HCSWs
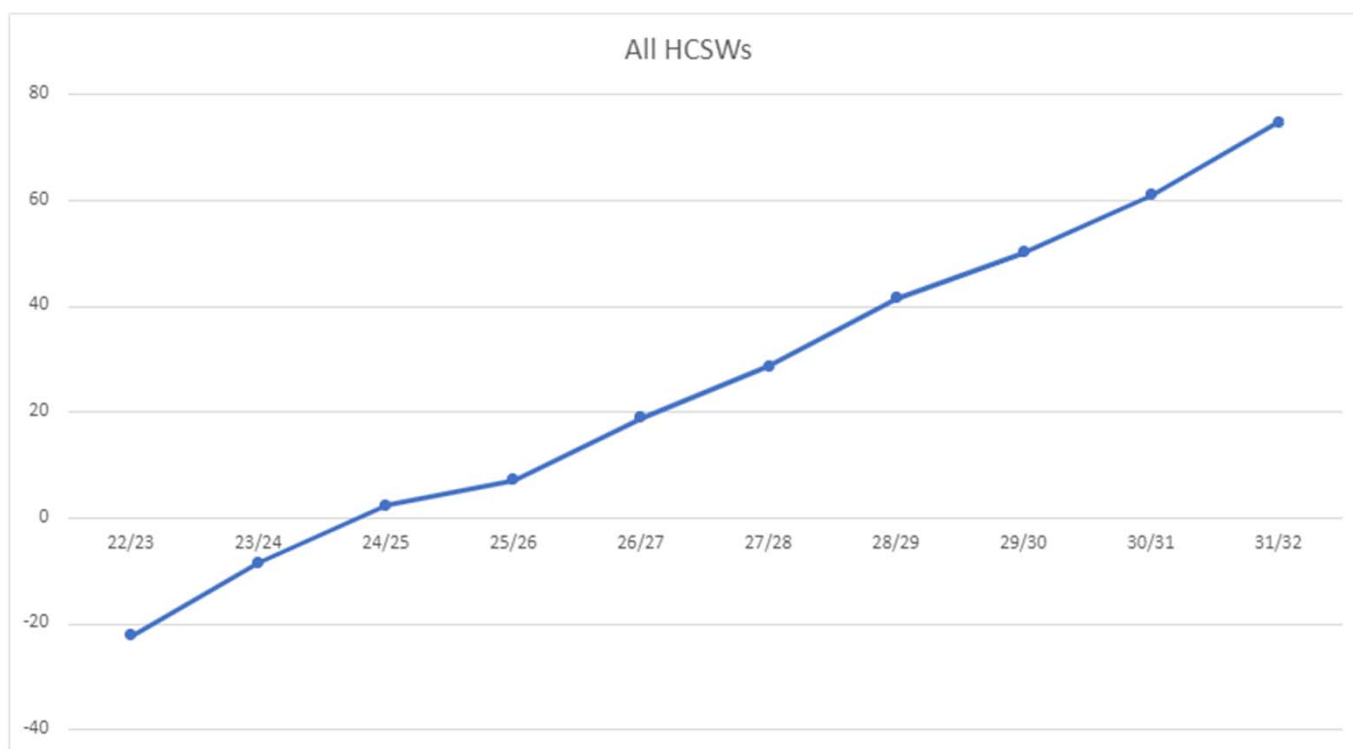
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- Budgeted Establishment 302.42 wte
- SIP 208.21
- 10 yr forecast -22.21 to 74.81
- Avg. resourcing per year = 50
- Avg. Turnover = 25.22
- Avg. retirement projections = 13.6 per year

Workforce Projections - HCSWs split by AHPs & Nursing

HCSWs split by Area

Legend: Nursing, Therapies

Patterson,Liz
12/05/2023 16:04:17

- Budgeted Establishment **Nursing** 260.29 wte
- SIP 238.02
- 10 yr forecast -22.27 to 60.52
- Avg. resourcing per year = 42
- Avg. Turnover = 20.69
- Avg. retirement projections = 12 per year
- Budgeted Establishment **Therapies** 38.91 wte
- SIP 40.86 wte
- 10 yr forecast 1.95 to 10.45
- Avg. resourcing per year = 8
- Avg. Turnover = 4.5
- Avg. retirement projections = 2 per year

Workforce Projections – Nursing HCSWs split by Ward and Community

Nursing HCSWs split by Wards and Community
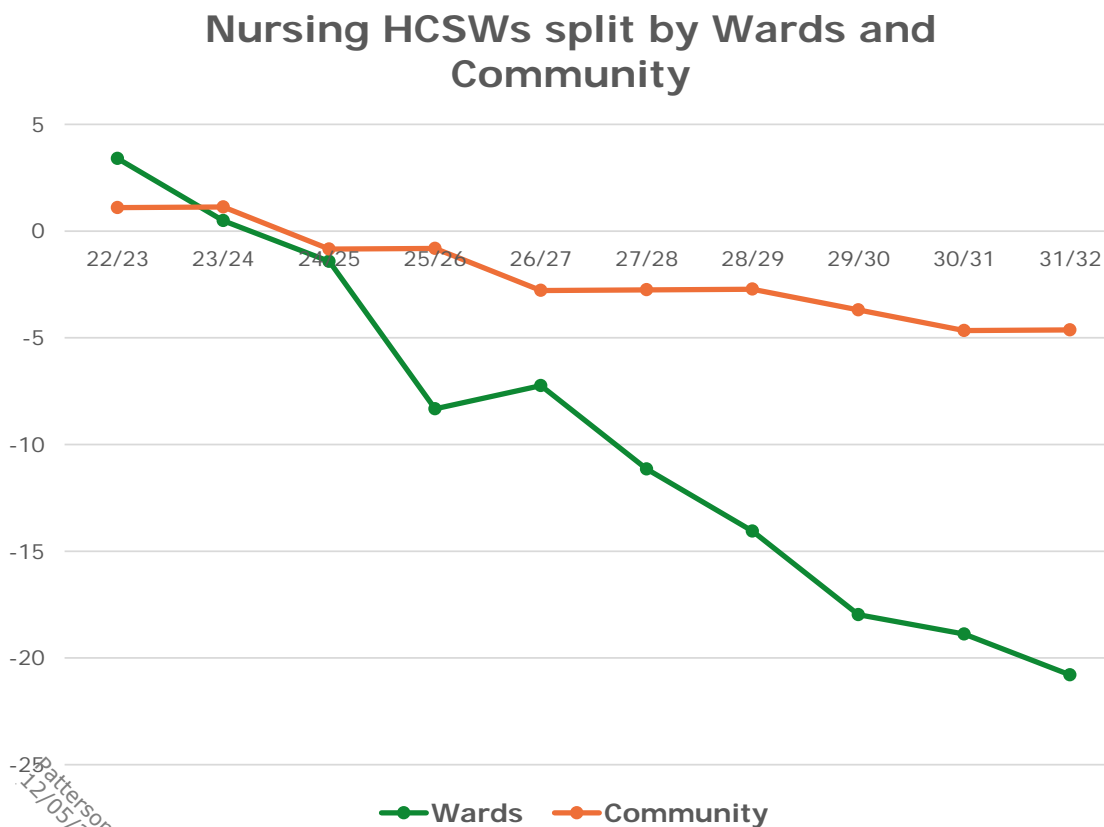
- Budgeted Establishment **Wards** 116.52 wte
- SIP 119.92
- 10 yr forecast 3.40 to −20.79
- Avg. resourcing per year = 10
- Avg. Turnover = 7.91
- Avg. retirement projections = 5 per year

- Budgeted Establishment **Community** 23.38 wte
- SIP 24.48 wte
- 10 yr forecast 1.10 to -4.63
- Avg. resourcing per year = 3
- Avg. Turnover = 1.97
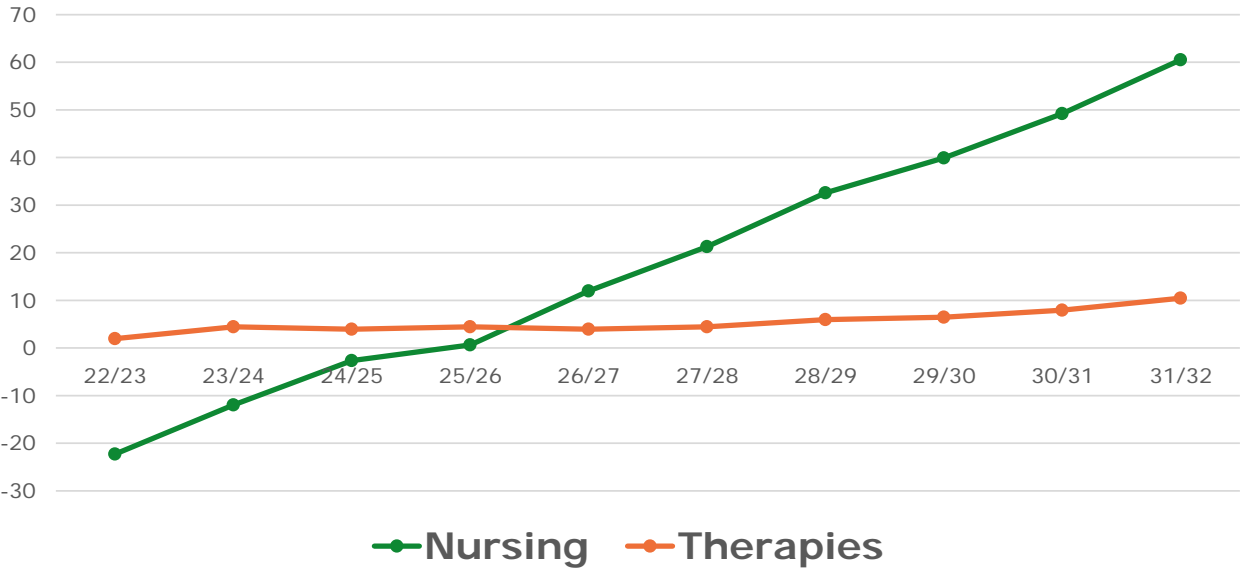- Avg. retirement projections = 1.5 per year

Workforce Projections – Estates & Works
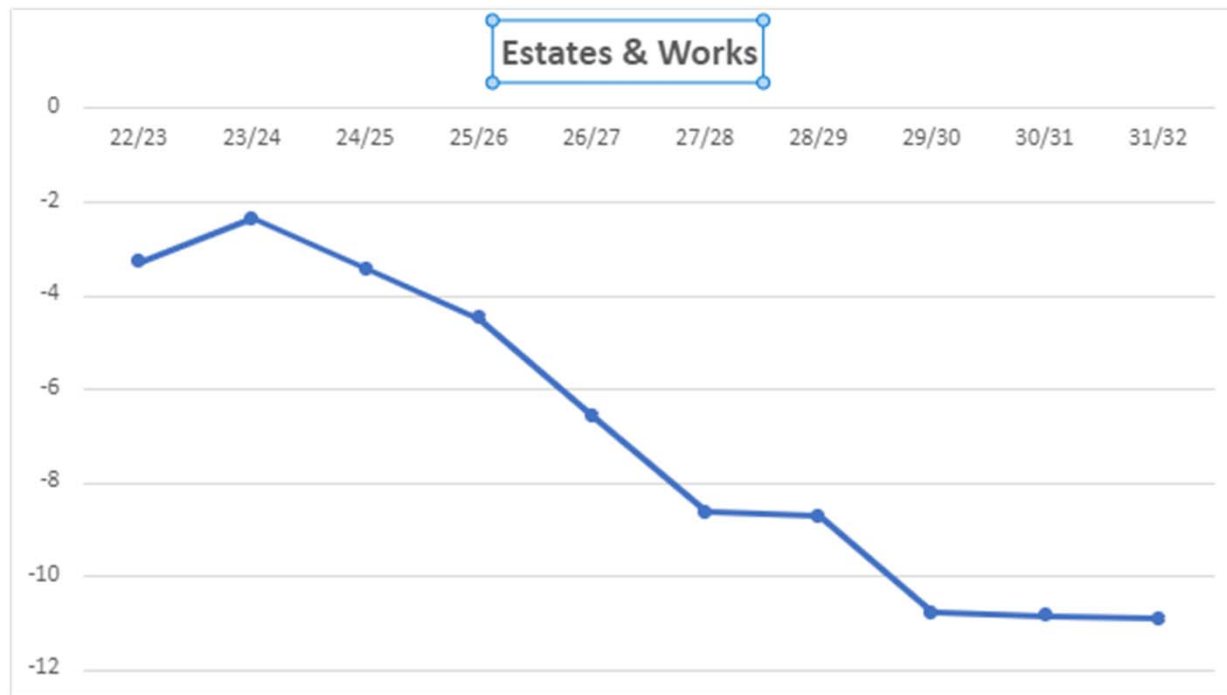
- Budgeted Establishment 47.21 wte
- SIP 43.93
- 10 yr forecast -3.28 to –10.91
- Avg. resourcing per year = 5
- Avg. Turnover = 4

Workforce Projections - Facilities

Facilities
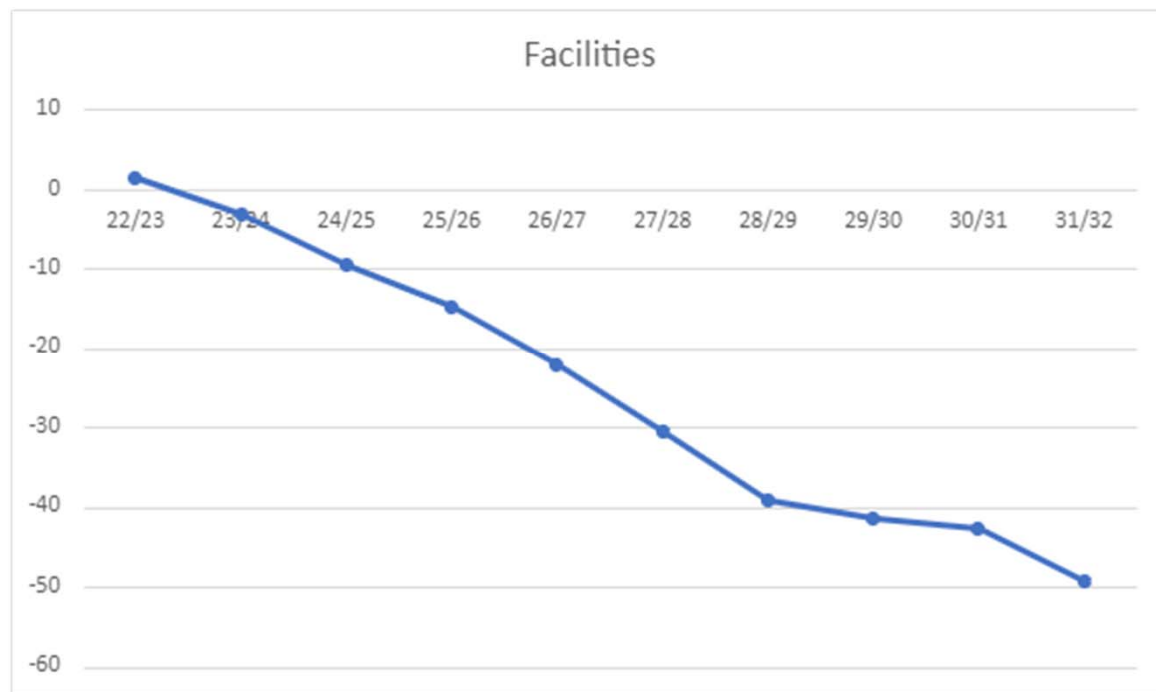
- Budgeted Establishment 154.32 wte
- SIP 155.76 wte
- 10 yr forecast 1.44 to −49.07
- Avg. resourcing per year = 13
- Avg. Turnover = 11
- High numbers of retirees (avg. 7 per year looking fwd)

Workforce Projections - Finance

Finance

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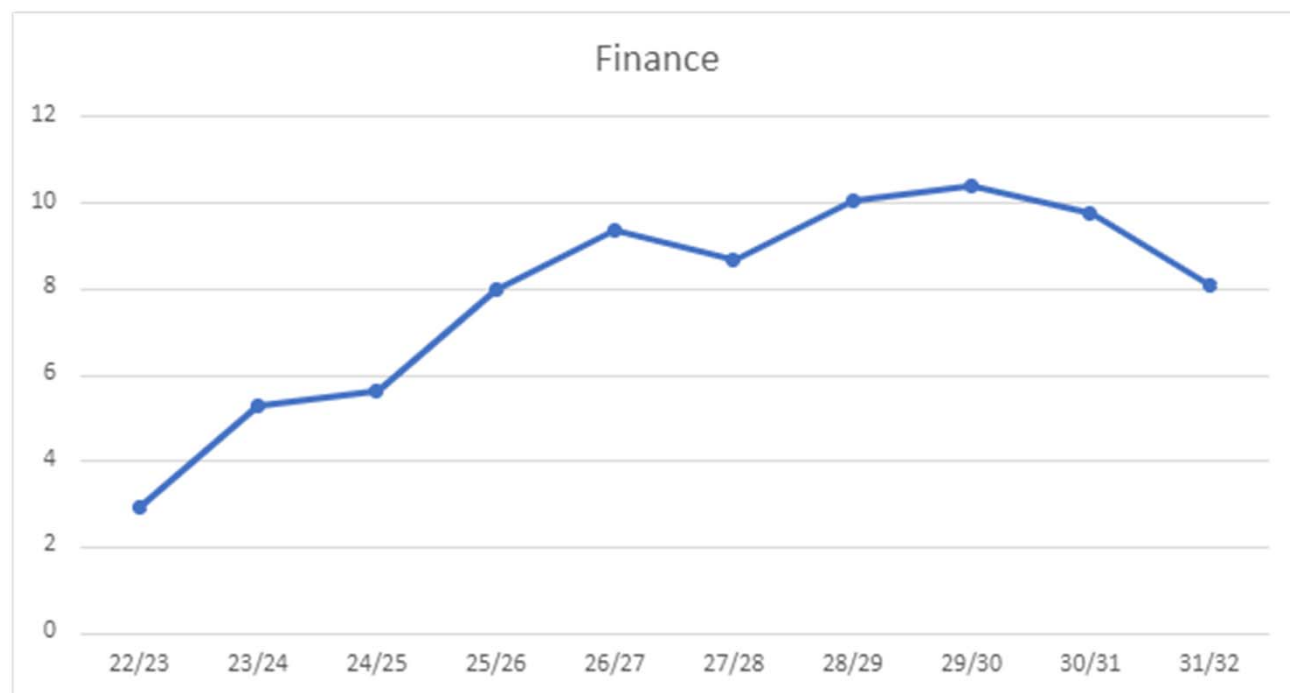
- Budgeted Establishment 65.91 wte
- SIP 68.86
- 10 yr forecast 2.95 to 8.1
- Avg. Resourcing per year = 6
- Avg. Turnover = 3.65

Workforce Projections - WOD

Workforce & OD
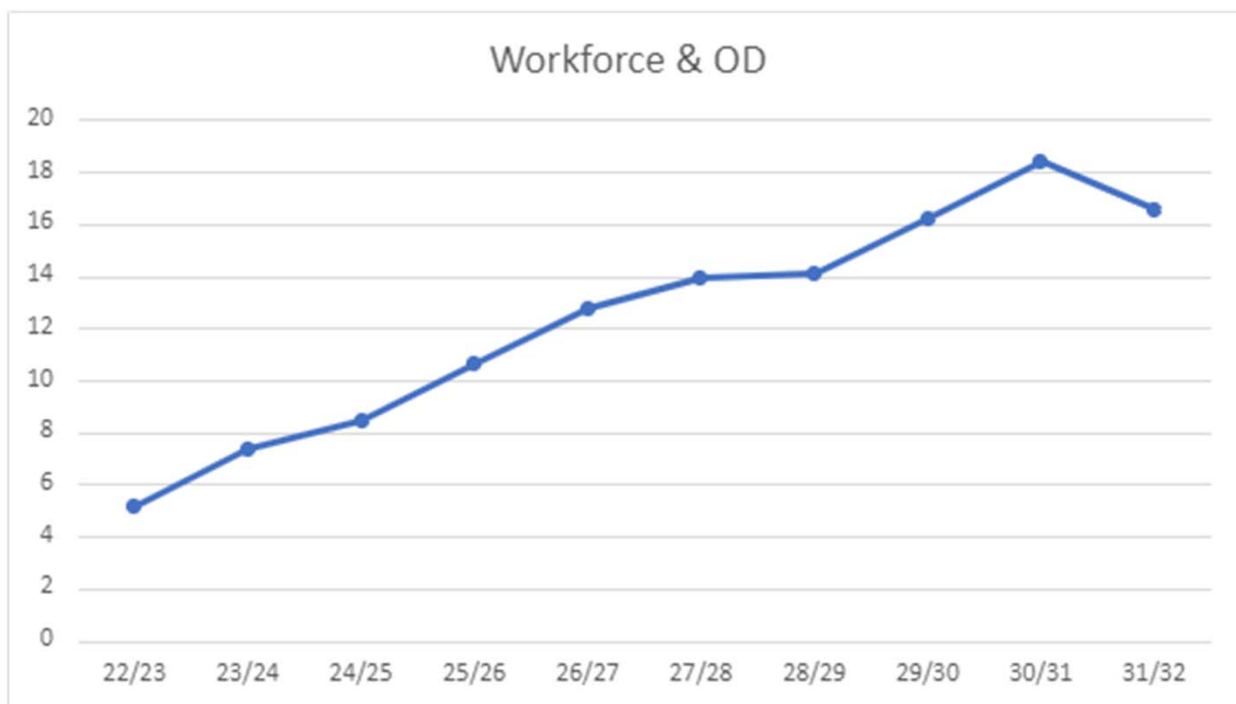
- Budgeted Establishment 44.14 wte
- SIP 49.35
- 10 yr forecast 5.21 to 16.56
- Avg. resourcing per year = 7
- Avg. Turnover = 4.85
- Over established because of external funding for additional Partnership roles and PEFs which are in addition to budgeted establishment

Recruitment success data

Medics (HB only)

Conversion rate of vacancies advertised to successful hire over a 9 month period : **9.09%**

Month/Year	Not filled	Partially filled	Successfully filled	Total
Nov-21	2	0	0	2
Dec-21	1	1	0	2
Jan-22	1	0	1	2
Feb-22	1	0	0	1
Apr-22	0	0	1	1
May-22	2	2	0	4
Jun-22	2	0	0	2
Jul-22	1	0	0	1
Sep-22	7	0	0	7
Total	**17**	**3**	**2**	**22**
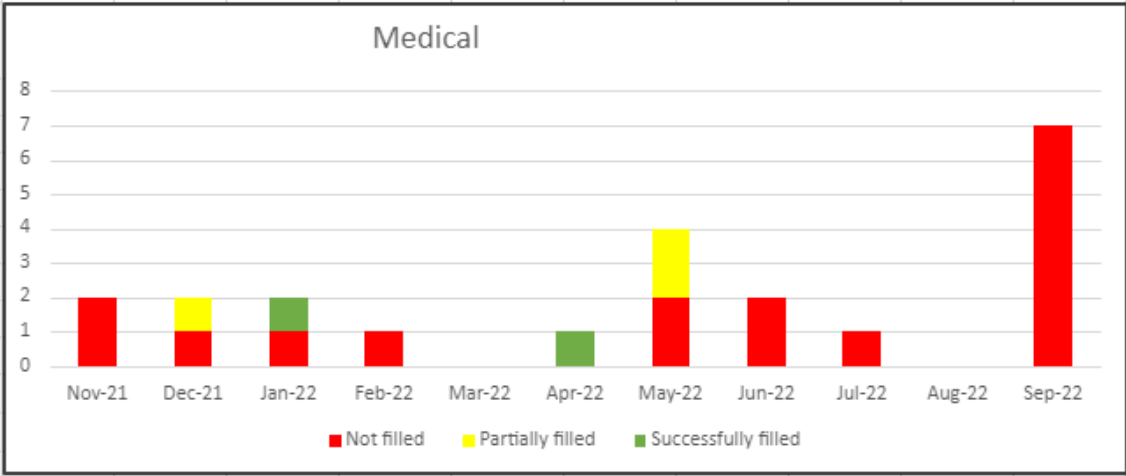
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Recruitment success data

AHPs B5,6,7

Conversion rate of vacancies advertised to successful hire over a 13 month period: **5.69%**

Month/Year	Not filled	Partially filled	Successfully filled	Total
Oct-21	4	0	0	4
Nov-21	6	0	1	7
Dec-21	9	0	1	10
Jan-22	6	0	0	6
Feb-22	8	0	0	8
Mar-22	12	0	0	12
Apr-22	15	0	0	15
May-22	13	0	0	13
Jun-22	4	0	5	9
Jul-22	9	0	0	9
Aug-22	8	0	0	8
Sep-22	13	0	0	13
Oct-22	9	0	0	9
Total	**116**	**0**	**7**	**123**

Allied Health Professionals Band 5, 6 & 7
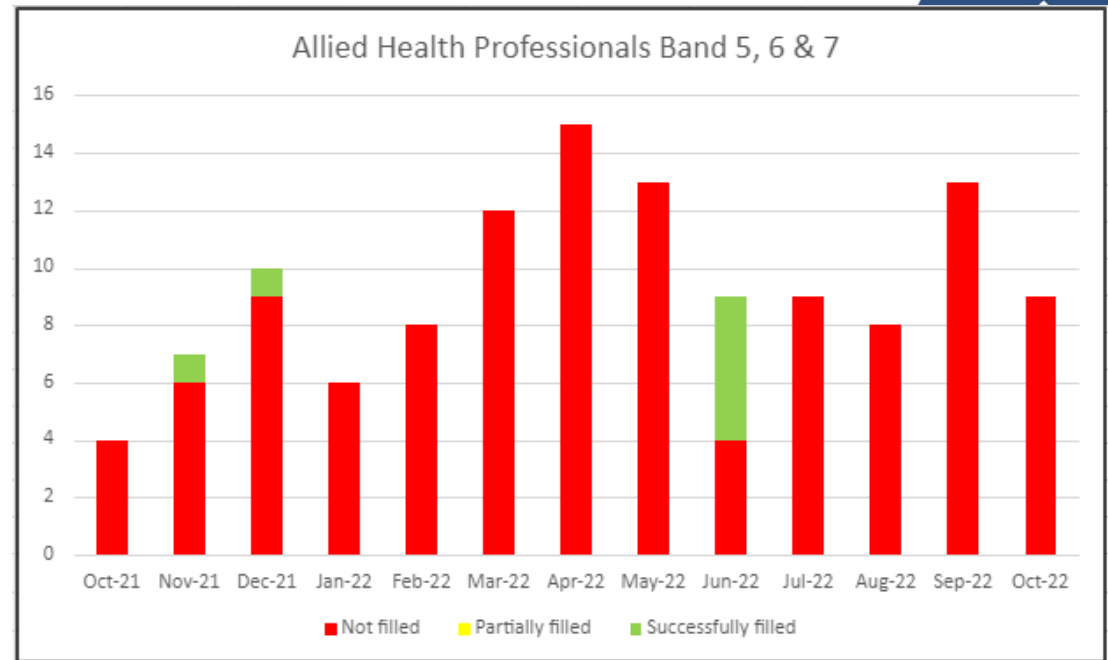
Recruitment success data

Nursing and Midwifery Bands 5, 6 & 7

Conversion rate of vacancies advertised to successful hire over a 13 month period: **10.19%**

Band 5's = 7.96%
Band 6's = 9.21%
Band 7's = 22.22%

Month/Year	Not filled	Partially filled	Successfully filled	Total
Oct-21	2	0	1	3
Nov-21	14	1	3	18
Dec-21	12	0	7	19
Jan-22	6	0	2	8
Feb-22	11	0	0	11
Mar-22	13	1	1	15
Apr-22	16	0	1	17
May-22	28	0	0	28
Jun-22	22	0	2	24
Jul-22	18	0	0	18
Aug-22	24	0	2	26
Sep-22	19	0	2	21
Oct-22	7	0	1	8
Total	**192**	**2**	**22**	**216**

Nursing & Midwifery Bands 5, 6 & 7

Legend: Not filled, Partially filled, Successfully filled
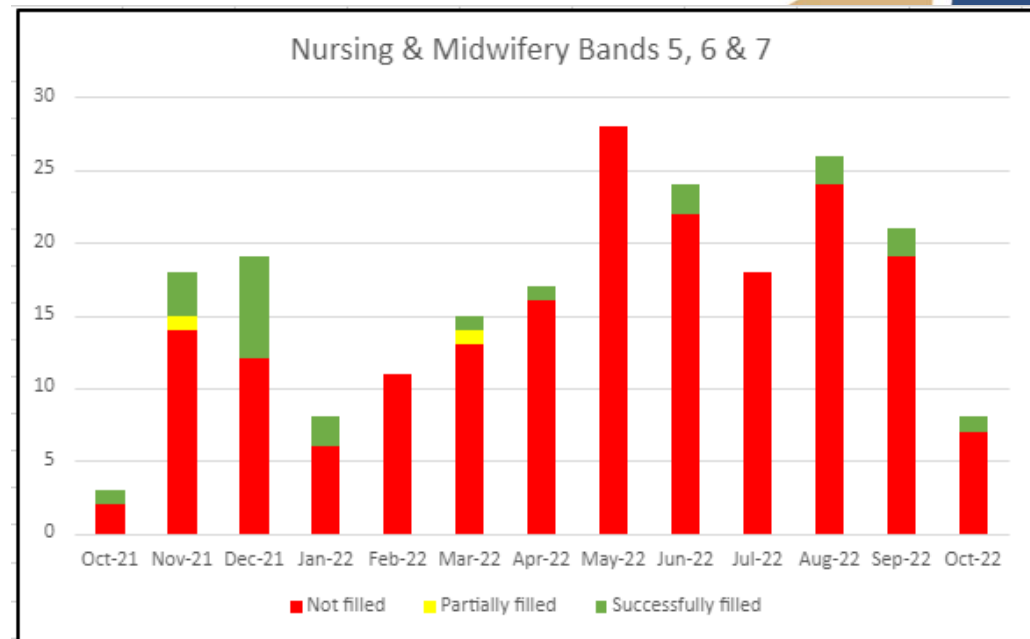
Commissioning Data vs Streamlining Success

Nursing Data

Field of Nursing	Numbers Commissioned for output 2020	Total recruited through SS 2020 (wte)	Fill Rate - Comm'd vs Recruited (%)	Numbers Commissioned for output 2021	Total recruited through SS 2021 (wte)	Fill Rate - Comm'd vs Recruited (%)	Numbers Commissioned for output 2022	Total recruited through SS 2022 (wte)	Fill Rate - Comm'd vs Recruited (%)
Adult	85	4.6		90	11.8		120	1	
Child	0	0		0	1		2	0	
MH	0	1		22	0		34	6	
LD	0	0		3	0		3	2	
Total	85	5.6	6.60%	115	12.8	11.00%	159	9	5.60%

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12/05/2023 16:04:17

Recruitment success data

Additional Clinical Services (HCSW) B2 & 3

Conversion rate of vacancies advertised to successful hire over a 10 month period: **6.25%**

Month/Year	Not filled	Partially filled	Successfully filled	Total
Nov-21	2	0	0	2
Dec-21	1	1	1	3
Feb-22	4	0	0	4
Mar-22	1	0	0	1
May-22	5	0	0	5
Jun-22	6	0	0	6
Jul-22	2	0	0	2
Aug-22	2	1	0	3
Sep-22	2	0	1	3
Oct-22	3	0	0	3
Total	**28**	**2**	**2**	**32**

Additional Clinical Services Band 2 & 3
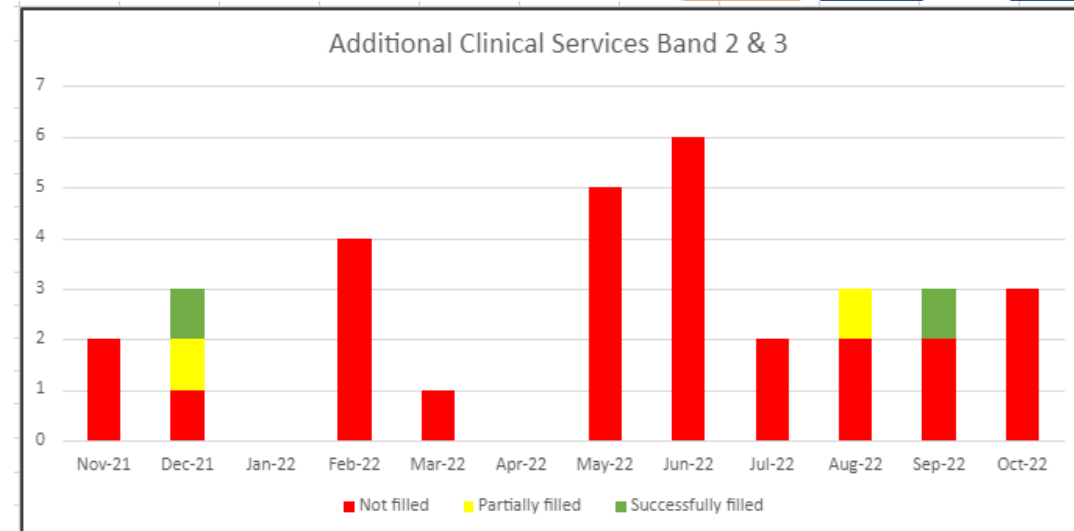
Recruitment success data

Administrative and Clerical B2 & 3

Conversion rate of vacancies advertised to successful hire over a 13 month period: **22%**

Month/Year	Not filled	Partially filled	Successfully filled	Total
Oct-21	0	0	1	1
Nov-21	3	0	1	4
Dec-21	8	0	1	9
Jan-22	2	0	1	3
Feb-22	1	0	0	1
Mar-22	5	0	0	5
Apr-22	4	0	2	6
May-22	2	0	0	2
Jun-22	6	0	2	8
Jul-22	2	0	0	2
Aug-22	1	0	1	2
Sep-22	3	0	2	5
Oct-22	2	0	0	2
Total	39	0	11	50

Admin & Clerical Bands 2 & 3
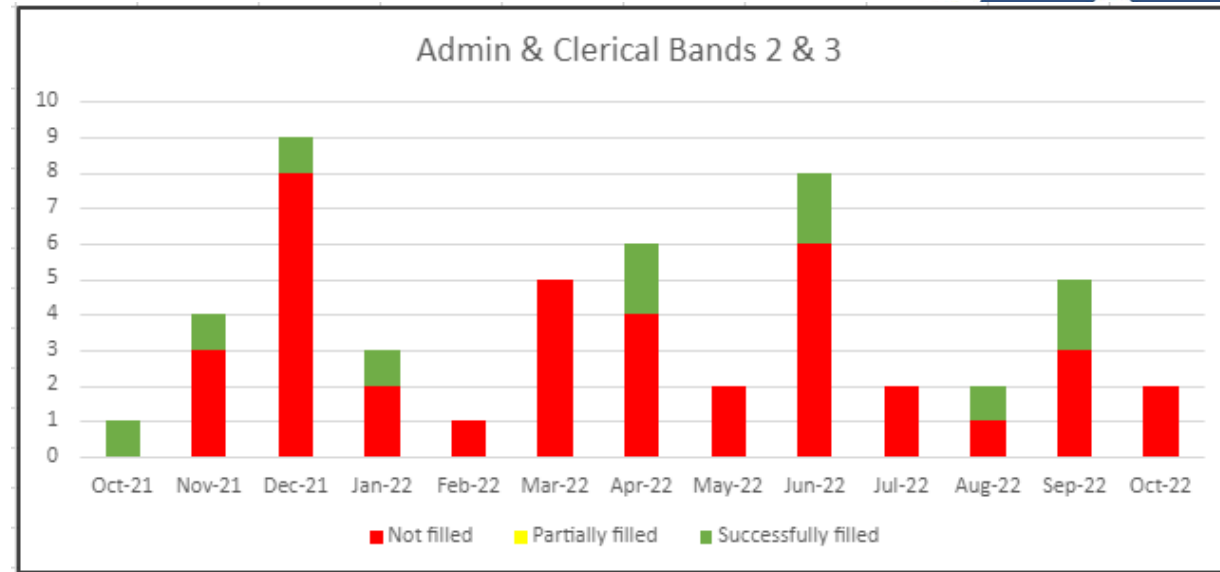
Recruitment success data

Administrative and Clerical B 5, 6 & 7

Conversion rate of vacancies advertised to successful hire over a 13 month period: **22%**

Month/Year	Not filled	Partially filled	Successfully filled	Total
Oct-21	0	0	1	1
Nov-21	3	0	2	5
Dec-21	3	0	3	6
Jan-22	5	0	2	7
Feb-22	1	0	1	2
Mar-22	3	1	1	5
Apr-22	11	0	0	11
May-22	5	0	1	6
Jun-22	7	0	0	7
Jul-22	9	0	0	9
Aug-22	5	0	3	8
Sep-22	7	0	3	10
Oct-22	1	0	0	1
Total	60	1	17	78

Admin & Clerical Bands 5, 6 & 7
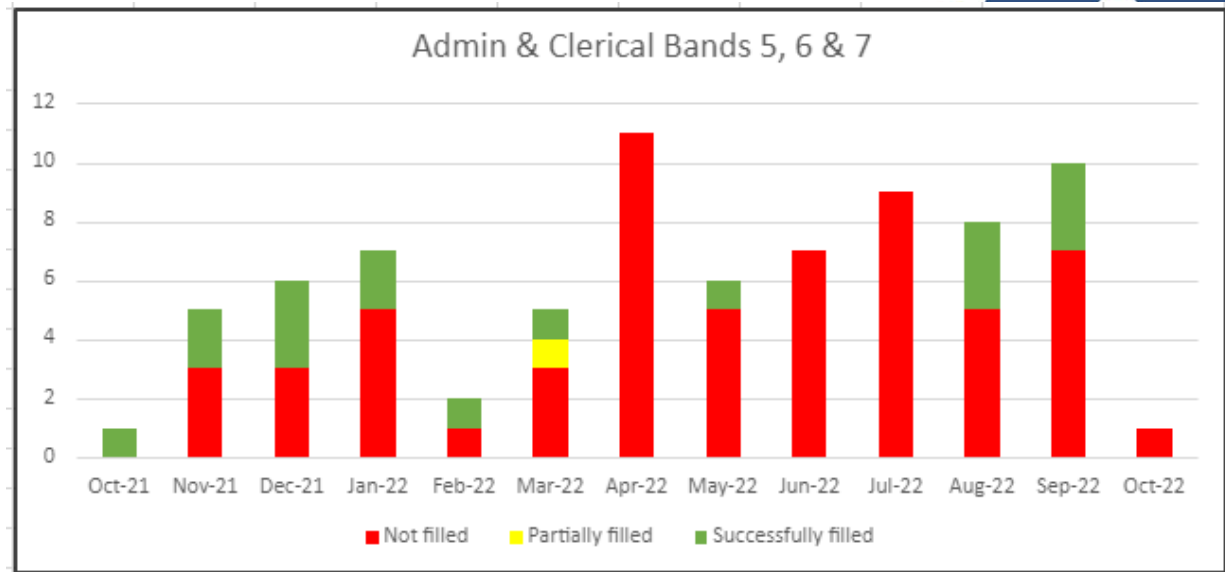
Ongoing work that will impact workforce

- Ongoing conversations with HEIW – Transformation of Education Commissioning Processes for Powys

- Dispersed Learning programme – Bangor Uni

- New Nursing degree – Aber Uni (small numbers)

- Increasing opportunity to GOO Physio/OT/Psych (CAPPs)

- Career pathway development – Schools to Registrants & beyond

- Ongoing internal pipeline for Aspiring Nurses

- External recruitment for Aspiring Nurse Programme – funding dependent

- Exploring new education contract for Powys to deliver F/T Nurse degree through the H&C Academy in partnership with OU

- Advanced practice development
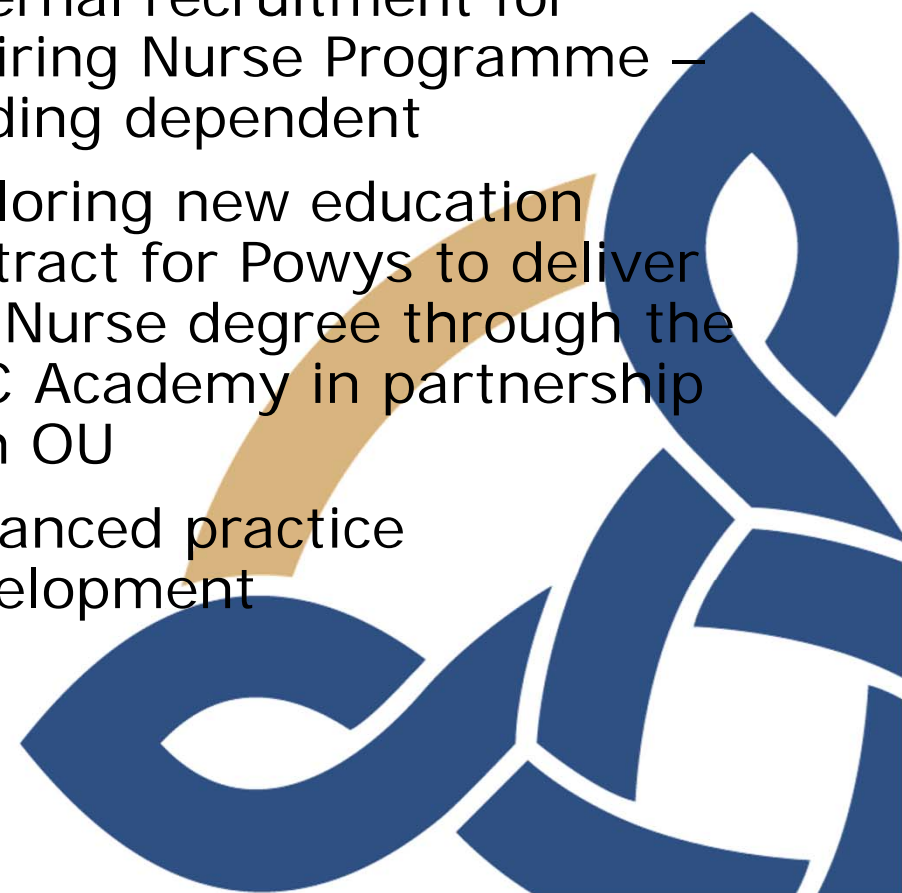
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Transforming our workforce

- Workforce plans
- Consider Overseas Nurse Recruitment proposal
- Consider new models of care and new ways of working
  - New WF models
  - Extending/Redesigning current roles
    - Physician Associates
    - Advanced Practitioners / Non-Medical Consultants
    - Blended Roles

- Consider new roles
  - Dual registrants (Nurse-Paramedic / Nurse-SW)
  - Integrated Roles with Social Care

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Proposed Organisational Approach to Workforce Planning

Proposed Approach

- Based on All Wales National WFP Toolkit
  - Underpinned by Skills for Health Six Step methodology
- Can be used for short, medium and long-term planning
- Step by step process supported by an interactive toolkit
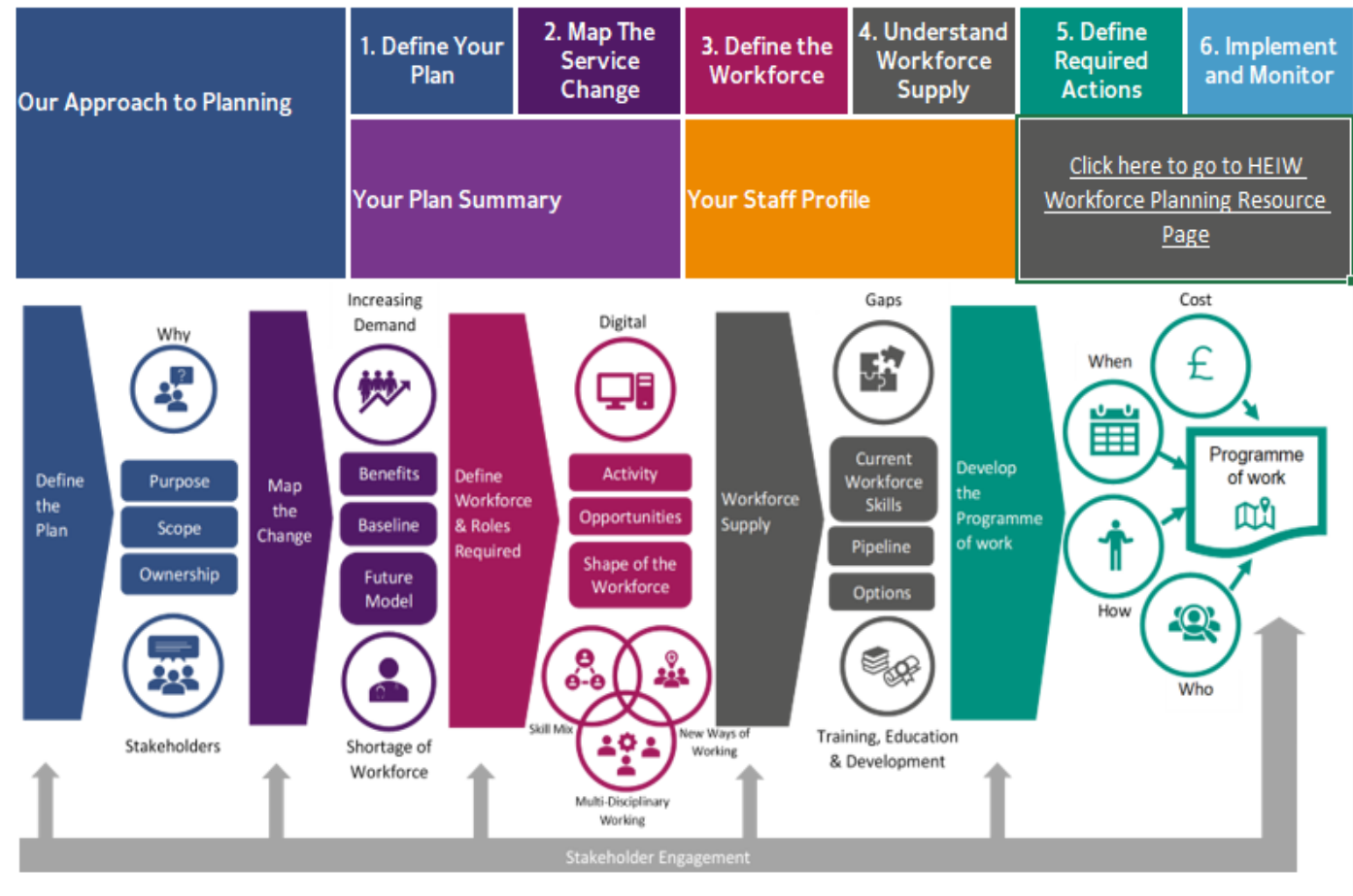
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Overview of the 6 steps within the toolkit

1. Define the plan
- Purpose
- Scope
- Ownership

2. Map the service change
- Goals/Benefits of change
- Current baseline
- Drivers/constraints
- Options appraisal/working models

3. Define the workforce
- Activity Analysis
- Roles and numbers needed
- New roles/new ways of working

4. Workforce supply
- Understand current WF
- WF Forecasting
- Supply options

5. Action plan
- Gap analysis
- Priority planning
- Managing change

6. Implement and monitor
- Implementation
- Measure progress
- Evaluate

Tailoring the approach for PTHB
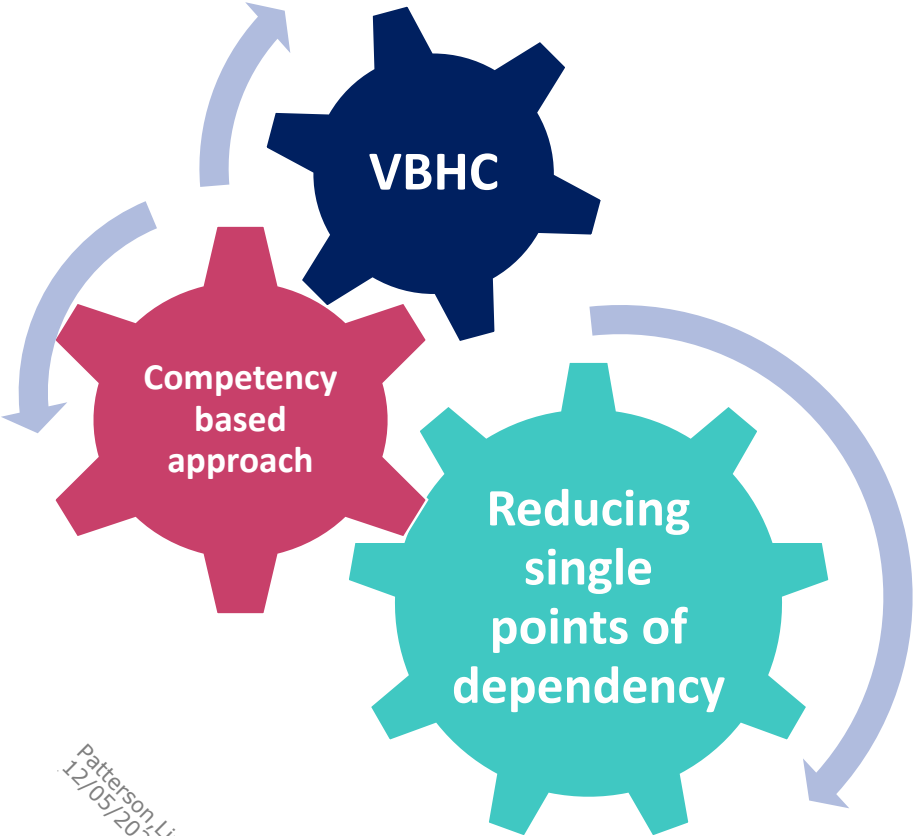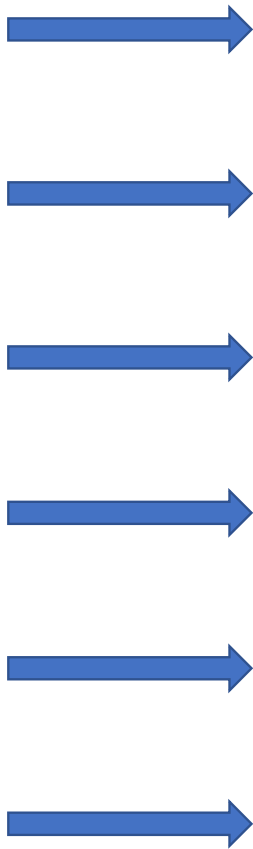
Feedback from Stakeholders

- Paper drafted and shared with key stakeholders for comments and views – end Sept 2022

… a competency-based approach will not only help us with recruitment' it will also improve our safety and governance.

Very heavy on theory and process

Regarding prioritisation – Paediatrics needs to be considered as an area of priority

Need to give consideration to Quality, Safety and Experience

… welcome the opportunity to be innovative, take a population-based approach to designing services and looking at single points of dependency

Need to reference role of Professional Leads and Professional Matters

Need to include non-clinical areas/ directorates

Patterson,Liz
12/05/2023 16:04:17

Support and Training Available

Online training available (ESR)
(000 Six Steps Approach to Workforce Planning)

Virtual and F2F training available, delivered by WOD Business Partner Team

Bespoke consultancy support

Patterson Liz
12/05/2023 16:04:17

Suggested Next Steps

- Finalise paper, taking comments into consideration

- Present paper to Executive Committee for final consideration and approval

- Suggest 3 levels of implementation …

1. Share Toolkit and Resources to all Service Managers with support from BPs for local conversations

2. In addition to MDS, expectation that all service areas develop WFP's as part of annual IMTP submissions

3. Offer specialist consultancy support for targeted areas:

- Community Services Group (New Model of Care - Q3-4)

- North Powys Wellbeing Programme – Resource Plans

- Mental Health Services

Audit – Key Lines of enquiry

Audit Wales planning an audit on WFP -2023
- Part 2 – local review of WFP arrangements

Does the organisation's approach to workforce planning help it to effectively address current and future NHS workforce challenges?

1. Is the organisation's strategic workforce planning approach likely to address current and future workforce challenges and opportunities?
   - Are the organisation's workforce strategy and/or plans likely to address the current and future workforce risks being faced?
   - Does the health body have a good understanding of current and future service demands?
   - Are relevant stakeholders and partners involved in developing the workforce strategy and/or plan and in identifying workforce needs?

Audit – Key Lines of enquiry

2. Is the organisation taking appropriate operational action to manage current and future workforce challenges?

- Has the organisation identified sufficient resources (people and money) to support workforce planning over the short, medium and long-term?
- Does the organisation understand its resourcing risks that might prevent delivery of the workforce plan over the short, medium and long-term?
- Is the organisation effectively addressing its current workforce challenges?
- Is the way the organisation works with its workforce partners helping to resolve current and anticipated future workforce challenges?

3. Are performance management and oversight arrangements helping to strengthen workforce planning and address current and future workforce risks?

- Is delivery of the workforce strategy and/or plan supported by robust monitoring, oversight and review?
- Is the organisation using workforce benchmarking to drive improvement?

Patterson Liz
12/05/2023 16:04:17

Any further comments?

Workforce and Culture Committee	Date of Meeting: 16 May 2023
Subject :	Annual Job Planning report
Approved and Presented by:	Kate Wright, Medical Director
Prepared by:	Kate Wright, Medical Director
Other Committees and meetings considered at:	N/A

PURPOSE:
The purpose of this paper is to provide the Workforce and Culture Committee with the annual job planning report for PTHB.
RECOMMENDATION(S):
The Committee is asked to RECEIVE the report and take ASSURANCE that annual job planning is being implemented for Consultant and Specialty Doctors within the Health Board.

Approval/Ratification/Decision[1]	Discussion	Information
✗	✓	✓

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

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

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

EXECUTIVE SUMMARY:

A recommendation of a previous audit report was for a review and monitoring of the job planning process for substantive medical staff. Work was carried out in 2021 to review practice, update guidance and to ensure that job plans are up to date.

DETAILED BACKGROUND AND ASSESSMENT:

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

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

Job plans will also set out the agreed service outcomes. These will be expected to reflect different, evolving phases in Consultants' careers, and appropriate continuing professional development requirements. The delivery of outcomes will not be contractually binding, however, Consultants will be expected to participate in and make every reasonable effort to achieve these. Pay progression via commitment awards will be informed by this process.

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

Supporting Professional Activity (SPA) Allocation
SPAs underpin clinical care and contribute to ongoing professional development as a clinician. This includes activities like:
- teaching and training
- medical education
- continuing professional development
- clinical governance
- appraisal and revalidation.

In 2021, job planning guidance was updated and agreed via JLNC. The main change was to ensure consistency with allocation of SPA time in line with the rest of Wales. Evidence of output from SPA time should be presented in job planning meetings and through appraisal.

Current position
The service groups to which job planning applies in PTHB are Mental Health, Community Paediatrics, Care of the Elderly and Occupational Health. The number of doctors is very small compared to other Health Boards, at the time of writing there are 15 positions job planning applies to.

In Mental Health the Clinical Director and Assistant Director have an established job planning process in line with guidance. It is confirmed that every substantive member of medical staff has had a job plan completed with the past 12 months (9 doctors).

Job plans for the 2 Occupational Health doctors have been completed within the last 12 months.

There have been challenges in Community Paediatrics and Care of the Elderly specialties due to turnover of staff and lack of clinical leads in those areas, however job planning is actively underway for each member of staff (3 consultants and 1 SAS doctor).

NEXT STEPS:

Guidance material is being drafted and will be cascaded to service leads. Through liaison and peer discussion it will be ensured that the job planning process remains aligned to the other Welsh Health Boards. Job planning will continue to be monitored annually.

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

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

Workforce and Culture Committee	Date of Meeting: 9 May 2023
Subject:	Organisational Development Strategic Framework update to support 'A Healthy, Caring Powys, 2021-24'
Approved and Presented by:	Debra Wood-Lawson, Executive Director of Workforce and Organisational Development Sarah Powell, Assistant Director of Organisational Development
Prepared by:	Rhys Brown, Head of Organisation Development
Other Committees and meetings considered at:	Workforce Steering Group

PURPOSE:

The purpose of the paper is to provide an end of year review of the Organisational Development Strategic Framework, to provide assurance that progress is being made against the identified priorities.

RECOMMENDATION(S):

The Workforce and Culture Committee is asked to:

- **Receive** the report and take **assurance** from the progress against the frameworks original priorities;
- **Note** that the framework, moving forward, will be reviewed and embedded into relevant plans (incl IMTP).

Approval/Ratification/Decision[1]	Discussion	Information
✓	✗	✗

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

Strategic Objectives:	1. Focus on Wellbeing	✠
	2. Provide Early Help and Support	
	3. Tackle the Big Four	
	4. Enable Joined up Care	
	5. Develop Workforce Futures	✠
	6. Promote Innovative Environments	
	7. Put Digital First	
	8. Transforming in Partnership	

Health and Care Standards:	1. Staying Healthy	☒
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	☒
	8. Governance, Leadership & Accountability	

EXECUTIVE SUMMARY:

This report seeks to provide an end of financial year assurance report, which details the activity being undertaken to achieve each of the Organisational Development (OD) Strategic Framework priorities.

The OD Strategic Framework was originally developed in 2019 and described the organisation's OD model and outlined
the activity that needed to take place to have the 'Best Chance of Success' to support the development of a 'Healthy, Caring Powys'. The framework was reviewed in 2021 with some actions altered based on the ongoing Covid-19 pandemic.

Following a review in a Board Development session and at the Local Partnership Forum in summer 2022, it was agreed that many of the actions are already taking place and being monitored in other areas such as the IMTP, Directorate plans and strategic programmes of work which have been developed since the publication of the OD Strategic Framework. This has created a situation where

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

Organisational Development Strategic Framework update

Page 2 of 14

Workforce & Culture Committee
16 May 2023
Agenda Item 2.6

2/14

132/185

there are several places to provide updates, bringing a need to simplify those governance assurance arrangements.

Based on the review, this report recommends that the OD Strategic Framework is reviewed and redesigned so that it still defines the high level work to be undertaken to continue to develop as an organisation, but also helps describe the organisation to members of the public, our partners and our workforce.

Further, the report recommends that specific activity not be held within the OD Strategic Framework, but a clear governance structure be developed to enable the collective responsibility of the framework, as well as identifying action within programmes of work and the IMTP that meet the desired outcomes of the framework.

DETAILED BACKGROUND AND ASSESSMENT:

Situation and Background

The OD Strategic Framework underpins the delivery of the Health and Care Strategy by aligning the organisational Processes, People, Structures and Culture to ensure organisational effectiveness through a set of delivery principles.

The OD Strategic Framework (2019-21) was reviewed and refreshed with a focus on recovery and renewal activities (see appendix 1: Organisational Development Strategic Framework 2021-24). In 2022 through a series of check and challenge sessions with Local Partnership Forum and PTHB Board members concluded that the OD Strategic Framework and principles are still current and valid. However, the following key additional comments were raised:

- It requires clarity of who the audience is, what's the purpose of it and how is it positioned for staff, confirmation of whether it is for staff or managers
- The outcomes described are huge and could they be stripped back
- Could it or should it be a document that is reframed to use as part of recruitment / attraction
- Could be framed around our values and culture rather than outcomes
- Everyone should know about it and be able to describe it – but difficult to in its current format.

Since the original Strategic Framework was agreed in May 2019, the Health Board has also agreed in partnership several supporting frameworks, including Workforce Futures, Digital First and Innovative Environments, which have actions within that meet the OD Strategic Framework priorities.

Within the Health Board's IMTP – the partnership section (priority number 25) there is reference to the Delivery of the Organisational Development Strategic

Organisational Development Strategic Framework update

Page 3 of 14

Workforce & Culture Committee
16 May 2023
Agenda Item 2.6

3/14

133/185

Framework but there is no description as to how it is 'owned 'by each director or deployed other than through Workforce and OD activities that are reported through to Workforce and Culture Committee

The OD Strategic Framework was audited in 2019/20 and was given an assurance rating of reasonable. There is however, still one action outstanding which is 'a requirement for a detailed action plan with Executive owners. The development of this was paused during the pandemic and is still an outstanding action, however it is now considered that the actions should now be considered as business as usual and as necessary feature in any Divisional Plans.

Purpose

With several frameworks and reporting mechanisms in place, and a desire to reduce the complexity of governance arrangements within PTHB, it has been recommended by the Executive Committee that a review of the OD Strategic Framework be undertaken to assess progress.

This report therefore seeks to provide a progress update of actions and a recommendation that any outstanding actions as part of the OD Strategic Framework are included within Divisional Plans and reported as part of IMTP updates and through Divisional Assurance meetings.

Progress against the 2021/2024 Organisational Development Strategic Framework priorities as part of the 4 core areas (People, structure, processes and culture), are set out below:

1. **People**

Priority 1 - Continue to invest in our Board and Executive Team Development Programme that focuses on improving effectiveness.
A number of Executive team development sessions have been held during the past 2 years supported by University of South Wales facilitators and our internal OD Team. Sessions have been developed to build relationships, trust and challenge and have enabled dedicated time and space for the Executive team to focus on organisational effectiveness. Each Executive has undertaken a range of individual and team diagnostics to support discussion during these sessions. Team and individual coaching sessions have also taken place.

During the summer of 2022 a Board Development session was held that brought together the findings of the individual and collective Strengths Deployment Inventory assessments which enabled a collective discussion around team strengths, relationships and areas for consideration. Board Development sessions will continue through 2023/24, as well as new work to define what a high performing board means for PTHB and identify measures for success.

Priority 2 - Invest in leadership and team development throughout the organisation, strengthening a culture of clinically and professionally led, value-based healthcare.

The School of Leadership within the Health and Care Academy provides a range of opportunities for leadership development for all staff, from an internal manager's programme, through to accredited Institute of Leadership and Management Programmes (ILM) from Level 3 to 7.

- The ILM programmes currently has 33 staff engaged in the ILM level 3/4 programme and 60 in the ILM level 5 programme. This includes 16 who have completed their level 5 qualification.
- The internal manager's programme is currently delivering to cohort 12 and has seen 127 managers from band 3 to 7 attending. An evaluation of this programme has seen positive results in the development of leadership and managerial skills and knowledge.

The School of Leadership is also in partnership with the University of South Wales to deliver the Welsh Government funded Intensive Learning Academy (ILA) in Leading Digital Transformation. Through this staff also have access to a range of CPD sessions, professional qualifications, and a master's degree in Leading Digital transformation.

The Clinical Quality Framework defines the need for the development of clinical leadership, therefore, in progress for the workforce IMTP for 2023/24 is the delivery of an internal Clinical Leadership programme, initially targeted at bands 6-8a.

Outside of PTHB, HEIW have a range of leadership opportunities for those aspiring for senior leadership positions, as well as hosting the Gwella portal as a resource library for anyone wishing to access information about leadership. Similarly, Academi Wales continues to run summer and winter schools for aspiring senior leaders.

Priority 3 - Develop our Excellence in:
  Supporting one's self (wellbeing)
  Leadership
  Team dynamics

Wellbeing – Since the publication of the OD Strategic Framework, a range of actions have been undertaken to help the workforce with their wellbeing needs. This has been driven by a specific wellbeing action plan with activity that ranged from a review of Occupational Health services, ensuring the correct employee assistance programme is in place, to developing wellbeing specific intranet pages and providing wellbeing resources and activities. The page continues to have approximately 1000 visits each month.

Organisational Development Strategic Framework update

Page 5 of 14

Workforce & Culture Committee
16 May 2023
Agenda Item 2.6

5/14

135/185

To support staff during winter pressures 2023/23 and a period of industrial action, a series of wellbeing roadshows are being held, with a plan in place to visit each main hospital site. Virtual Positive Psychology workshops have also been delivered by an external trainer which has seen 90 participants attend over 6 workshops so far, with 2 workshops still to be delivered.

Future wellbeing activity is held within the WOD IMTP for 2023/24 and includes:
- Undertaking the revalidation process for the Gold Corporate Health Standard
- The development of a guide to staff retention for managers, which will be an online resource of useful hints, tips, and activities to utilise within teams and with individuals to help staff feel that PTHB is a great place to work.
- Regular wellbeing roadshows at each of the main hospital sites. This has been taking place since December, with 4 sites attended already with 120 staff visiting the roadshow. All main hospitals will have had a roadshow by the end of Quarter 1 2023/24
- Delivery of a series of wellbeing outdoors events, which aims to help staff reflect on the last three years refocus on the future of the work environment
- Continuing to improve Occupational Health delivery through the introduction of the new all-Wales Occupational Health Management System
- The continued promotion of and reinvestment into, the Employee Assistance Programme, currently delivered by Vivup
- Activity to ensure compliance against the Anti-Racism Wales Action Plan
- The introduction of an approach for Executive Directors, deputies and Assistant Directors to mentor more junior staff and in turn be reverse mentored

Leadership – As described under priority 2 above, there is a desire to develop leadership capability, and develop a compassionate and collective leadership culture. This is delivered through the range of Institute of Leadership and Management (ILM) leadership development programmes, manager's programme, and bespoke Organisational Development support to services with specific needs. The offer in the next financial year will also include Clinical Leadership development and the introduction of the all-Wales Compassionate Leadership programme once developed by HEIW.

The University of South Wales, through the Intensive Learning Academy (ILA) will undertake an evaluation of the impact of the ILA courses and the ILM programmes during the first half of the 2023-2024 financial year.

Team Dynamics – Having healthy teams remains a fundamental part of staff wellbeing, performance, and retention. With the implementation of the all-Wales Respect and Resolution Policy, opportunities have been given to attend

Organisational Development Strategic Framework update | Page 6 of 14 | Workforce & Culture Committee 16 May 2023 Agenda Item 2.6

6/14 | 136/185

workshops about healthy working relationships and healthy teams. In addition, the internal Manager's Programme delivers sessions to participants on team development.

The aspiration for this action was to gain funding from Welsh Government that would enable the wide roll out of the Collective Leadership for Patient Safety Cultures (Co-Lead) toolkit, which was developed by the University College Dublin and adopted as an approach by HEIW. This would create a common set of team meeting discussions that would help develop the team environment. Unfortunately, the funding bid was rejected and therefore the wider project could not take place.

The approach now taken will be to work with targeted service areas that are facing the most challenges based on the triangulation of workforce and performance information as part of the Integrated Performance Framework. The approach would include the utilisation of a 'Team Climate' survey, to gain an understanding of how the team operates and this activity sits within the WOD IMTP 2023/2024.

Priority 4 -Support the activity within and the outcomes of the Workforce Futures Strategic Framework.

Within the people section of the OD Strategic Framework, we reference alignment to the joint Workforce Futures Strategic Framework. Evidence of progress towards this includes the high level of contribution to the development of the Joint Health and Care Academy, officially launched in October 2022 by the Minister for Health and Social Care.

The aim of the Academy is to enhance education, training and development across our partner organisations through 4 schools: Leadership; Clinical and Professional Education Training and Development; Research, Improvement and Innovation and the School of Volunteers and Carers. Each of the schools has started to develop their own portfolio of CPD opportunities including the development of scenario based simulated learning, of which PTHB has been a lead stakeholder.

The Workforce Futures Strategic Framework is governed through the Workforce Futures Programme Board, which in turn reports to the Regional Partnership Board. An annual progress report against the actions within the framework is delivered at the end of each financial year.

The Workforce Futures Programme Board is jointly Chaired by the PTHB Director of Workforce and Organisational Development and the PCC Director of Corporate Services demonstrating the commitment at a senior level from both organisations.

Organisational Development Strategic Framework update

Page 7 of 14

Workforce & Culture Committee
16 May 2023
Agenda Item 2.6

7/14

137/185

2. <u>Structure</u>

Priority 1 - Continue to implement an organisational design model that aligns the structures, to enable delivery of the health and care strategy and Renewal Priorities.
Due to the significant pressures on the health and social care system, with many workforce gaps and supply outstripping demand for services, a specific programme of work is being undertaken to understand, design and deliver an Accelerated Sustainable Model for PTHB. This work supersedes the previous work on the Organisational Design Model and is captured in the ASM programme of work.

In addition, WOD is supporting the programme through the implementation of strategic workforce planning within the organisation, which includes the goal of ensuring that workforce planning is embedded within the IMTP process.

Priority 2 - 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.
52.4 WTE posts were created across 7 programmes to support the Renewal Priorities, 20.5 WTE recurrent posts were successfully recruited to as well as 23.4 WTE fixed-term posts, which will come to an end in March 2023.

The Accelerated Sustainable Model has superseded the renewal priorities to enable the development of sustainable healthcare for the long-term.

Priority 3 - Develop a clear framework for the development of highly effective cluster working that focuses on integrated working approaches.

The Accelerated Cluster Development Programme is the Primary Care component of Place Based Care, delivered through professional collaboratives and clusters.

Successful Cluster working ensures care is better co-ordinated to promote the wellbeing of individuals and communities, enabling health and care professionals to work across service boundaries and to influence the development of services for their patients. Cluster arrangements form the local footprint for the strategic aims of Regional Partnership Boards.

Following the National programme launch in April 2022, the new Cluster model was implemented across Powys in September 2022, with the formation of the professional Collaboratives, and Multi-professional Clusters, with the RPB Executive Group, (Pan Cluster Planning Group) being formed in November 2022.

One of the priorities identified within the Cluster plans is - 'Supporting the development, skills and knowledge of professionals, both clinical and non-

Organisational Development Strategic Framework update | Page 8 of 14 | Workforce & Culture Committee 16 May 2023 Agenda Item 2.6

8/14 | 138/185

clinical to support the achievement of agreed Cluster priorities, and the new model of cluster working.'

The Primary Care Team is identifying the core competencies and development within clusters and are working with the OD team to understand training and development solutions.

Priority 4 - Develop innovative approaches to role and service development that underpins our 'grow our own' model

Significant work is being undertaken under the WOD IMTP and Workforce Futures Programme, to develop new and innovative paths to help bring people into a health and care profession and develop them when in role. This includes:

- The introduction of a joint widening access officer role who co-ordinates apprentices, school engagement and work experience as well as other opportunities for new entrants into the Health and Care sector.
- Annual intake of Apprentice Healthcare Support Workers
- Band 4 Community Advanced Practitioner project
- The Aspiring Nurse programme
- Aspiring Allied Health Professional (AHP) programme for Radiographers, Physiotherapists and Occupational Therapists
- A pilot of the joint induction delivery for healthcare support workers and social care support workers
- Pilot level 3 health and social care qualification of school pupils within 2 secondary schools
- Partnering with Bangor University to deliver the Dispersed Nursing Degree programme
- Leadership development offer for all levels in the organisation
- Education offers for all nursing and Allied Health Professionals, Healthcare Support Workers/Healthcare Assistants

3. Processes

Priority 1 - ***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***

The governance work programme has continued to be implemented in 2022/23 which has included Board approval of a revised risk management framework and refreshed corporate risk register. Moving into 2023/24 the development of the Board Assurance Framework will form a key part of the IMTP actions.

Priority 2 - Ensure, where possible, the way in which we work is enabled and enhanced by the use of digital technologies

Organisational Development Strategic Framework update

Page 9 of 14

Workforce & Culture Committee
16 May 2023
Agenda Item 2.6

9/14

139/185

The Digital Transformation team have developed a draft Digital Strategic Framework, which is due to be presented to and approved by Executive Committee in March 2023. This encompasses a digital programme of work, which is governed through the Digital Programme Board, with actions in the Digital transformation Team IMTP. Activity currently being undertaken to improve the ways in which we work through the use of digital technologies includes:

• Role based equipment and access to information
• Agile working - work by connecting from anywhere/anytime
• Robust Wifi including Guest
• Simplify/rationalise the number of systems required

Priority 3 - Identify key organisational processes which offer opportunity for redesign to digitalise, increasing efficiency and effectiveness, aligned to the Digital First Strategy

In addition to individual ways of working, the Digital Strategic Framework also seeks to redesign organisation wide processes, which includes:

• Digitalisation of paper Records

• Hybrid Mail (automated printing and text messaging) reduces time/cost /waste/dna

• E-Forms and E-Signatures

• Managed Print service (Follow me printing)

• Improved infrastructure to support mobile/agile working including telephony

Priority 4 - Review and strengthen corporate business systems and processes ensuring these embed high standards into organisational ways of working

The appointment of the Associate Director of Corporate Business has been a key step forwards in progressing our approach to corporate business. Systems and processes have been created and strengthened within the CEOs office and executive team PA support in 2022/23, this work will continue into 2023/24. Corporate business forms part of the newly created Directorate of Corporate Governance which will support the cross organisational ways of working into the future.

4. **Culture**

Priority 1 - Triangulate data and information gathered within the organisation, to understand our progress in developing a safe, healthy, compassionate, and value-based culture

Linked to the section below, which references improvements to performance management approaches, the Integrated Performance Framework (IPF) will create a reporting system which helps to identify the overall 'health' of a team. Fundamental to this is the inclusion of workforce data and information, which highlights not only the standard workforce metrics such as sickness absence or vacancies, but also includes staff survey information to provide an indication of the culture of a team. The information can then be utilised to identify areas that need greater support, or learning from other teams.

The initial proposal will be delivered to the Workforce Steering Group and the Workforce and Culture Committee in March 2023, followed by the development of the approach with the performance team through Q1 and 2 in the 2023/2024 IMTP.

Priority 2 - Actively participate in the development of a mature partnership approach, in the ambition to deliver seamless healthcare across organisational boundaries

Significant progress has been made through the Workforce Futures Strategic Framework and the RPB to progress joined up working between PTHB, Powys County Council and the third sector. Part of this has been to design a self-assessment matrix to understand the maturity of the partnerships and what further development needs to be undertaken to improve. See Appendix 2

Priority 3 - Develop and deliver a multi-layered approach to staff engagement and wellbeing, supporting staff to recover from the pandemic and deliver our Renewal Priorities

Joint work has been undertaken between WOD and the Communications and Engagement Team to support a rolling programme of wellbeing and engagement activity, which has included roadshows, Staff CEO briefings, ongoing Certificate of Achievement awards, winter resilience positive psychology sessions and planning for NHS 75 in 2023.

In terms of communications and engagement channels, the SharePoint intranet pages have been introduced and gradually being developed by service areas. The intranet site has had over 200,000 visits in the last 30 days, with staff most often visiting Policy, Digital and Training pages most often, in addition to the Wellbeing pages which have received over 1000 visits. More recently Yammer has been introduced as a less formal social network platform that provides a space for communities of shared interest. Again, this includes a wellbeing forum.

| Organisational Development Strategic Framework update | Page 11 of 14 | Workforce & Culture Committee 16 May 2023 Agenda Item 2.6 |

11/14

141/185

Future activity is held within WOD and Communications and Engagement IMTP and Directorate plans.

Priority 4 - Improving performance management approaches to ensure that there is a golden thread between organisational objectives and individual action.

The Integrated Performance Management Framework was agreed in September 2022 by Executive Board and applies to all activities in PTHB, and those commissioned in and out of county. The primary objective of the framework is to provide assurance to the Board on the delivery of strategic objectives; and most importantly the delivery of quality, patient centred services, by integrating key performance measures from the NHS Wales Performance Framework, Finance and Delivery Unit (FDU) annual plan objectives and PTHB measures aligned to the implementation of the Health Board Integrated Medium Term Plan (IMTP). The Framework will ensure that the PTHB has robust oversight of actual performance versus target requirement to be able to monitor progress against the key deliverables set out within the Welsh Government 'A Healthier Wales'.

The framework provides a performance report at service, directorate, and organisation level, with the domains of:
- Access (assurance on timely and appropriate access)
- Quality (safety, effectiveness, patient experience)
- Finance (assurance on cost and value)
- Workforce

A Project Implementation Group is taking forward the development of the framework in the form of a live dashboard and this will feed into the Integrated Performance Report, commissioning contract meetings with commissioned service providers and be focus for internal performance reviews within PTHB.

Conclusion

This Organisational Development Strategic Framework end of year report demonstrates that progress has been made against each of the key priority areas. The report also demonstrates that future actions to meet each of the key priorities are held within the IMTP from a range of directorates and in strategic programmes of work. The OD Strategic Framework in its current form has the potential to create complexity within the governance of the organisation, especially with the outstanding audit action of an Executive Director led action plan still outstanding.

Organisational Development Strategic Framework update   Page 12 of 14   Workforce & Culture Committee
16 May 2023
Agenda Item 2.6

12/14   142/185

It is also recommended, that specific actions which help us continue to improve are held within our programmes of work and IMTP, and that the right governance framework is placed around the OD Strategic Framework to enable ownership to be collectively held across Executive Director Portfolios.

Appendices
Appendix 1 – Best Chance of Success
Appendix 2 – Partnership Working in Powys

NEXT STEPS:

Note the progress made against the 4 areas and the priorities:

1. Review the OD Strategic Framework to ensure alignment with the IMTP and monitor progress through the IMTP reporting
2. Develop a public facing document that describes the culture of working in PTHB which will be a helpful resource for recruitment.

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

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

Organisational Development Strategic Framework update

Page 13 of 14

Workforce & Culture Committee
16 May 2023
Agenda Item 2.6

13/14

143/185

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

Organisational Development Strategic Framework update   Page 14 of 14   Workforce & Culture Committee
16 May 2023
Agenda Item 2.6

14/14   144/185

'Best Chance of Success'

An Organisational Development Strategic Framework to support 'A Healthy, Caring Powys' 2021 - 2024

Refresh July 2021

1. Introduction

The purpose of this framework is to outline the development priorities to improve Powys Teaching Health Board's organisational effectiveness, enabling the health board to be best placed to deliver against its commitments for the population of Powys. These commitments are set out in the 10-year health and care strategy: 'A Healthy, Caring Powys', with specific workforce and cultural aspects detailed in the Workforce Futures Strategic Framework. Activities are operationalised in our Annual Plan.

'A Healthy, Caring Powys', was published in 2017 and was the first integrated health and care strategy within public services in Wales. The strategy aligns with the strategic direction for health and care in Wales, described in the Welsh Government Long Term Plan: 'A Healthier Wales' our Plan for Health & Social Care (2018). The Powys long term plan outlines the future vision of a whole system approach to health and care, with a focus on wellbeing; early help and support; tackling the big four diseases that limit life and joined up care.

The Covid-19 pandemic has placed significant pressures on the health and social care system, but has also provided an opportunity for change, especially in digital ways of working. The role of this framework is to focus on recovery from the pandemic and the renewal of services, whilst continuing to improve the effectiveness of Powys Teaching Health Board (PTHB). It further seeks to support the alignment, delivery and improvement approach across all areas and levels of the Health Board, whilst recognising the significant progress that has already been made with organisational effectiveness.

2. Developments since the launch of the OD Framework

At the end of 2020/21, it is important to reflect on the journey of the organisation since the introduction of the Health and Care Strategy. Since 2018 Powys Teaching Health Board has significantly developed, with some clear examples of progress including:

- Successful delivery of the Mass Vaccination and Test, Trace & Protect Programmes
- A joint Workforce Strategic Framework developed in partnership with colleagues across health and social care
- Development of the Health and Care Academy blueprint, including the refurbishment of the first physical space in Basil Webb on the Bronllys site
- More volunteers working in collaboration with our paid workforce to deliver enhanced health and care services
- A staff wellbeing offer that has supported and continues to support staff whilst tackling the Covid-19 pandemic
- An agile way of working that supports social distancing during the Covid-19 pandemic

- A Research, Improvement and Innovation Hub established to enable more trial and testing of new ways of working, underpinned by evidence-based research and learning
- Roll out of leadership and management development opportunities
- Successful delivery of financial breakeven each year since 2015, despite challenging performance pressures
- Maintaining positive staff survey results and Engagement Index score in the 2020 national staff survey
- An enhanced staff wellbeing offer that seeks to support staff during the Covid-19 pandemic, e.g wellbeing hubs
- Improvement in estates and significant investment from Welsh Government in terms of capital monies, to support improved environments in Powys
- Phase 1 of realignment of the organisation ensuring a structure is flexible and fit for the future
- The redeployment of staff throughout the pandemic to ensure successful delivery of business-critical areas
- A strong partnership working model that supports citizenship and commits to our social economic duty. Community Sector Response Group (CSRG) was established during the pandemic and has deployed over 1300 volunteers.

3. Delivering a 'Healthy, Caring Powys'

Having the first integrated health and care strategy in Wales clearly shows Powys Teaching Health Board and Powys County Council's commitment to a whole system approach in Powys, the importance of which is even more significant to enable the renewal of services. Developing the strategy in partnership with the Local Authority was a key signal of intent to maximise the benefit of having a co-terminus relationship, the only one in Wales. It will be essential to continue to build on this through implementation.

The strategy signals an important step change in **focusing on wellbeing** and **early help and support**. To a much greater extent than ever before, the NHS in Powys will be focusing on supporting people to take personal action to maintain health, whilst supporting people to regain and maximise health through early help and support. This means the way health services have traditionally been arranged will need to change.


The strategy clearly sets out an ambition to make tangible achievement in the outcomes for people who have conditions that limit their life. Underpinned by strong evidence, **the Big Four** diseases that limit life are cancer, respiratory conditions, mental health and circulatory disease. There is every opportunity to both save lives and to improve the lives of those with these conditions. The organisation will need to take a structured, programme based approach to whole system transformation, in order to achieve positive outcomes ensuring evidence based prudent practice.

The clear and consistent message given by citizens and stakeholders when contributing to the strategy was the need for **joined up care**. The term integrated care was used initially, but as this means different things to different people, a simpler, more citizen focused way of describing professional citizens, patients and others working together was agreed. Joined up care therefore means a much greater alignment and connection between primary and secondary care, health and social care and physical and mental health care. To achieve this will require a step change in service design, team working and delivery.

Whilst there is clear focus on delivering the wellbeing objectives described above, enabling delivery is key. Enabling objectives include a new, strategic focus on **workforce futures**, aimed at developing and delivering an approach to workforce planning; education, training and development and well-being. This work will not only focus on those people employed by the health board, but increasingly partners in independent contractor services, the independent sector, third sector and carers.
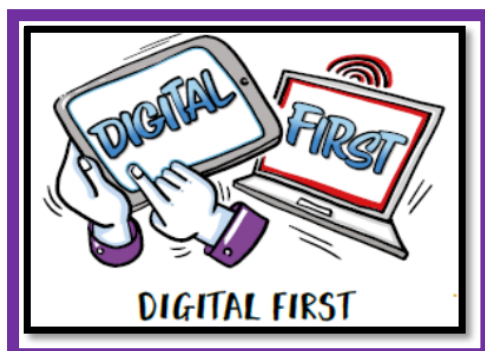
The utilisation of technology in care as yet remains under-developed. The drive towards a **digital first** approach should help to transform the way services are offered to individuals and communities. This will require a different way of working, increased expertise at all levels and in all areas of the organisation and leadership to promote innovation and creativity.

As health and social care moves away from the traditional reliance on buildings based care and increases the proportion of care and support in people's own homes and communities, the development of **innovative environments** becomes more important. The strong message from citizens and communities during the development of the strategy indicated a desire to have more care provided in county. This will require a fresh focus on flexible environments of care that can respond to changing service provision. Developing an environment of innovation is also critical to enable the objectives and outcomes of the strategy to be achieved. A strong approach to developing culture, systems and processes for innovation, research and development will be key to success.

TRANSFORMING IN PARTNERSHIP

Finally, a core enabler to achieving the vision described in the strategy is **transforming in partnership**. The unique nature of the health board means that developing and sustaining positive relationships and partnerships is key. Whilst an external focus will continue to be required, the strength of internal partnerships and relationships is also a critical success factor. Supportive and proportionate governance, clarity of accountability and autonomy and effective systems of decision-making will enable the organisation rather than constrain it, as has been the case previously.

4. Guiding Principles

Our 6 guiding principles are defined in the Health and Care Strategy and must be applied to changes implemented organisationally. This is to ensure we design our organisation in a way that mirrors the way in which we want the organisation to interact with patients, service users, citizens and partners.

Principle 1

Do What Matters

We will ensure that the organisation is better placed to do 'What Matters' for the people of Powys

Principle 2

Do What Works

Changes will be based on what evidence, evaluation and feedback shows works.

Principle 3

Focus on Greatest Need

Our priorities will be defined by actions that create greatest impact for the long term.

Principle 4

Offer Fair Access

We will work to enable greater fairness and equality in all that we do

Principle 5

Be Prudent

We will use all resources wisely, maximising the talents of all

Principle 6

Work with People and Communities

We will strive to be an excellent partner, working positively with people and communities

5. The Operating Model

The OD Framework is underpinned by our OD Operating Model. This seeks to balance the key elements that exist within any organisation, knowing that a lack of focus in any area will have an impact on the others. The model is based on Tushman and O'Reilly – Leading Organisational Change and Renewal – with some simplifications.
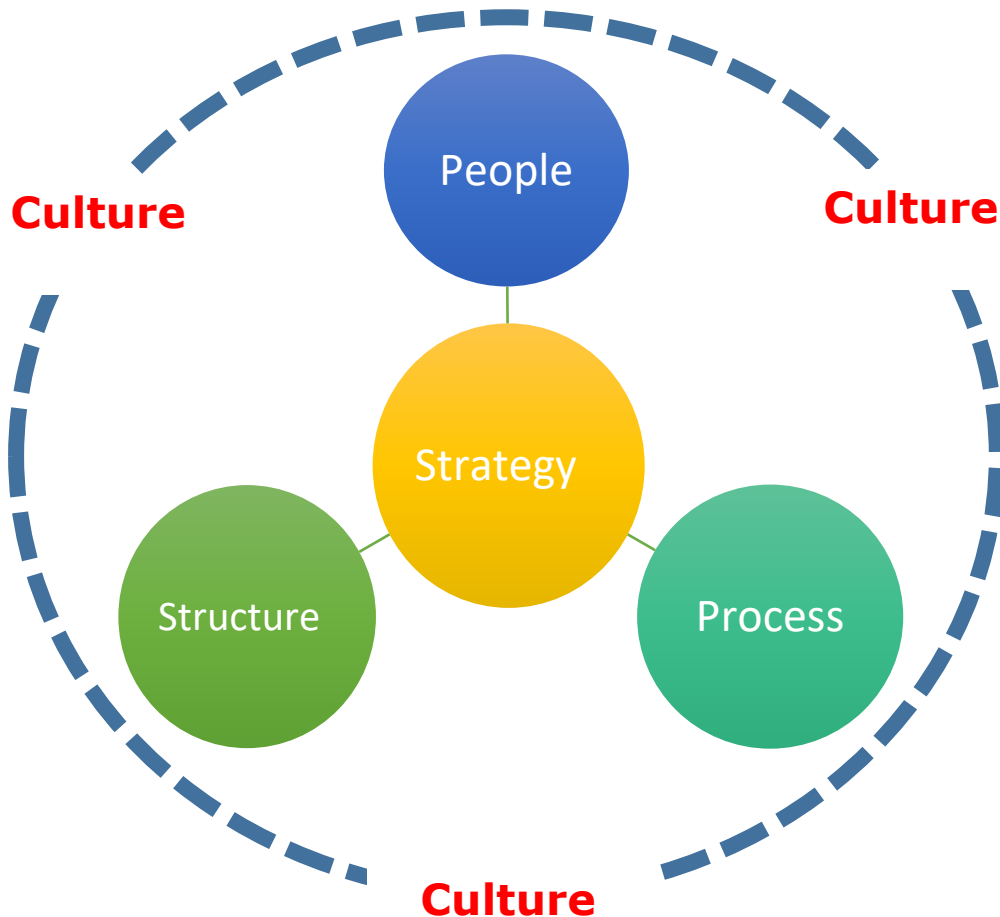
Strategy – An organisation needs a clear, engaging strategy that sets out the long-term vision and goals. The strategy needs to be easily communicated to staff and service users, with staff being able to understand how their role helps achieve the strategy.

People – Are the right people, with the right skills, behaviour and experience in the organisation to achieve the strategy? How do the skills that individual people have join in order for the organisation as a whole to have the capabilities it needs? This area focused specifically on:
- Board – membership, skills and competencies
- Executive Leadership – range of roles, skills, knowledge and experience – plus styles (links to culture)
- Clinical Leadership & Management
- Professional Leadership & Management
- Broader workforce capabilities, competencies and capacity

Structure – Are the people organised in a manner that enables them to be focussed on and deliver the strategy? Are the structures aligned to the strategy? Do the structures enable clarity of lines of communication and control? This area focused specifically on:

- (Change) Programme Management
- Operational Delivery
- Innovation & Research
- Business Intelligence
- Finance – strategic planning through to day to day management
- Information Technology
- Workforce Management and Development
- Estates, Property, Assets & Facilities
- Governance Support
- Planning & Commissioning
- Quality Assurance and Improvement

Process – Do the processes, systems and procedures enable the staff to achieve their role? Do the processes exist to support the service user/patient? This area focused specifically on:

- Performance Management Framework
- Change Management Approach
- Decision Rights & Process Framework (incorporating scheme of delegation)
- Designated Management Groups
- Advisory structures (HPF, SRG, Partnership Forum)
- Standing Orders/Standing Financial Instructions
- Board Assurance Framework
- Risk management approach
- Strategy development approach
- Business case development

Culture - What we want to achieve for patients, service users and their families, needs to be reflected in our organisational culture, which includes our written and unwritten rules, principles and policies that shape and reflect the way we operate. This area focused specifically on:

- Vision & purpose
- Values
- Behaviours
- Communication & Engagement
- Recognition & reward
- Talent development
- Feedback development & management

In order to inform the areas of focus for the Organisational Development Strategic Framework, a number of sources of feedback have been sought. These have helped to identify the priorities for organisational development and include:

- ➢ Staff Survey
- ➢ Internal Audit
- ➢ External Audit (Wales Audit Office)
- ➢ Board Development workshops
- ➢ Senior leaders and managers workshops
- ➢ Trade Unions Partnership discussion

5. Organisational Development Priorities

People

The staff survey (2020) and the study into the new ways of working, delivered by the Research and Innovation team titled: New Ways of working (2020/21) *Gathering insight and learning on PTHB's response to the COVID-19* pandemic, have been the major source of feedback that influence the priorities moving forward. Successful delivery of our Renewal Priorities will rely on a healthy, motivated and capable workforce. Key outcomes include:

- The need to develop further the clinical and professional leadership capability of the organisation given the ambitious health and care strategy ambition
- A focus on excellent general management, valuing operational management
- Striving to work in partnership with our social care and third sector colleagues to deliver integrated, value-based healthcare
- Reviewing and enabling the next stage of development of the Board in order to support the delivery of the health and care strategy; further developing a positive organisational culture

2021 Priorities:

1. Continue to invest in our **Board and Executive Team Development Programme** that focuses on improving effectiveness.

2. Invest in **leadership and team development** throughout the organisation, strengthening a culture of **clinically and professionally led**, value-based healthcare.

3. **Develop our Excellence in** :
   - Supporting one's self (wellbeing)
   - Leadership
   - Team dynamics

4. Support the activity within and the outcomes of the **Workforce Futures Strategic Framework**.

Patterson Liz
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Structure

Significant progress has been made to realign the organisation's structures to meet our priorities, with a phase 1 focus on the Executive and Senior Leadership. The renewal of services will be a significant challenge as well as realising the changes required to deliver the Health and Care Strategy. Therefore, activity will continue to enable phase 2 of structural realignment to be realised.

There is increasing awareness of the broad range of responsibilities the health board has including the focus on renewing service, population health, planning and commissioning services and direct rural healthcare provision. The key areas of insight for consideration include:

- Continuing to improve clarity within some services, particularly in relation to professional lines of accountability, in terms of existing and planned structures

- A greater focus on pan Powys working is important in reducing duplication and using expertise and resources more effectively

- The health and care strategy identifies the collective focus on integrated health and social care structured around the renewal priorities including the 'Big Four' and therefore links to enabling excellent, whole system planning and commissioning approaches are key

- The delivery of the strategy will also require an enhanced focus on the role of the clusters and a greater focus on the establishment required to provide clinical leadership

2021 Priorities:

1. Continue to implement an **organisational design model** that aligns the structures, to enable delivery of the health and care strategy and Renewal Priorities.

2. **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.

3. Develop a clear framework for the development of highly effective **cluster working** that focuses on integrated working approaches.

4. Develop innovative approaches to role and service development that underpins our '**grow our own'** model

Processes

The insight in relation to the organisation's processes came from a wide variety of sources, including internal and external audit, the staff survey, discussions and workshops with colleagues within the organisation. This has been further strengthened by new developments and learning throughout the pandemic, including the New Ways of Working study. In summary:

- Capitalise on the new digital capabilities that has enabled new ways of working, supporting team connectivity, accelerated decision making and streamlining of some processes

- There is a need to streamline transactional management activities and move towards agile governance

- The need to have a focused, clear and 'right-sized' governance approach which enables a focus of resources on the right areas, systems and processes

- A refined and improved delegation process

- Systems will need to be streamlined, digitalised where possible and designed for excellent outcomes

- Ways of working need to be reviewed and modernised, with less reliance on a meetings culture and more flexible approaches to supporting delivery

2021 Priorities:

1. 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

2. Ensure, where possible, the way in which we work is enabled and enhanced by the use of **digital technologies**

3. Identify **key organisational processes** which offer opportunity for redesign to digitalise, increasing efficiency and effectiveness, aligned to the **Digital First Strategy**

4. Review and strengthen **corporate business systems and processes** ensuring these embed high standards into organisational ways of working

Culture

The staff survey and the learning from the Covid-19 situation gave a rich source of feedback in relation to culture. The staff engagement score continues to remain at a high level, maintaining the same score as 2018, despite the pandemic. A focus on continuing to improve the culture however, is an important aspect of enabling services to renew and recover, as well as meeting our long-term strategic goals.

- Continuing to adopt the culture of Compassionate Leadership and approaches to Healthier Working Relationships that supports staff feeling valued, safe and motivated in their role to do the very best for patients

- Develop and embed the approach to Agile/blended working

- A co-ordinated, multi-layered wellbeing offer to staff that supports them to recover from the pandemic

- A commitment to strategically and operationally embedding a culture of effective partnership working, (e.g Local Authority, 3rd Sector, other health service partners) planning and delivery

- Developing a culture that has a focus on value, doing what is right and what matters most

- Strengthening the balance between assurance and the desire to examine everything

- Enabling a culture, system and process of performance improvement, accountability innovation and creativity is key

2021 Priorities:

1. Triangulate data and information gathered within the organisation, to understand our progress in developing a **safe, healthy, compassionate and value-based culture**

2. Actively participate in the development of a **mature partnership approach**, in the ambition to deliver seamless healthcare across organisational boundaries

3. Develop and deliver a multi-layered approach to **staff engagement and wellbeing**, supporting staff to recover from the pandemic and deliver our Renewal Priorities.

4. Improving **performance management approaches** to ensure that there is a golden thread between organisational objectives and individual action.

6. Conclusion

The health board has undertaken extensive consideration of the insight provided by staff, Trade Union partners, Auditors, the Board members themselves and others. The Covid-19 pandemic has also provided the opportunity to test our resilience as an organisation, whilst also challenging us to explore new ways of working. This has helped to inform the key priorities for organisational development over the next two years. Recognising that the organisation starts from a strong base, the appetite to ensure PTHB can demonstrate its principles and deliver against the health and care strategy is high.

The continuous strengthening of organisational capability, capacity and effectiveness is key to organisational health, which in turn will increase the chances of successful recovery and renewal of services, as well as continuing to meet our strategic objectives. A range of both 'hard' and 'soft' sources of intelligence, measures and feedback will continue to be used to enable an assessment of progress against the key objectives of the Framework.

Next Steps
In order for this strategic framework to be realised, the following needs to be in place:

- The development of a Delivery Implementation Plan with accountable strategic leads
- Regular monitoring of progress through Executive Committee and Board
- Annual review of priorities and refresh of the framework to ensure it meets organisational need

PARTNERSHIP WORKING IN POWYS

Development Matrix [v2.0]

for the Workforce Futures Programme

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CONTENTS

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1. INTRODUCTION

From the outset of our work to develop an overall evaluation framework, we recognised the value of utilising the 'Maturity Matrix' concept within the context of the partner organisations who constitute the 'Workforce Futures' programme in Powys. This document contains the 'Development Matrix for Partnership Working in Powys' which has been developed and iterated in partnership with the three key sectoral partners: the health board, the local authority and the third sector.

Maturity matrices are the foundation of the Clinical Governance Practice Self-Assessment Tool, used by all general practice teams in Wales as a component of the Quality and Outcomes Framework. A matrix can be used to decide on which domains of activity to prioritise, what objectives to aim for and how key components of a Quality Improvement programme can be linked together (structure, process, resources, outcomes for example). An example of a general practice Maturity Matrix (figure taken from Elwyn G et al, 2004)[1] is provided below:

Clinical Records	Audit of clinical performance	Clinician access to clinical information	Use of guidelines
50%	50%	50%	50%
Written records only. No computerised information.	Audits not undertaken	No clinical information available in practice	Guidelines not used within the practice
Registration data on computer.	Data collection exercises completed but failure to meet full audit cycle criteria.	Textbook access, limited locations.	Guidelines discussed but no policy to follow any particular guidelines agreed
Registration and repeat prescribing system on computer.	Less than one audit per year that meets full audit cycle criteria.	Peer reviewed journals e.g. BMJ and similar available to all clinicians.	Guidelines discussed and adapted to use in the practice
Electronic records kept for registration and prescriptions.	Regular audit cycles completed but only few clinical areas.	Peer reviewed journals and digest publications such as Bandolier, Effective Healthcare Bulletins, Drug & Therapeutics Bulletin available to all clinicians.	Guidelines are incorporated into clinical information systems and used as clinical tools.
Mix of electronic and paper records	Regular full audit cycles undertaken in key clinical areas (asthma, diabetes, hypertension)	On-line access to internet based databases available to all clinicians at limited locations.	Use of guidelines audited.
Majority of clinical encounters coded electronically by clinicians (i.e. searchable).	Regular full audit cycles undertaken in key clinical areas (asthma, diabetes, hypertension) and information regarding audits published for external peer review, e.g. to audit groups.	On-line access to information at clinical desktops.	Care pathways developed and implemented.

The scoring, and the patterns of responses can inform discussions between different teams and with managers, leaders and commissioners who wish to have an overview of what is happening and the progress that is being made or that can be anticipated. Flexibility and iteration are key with a

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[1] Elwyn G, Rydderch M, Edwards A et al (2004) Assessing organisational development in primary medical care using a group based assessment: the Maturity Matrix™ *BMJ Quality & Safety* **13:**287-294
http://qualitysafety.bmj.com/content/13/4/287

mature approach to measurement and a sophisticated understanding of the complexities of delivering services in the real world.

DEVELOPING THE MATRIX

Ahead of meetings with the key stakeholders in Summer 2022, we drew on a range of sources to inform this work. In addition to previous scoping reviews of the literature which informed the development of the matrix, in June 2022 the King's Fund published a 'Reflective Learning Framework for Partnership' (RLFfP), drawn from their work on integrated care partnerships in England.[2] This provided very useful context, and the questions emerging from that work have been included in this matrix.

Following initial discussions and meeting, it became clear that the matrix should include a number of domains, each with a series of underlying indicators. The matrix recognises that outputs and metrics cannot tell the whole story about the transformative opportunities provided by the resources made available in these initiatives. These measures need to be complemented by a more qualitative form of assessment of impact. The matrix was therefore developed the to address this gap.

The co-creation of the DM reflects an 'appreciative inquiry' approach, which was undertaken throughout Spring and Summer 2022.[3] There was engagement with the core group, a broader range of stakeholders, and 27 participants who took part in an online interview. 12 of these people worked for the health board, 10 for the local authority, and 5 within the third sector. This provided a sound basis for the work, offering a range of insights from a range of perspectives.

ANALYSIS

In the following series of tables, we provide an analysis of the data gathered through the interviews. Tables 1 and 2 provide a thematic analysis of the key issues that were raised in the discussions we held. We have identified seven overall 'assets and strengths' of the current partnership, and seven 'deficits and challenges' – each of these contains three sub-points providing additional detail and clarity. In order to move this to a position of developing a matrix, Table 3 places these issues alongside one another, and Table 4 then identifies composite themes (A-E). These are mapped against the dimensions of the King's Fund RLFfP – the questions therein appear in the matrix as 'test questions for that domain. Table 4 is the platform for the drafting of the matrix contained in Section 2 of this document – the statement references (e.g. A1, B5, D9 etc.) are noted in the matrix.

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[2] Available at: https://www.kingsfund.org.uk/publications/learning-framework-for-partnering?dm_i=10XE,7Y9PI,63UQO7,WHZJ8,1

[3] Appreciative Inquiry is an asset-based approach to understanding change in complex environments. It focuses on gathering individual or organisational virtues and strengths, rather than seeking to overcome or minimise deficits and weaknesses. In short, AI makes a conscious choice to study the best of a working situation, building from there to better understand what does and can work. It is neither 'top down' or 'bottom up' but takes the perspective of the 'whole system', seeking to uncover the best things about the organisation, team, community or context being explored. The most common model of AI utilises a cycle of four processes, two pairs of which will provide 'bookends' for our work: 1. Discover: identification of organisational or team processes that work well; 2. Dream: envisioning of processes that would work well in the future; 3. Design: planning and prioritising processes that would work well; and 4. Deliver: implementation (execution) of the proposed design.

Table 1 – Assets and Strengths drawn from thematic analysis of Powys interview data

ASSETS AND STRENGTHS		
A. Trust	1.	Buy-in of partners
	2.	Positive, enabling, empowering leadership
	3.	Review, reflect, stock take
B. Communication	1.	Responsivity
	2.	Building the case for change
	3.	Connection back to 'what matters'
C. Resources	1.	Passion of programme leaders – more powerful together
	2.	Whole system thinking and approach
	3.	Value placed on the 3S as key partners
D. Relationship enablers	1.	Quality and longevity
	2.	Reciprocal and generous – nurturing
	3.	Working well in chaos and strengthened post Covid-19
E. Equity / equality	1.	Accountability of partners to one another
	2.	Platform and status for third sector, especially volunteers and carers
	3.	Diversity of experiences
F. Clarity	1.	Shared language and understanding
	2.	Strategic context and backdrop
	3.	Shared framework, vision, purpose
G. Flexibility	1.	Creativity and innovation
	2.	Virtual working – flexible and efficient
	3.	Move to 'no risk' pot for funding innovation?

Table 2 – Deficits and Challenges drawn from thematic analysis of Powys interview data

DEFICITS AND CHALLENGES		
H. Resource challenges	1.	Budgetary restrictions and challenge over sustaining investment
	2.	Opportunity cost/benefit of partnership working
	3.	Insufficient and overly short-term (third sector)
I. Poor communication	1.	Lack of understanding
	2.	IT and IG – moving beyond organisational firewalls
	3.	Senior leaders 'disconnected' from operation
J. Mistrust	1.	One-sided decision-making
	2.	Relinquishing budgets – changes the conversation
	3.	Openness and honesty – insufficient challenge?
K. Constraints	1.	Pressure within the system squeezing time for PW
	2.	Operation harder than strategy
	3.	Non-attendance = too many partnerships / meetings?
L. Poorly defined responsibilities	1.	Differing attitude to risk
	2.	Reconciling duties
	3.	Narrative around organisational priorities
M. Relationship barriers	1.	Fishing from the same workforce pool
	2.	"Territorial" behaviour – as capacity sits within HB
	3.	Pace of change, response and movement
N. Inequity / inequality	1.	Third sector as third class? Rebalance needed
	2.	Disparity of esteem, organisational structures, pay
	3.	Inequality of permission

Table 3 – Emergent aligned themes following initial thematic analysis

THEME	ASSETS AND STRENGTHS	DEFICITS AND CHALLENGES
Ia. Trust **Ib. Mistrust**	▪ Buy-in of partners ▪ Positive, enabling, empowering leadership ▪ Review, reflect, stock take	▪ One-sided decision-making ▪ Relinquishing budgets – changes the conversation ▪ Openness and honesty – insufficient challenge?
IIa. Communication **IIb. Poor Communication**	▪ Responsivity ▪ Building the case for change ▪ Connection back to 'what matters'	▪ Lack of understanding ▪ IT and IG – moving beyond organisational firewalls ▪ Senior leaders 'disconnected' from operation
IIIa. Resources **IIIb. Resource challenges**	▪ Passion of programme leaders – more powerful together ▪ Whole system thinking and approach ▪ Value placed on the 3S as key partners	▪ Budgetary restrictions and challenge over sustaining investment ▪ Opportunity cost/benefit of partnership working ▪ Insufficient and overly short-term (third sector)
IVa. Relationship enablers **IVb. Relationship barriers**	▪ Quality and longevity ▪ Reciprocal and generous – nurturing ▪ Working well in chaos and strengthened post Covid-19	▪ Fishing from the same workforce pool ▪ "Territorial" behaviour – capacity sits within HB ▪ Pace of change, response and movement
Va. Equity and equality **Vb. Inequity and inequality**	▪ Accountability of partners to one another ▪ Platform and status for third sector, especially volunteers and carers ▪ Diversity of experiences	▪ Third sector as third class? Rebalance needed ▪ Disparity of esteem, organisational structures, pay ▪ Inequality of permission
VIa. Clarity **VIb. Lack of Clarity**	▪ Shared language and understanding ▪ Strategic context and backdrop ▪ Shared framework, vision, purpose	▪ Differing attitude to risk ▪ Reconciling duties ▪ Narrative around organisational priorities
VIIa. Flexibility **VIIb. Constraints**	▪ Creativity and innovation ▪ Virtual working – flexible and efficient ▪ Move to 'no risk' pot for funding innovation?	▪ Pressure within the system squeezing time for PW ▪ Operation harder than strategy ▪ Non-attendance = too many partnerships / meetings?

Table 4 – Composite themes for inclusion in Development Matrix

THEME (incl. RLFfP)	DEFICITS AND CHALLENGES	ASSETS AND STRENGTHS
A. COMMUNICATION AND CLARITY [RLFfP Q1]	1. Lack of understanding	2. Responsivity
	3. IT and IG – moving beyond organisational firewalls	4. Building the case for change
	5. Senior leaders 'disconnected' from operation	6. Connection back to 'what matters'
	7. Differing attitude to risk	8. Shared language and understanding
	9. Reconciling duties	10. Strategic context and backdrop
	11. Narrative around organisational priorities	12. Shared framework, vision, purpose
B. RESOURCES [RLFfP Q2]	1. Budgetary restrictions and challenge over sustaining investment	2. Passion of programme leaders – more powerful together
	3. Opportunity cost/benefit of partnership working	4. Whole system thinking and approach
	5. Insufficient and overly short-term (third sector)	6. Value placed on the 3S as key partners
C. TRUST AND RELATIONSHIPS [RLFfP Q3]	1. One-sided decision-making	2. Buy-in of partners
	3. Relinquishing budgets – changes the conversation	4. Positive, enabling, empowering leadership
	5. Openness and honesty – insufficient challenge?	6. Review, reflect, stock take
	7. Fishing from the same workforce pool	8. Quality and longevity
	9. "Territorial" behaviour – capacity sits within HB	10. Reciprocal and generous – nurturing
	11. Pace of change, response and movement	12. Working well in chaos and strengthened post Covid-19
D. EQUITY AND EQUALITY [RLFfP Q4]	1. Third sector as third class? Rebalance needed	2. Platform and status for 3S, especially volunteers and carers
	3. Disparity of esteem, organisational structures, pay	4. Parity of experiences and positions valued and recognised
	5. Inequality of permission, partners accountable to themselves	6. Accountability of partners to one another
E. CAPACITY AND CONSTRAINT [RLFfP Q5]	1. Pressure within the system squeezing time for PW e.g. too many partnerships / meetings?	2. Flexible and efficient virtual working (incl. flip meetings), and streamlined schedule of meetings
	3. Operation harder than strategy to deliver	4. Creativity and innovation, linked to QI

2. PARTNERSHIP WORKING IN POWYS: DEVELOPMENT MATRIX

PURPOSE OF THE MATRIX

The Development Matrix (DM) provides a framework for a qualitative assessment to be made of progress. The DM is designed so that the services can determine which of the cells in the matrix best describes their progress to date against different dimensions within six domains. It is intended that the services could compare their progress over time, and also to potentially compare their service with others in Wales. One of the benefits of the DM is that services can use it to assess their progress in relatively short order – services would not need to engage in a detailed data collection exercise to make a determination of progress against the matrix.

Our aspiration in developing a matrix was to produce a tool that leaders, managers, practitioners and other key stakeholders would find helpful. It was designed to:

– Describe what is happening with 'face validity' for the key stakeholders;
– Facilitate a description of what is happening in a way that enables discussion between stakeholders across Powys;
– Illustrate what 'good' looks like with steps to suggest and/or demonstrate development; and
– Enable stakeholders to discuss *amongst and for themselves* how they perceive their current circumstances and agree on the next steps to be taken, as this is how such tools work best.

HOW TO USE THE MATRIX

It is important to note that there is an underlying logic in how the statements build on one another across the matrix. The statements are incremental – moving along the boxes from Statement 1 (S1) to Statement 5 (S5) presupposes that forms of working under the previous statement are largely included in the next one. However, it will be the case that not every indicator within each line is present in every setting. On some occasions it is not required, in others it is not currently an option. Therefore, there is an opportunity to provide context around the statements in the box underneath the matrix. There is also an 'N/A' option which can be used if the domain/indicator is determined to be outside of the current remit of those completing the matrix, or is not required in their organisational context.

Different levels of 'development' have been determined through the production of the DM. It is now possible for those completing the matrix to use darker shading against statements where there is greater evidence that the statement has been fully achieved. Lighter shading is an indication that some advancement has been made in this domain, but that it remains a 'work in progress'.

There is no single way to use the matrix, and it is not appropriate to be overly prescriptive about how the matrix should be used. However, it is important to note that it can be deployed variously within different contexts. There should, of course, be one 'composite' matrix that is completed at a 'partnership' level, but this single matrix can be an amalgamation of a number of different matrices that have been completed by organisations, operational teams, managers, stakeholders and others either in combination or completing it alone. This is how such a matrix is designed to work.

It is crucial though that having established a local approach, the same method is repeated the next time the matrix comes to be completed to ensure comparability over time. It is useful also to reflect on the purpose for completing the matrix – whether it is for reporting, for evaluation, or for learning. These are not mutually exclusive of course, but it is worth being clear for those completing the matrix as to why they are doing so. Crucially, the matrix is about development of the partnership and should not be used for performance management reasons. However, it should be used longitudinally, with assessments typically made in cycles of 6 to 12 months to determine distance travelled over time.

STATUS OF THE MATRIX

The matrix is now in its final draft form. It will need to be discussed and agreed, before it is ready to be used by partners to help them understand where they are on the 'journey' towards establishing a mature and embedded partnership.

Patterson Liz
12/05/2023 16:04:17

PARTNERSHIP WORKING IN POWYS – DEVELOPMENT MATRIX [v2.0]

Date of completion:	Organisation:	Person/s completing the DM:

Domain	**Descriptors: For each of the dimensions below, which statement below (S1-S5) best describes your current position?** *It is important to note that there is an underlying logic in how the statements build on one another across the matrix. The statements are broadly incremental – moving along the boxes presupposes that forms of practice under the previous statement are included in the next one. Darker shading against statements indicates that there is evidence that the statement has been fully achieved. Lighter shading is an indication that some progress has been made in this domain, but that it remains a 'work in progress'.*					
	S1	*S2*	*S3*	*S4*	*S5*	*N/A*

1. COMMUNICATION AND CLARITY

	S1	S2	S3	S4	S5	N/A
1.1 | Shared vision and common purpose	Lack of understanding within the partnership about vision and purpose and a need to reconcile and align thinking	Early signs of partners actively choosing to engage on what working together might mean in terms of a shared vision	Growing awareness of need for common vision and purpose to underpin the work of the partnership	Partners share a vision and purpose, but to a limited extent – it may not be applied unilaterally across all partners equally	All partners equally share and own, vision and purpose able to clearly describe the role of the partnership and the need for change	
1.2 | Authenticity of partnership working	Differing attitudes and approach (e.g. to risk) and poor IG/IT infrastructure for partnership	Reconciliation of differing views about what being partners means, alongside a growing belief in the prospects for success	Trust in partners rises, alongside some practical work together which builds confidence in the partnership	Evidence exists of partners being able to point to examples and occasions when they have felt a true sense of partnership	Responsive communication channels underpinned by an enabling infrastructure, and a shared language and understanding	
1.3 | Celebrating success and promoting outwards	Partners are very inward looking and are not able to or prepared to recognise the work of the partnership and its constituent members	Partnership working develops to a point, and partners organisations warm to the idea of celebrating success internally	Some partners are able to talk internally and externally about their involvement in the partnership and its impact, but not all partner organisations do this	Partners are comfortable in describing the work of the partnership, both internally and externally, but with some caveats	All partners are vocal in celebrating the joint success of partnership working, advocating for the approach both internally and externally	

TEST QUESTIONS

(from RLFfP, Q1)

WHAT IS THE PURPOSE OF THE PARTNERSHIP'S WORK?

- Who are the intended beneficiaries of your work together?
- What impact does your partnership want to have?
- Who are you trying to influence?
- How are you collaborating to develop your partnership's purpose?
- When will you need to articulate the partnership's vision and who needs to be involved in this?

Domain	Descriptors: For each of the dimensions below, which statement below (S1-S5) best describes your current position? *It is important to note that there is an underlying logic in how the statements build on one another across the matrix. The statements are broadly incremental – moving along the boxes presupposes that forms of practice under the previous statement are included in the next one. Darker shading against statements indicates that there is evidence that the statement has been fully achieved. Lighter shading is an indication that some progress has been made in this domain, but that it remains a 'work in progress'.*					
	S1	S2	S3	S4	S5	N/A
2. RESOURCES						
2.1 | Approach to resources reflective of trust in partners	Budgetary restrictions exist alongside challenges over sustaining investment for partnership – partners are nervous and lack trust in each other in respect of the financial position	The financial resources still are seen in 'silos' and a combative atmosphere exists between partners whenever talk turns to money	Partners begin to show signs of greater trust, and the financial position reflects this such that more partners, more of the time, feel content with the financial position	Financial positions show signs of sustainability alongside a feeling of contentment among partners that the resources are distributed appropriately	Partners realise the sense of being more powerful together, reflected in a deep trusting relationship underpinned by a financial settlement acceptable to all	
2.2 | Costs and benefits in balance	Partnership working is out of balance – the opportunity costs of working together are perceived to outweigh the benefits of doing so	Growing awareness that the benefits cannot be realised until the costs of working together have been incurred	Partners views shift towards a more positive position regarding the costs and benefits	Clear views expressed that there is a greater benefit than costs of being involved in the partnership, with emerging evidence of system benefits to corroborate this	Whole system thinking and approach delivers clear evidential benefits for all members of the partnership in a proportionate manner	
2.3 | Valuing the third sector appropriately	Insufficient and overly short-term funding of third sector	Some piecemeal approaches are taken to improve the funding position, but these are limited in scale, scope and efficacy	Funding of the third sector improves gradually, but there are still some questions over its broader value in the partnership	Third sector is talked about as a trusted partner, although some shortcomings in funding still exist	Value equally placed on the third sector as key partners reflected in sustained, sufficient, long-term funding	
TEST QUESTIONS (from RLFfP, Q2)	**WHAT IS THE DISTINCTIVE ROLE OF THIS PARTNERSHIP?** ▪ How do you see your work leading to the change you want? ▪ What other work is going on in your area/system on this topic? ▪ How is your work distinct from and related to that work, and what does it contribute?					

Domain	Descriptors: For each of the dimensions below, which statement below (S1-S5) best describes your current position?

*It is important to note that there is an underlying logic in how the statements build on one another across the matrix. The statements are broadly incremental – **moving along the boxes presupposes that forms of practice under the previous statement are included in the next one**.*

Darker shading against statements indicates that there is evidence that the statement has been fully achieved. Lighter shading is an indication that some progress has been made in this domain, but that it remains a 'work in progress'.

	S1	S2	S3	S4	S5	N/A
3. TRUST AND RELATIONSHIPS						
3.1 | Improving the basis of working relationships	'Competitive' behaviours are identifiable based on mistrust between partners	Competitiveness remains, but such culture and behaviours are challenged by some partner organisations	Most partners recognise the need to change the nature and culture of working relationships, and start to do so	Progress is being made towards the goal of significantly improved working relationships, but this remains on the 'agenda'	Reciprocal and generous high quality working relationships are evident in experience of all partners	
3.2 | Developing honest and trusting dialogue across all partners	Unwillingness to discuss the 'wicked' issues – for example budgets	Concerns persist over being able to trust each other when it comes to difficult conversations	Signs are evident of a change in 'tone' in how partners speak to one another accompanied by a growth in honesty and trust	Increasing amounts of trust are evident in working relationships, with room for improvement still	Openness and honesty in all exchanges at all levels across all partners	
3.3 | Strategic and operational connection across the partnership	Senior leaders disconnected from operations and mismatched organisational priorities	Some engagement between senior leaders and operational teams to raise awareness	Encouraging signs that senior leaders and operational teams are speaking the same 'language'	Any pre-existing perceived 'gap' between senior leaders and operational teams is closing, and is felt to be closing by all	Meaningful connection between the strategic context and 'what matters' for people	

TEST QUESTIONS

(from RLFfP, Q3)

WHO ARE THE PARTNERSHIP'S MEMBERS AND STAKEHOLDERS?

- How are you learning about the knowledge, skills, perspectives, interests, connections and wider resources that your members bring?
- Who are your stakeholders, and how are you engaging them in your work?
- What are your accountabilities and how might that impact on making decisions?
- What do changes in your membership mean for the range of skills, knowledge, perspectives and organisational affiliations you have, and your capacity to work towards your purpose?
- How can you create regular spaces in which informal and personal connections can develop among members?

Domain	**Descriptors: For each of the dimensions below, which statement below (S1-S5) best describes your current position?** *It is important to note that there is an underlying logic in how the statements build on one another across the matrix. The statements are broadly incremental – moving along the boxes presupposes that forms of practice under the previous statement are included in the next one.* *Darker shading against statements indicates that there is evidence that the statement has been fully achieved. Lighter shading is an indication that some progress has been made in this domain, but that it remains a 'work in progress'.*					
	S1	*S2*	*S3*	*S4*	*S5*	*N/A*
4. EQUITY AND EQUALITY						
**4.1	Parity of value, influence and esteem across the partnership**	Lack of parity between partners in a number of ways which may include organisational structures, valuing others, or ability to work effectively together	Work begins to understand the views of partners, and to tease out the underlying issues as to why people feel there is a lack of parity	Increasing value placed on each other as trusted partners, and recognition that further work needs to be done to create full parity for all	Partners feel satisfied with the nature of their partnership, but there is still room for improvement in moving to a situation of parity of esteem	Parity of esteem achieved, such that all organisations and positions are equally valued and recognised by all other partners	
**4.2	Sharing accountability fairly across the partnership**	Inequality of 'permission', and partners only accountable to themselves	Movement from the 'silos' such that discussion are taking place about how to share accountability	Good and joint understanding as to what sharing accountability really means for partners	Organisational changes so that accountability is shared across the partnership, not just for organisations	Genuine accountability of all partners to one another and to the partnership itself	
**4.3	Growing equity and equality for the third sector**	Third sector perceived as third class, and a rebalance in the partnership is needed	Shift in perception about the role and contribution of the third sector	Third sector partners can evidence positive changes in how they are perceived by partners	Third sector increasingly valued as an equal partner, but further work needed to bolster this	Equal 'platform' and status for the third sector, especially volunteers and carers	
**4.4	Alignment of drivers across the health and social care system**	Differences in the partnership evidenced by significantly different drivers impacting organisations	Small changes made to how partners think about their own organisational drivers and priorities	Growing awareness and empathy for how each partner organisation has to respond to system drivers	Strategic agenda of the partnership is aligned largely with system drivers, but is not yet shaping these	Partners have been able to align drivers across health and social care system to reflect the partnership's aim	
TEST QUESTIONS (from RLFfP, Q4)	**HOW IS WORKING BEING SHARED AND RECOGNISED?** ▪ How will you come together as a partnership in ways that take account of everyone's capacities and preferences? ▪ Do you have a lead, and what is their role? Has this been agreed collectively? And is it congruent with your values as a partnership? ▪ How will you communicate between meetings? Which other modes could be useful? ▪ How will you ensure that power differentials between members are recognised and all voices are equally heard in conversations? ▪ Do smaller voluntary, community and social enterprise organisations need to be reciprocated for their time? What are the different forms this could take? ▪ How will you hold yourselves to account for whether you are working in the ways you have agreed?					

Domain	Descriptors: For each of the dimensions below, which statement below (S1-S5) best describes your current position? *It is important to note that there is an underlying logic in how the statements build on one another across the matrix. The statements are broadly incremental – moving along the boxes presupposes that forms of practice under the previous statement are included in the next one.* *Darker shading against statements indicates that there is evidence that the statement has been fully achieved. Lighter shading is an indication that some progress has been made in this domain, but that it remains a 'work in progress'.*					
	S1	*S2*	*S3*	*S4*	*S5*	*N/A*
5. CAPACITY AND CONSTRAINT						
5.1 | Efficient use of time and resource to release capacity	Pressure within the system squeezes time for partnership working, whether operational or due to number of partnerships / meetings	Partnership meetings are relatively poorly attended, partly because partners perceive that they are an inefficient use of their time	Value in the partnership grows, partners increasingly place value on being together, feeling that it is beginning to represent an important and efficient use of their time	Partners begin to prioritise working together over other important aspects of their role, based on a growing sense of that the partnership is delivering for them and their organisation	Capacity is released through flexible and efficient virtual partnership working (incl. flip meetings), alongside a streamlined schedule of meetings resulting in more capacity to work together across all partners	
5.2 | Innovation driving increase in capacity to remove constraints	Operational issues proving much harder to deliver upon for the partnership than strategy due to a lack of innovative ways of working and system pressures	Initial interest in learning more about how the partnership actually works, and how this could help with capacity problems	Growth in new ways of working together accompanied by changes within organisations which show signs of bringing additional capacity to the partnership	Links between innovative ways of working, quality improvement and capacity challenges are discussed and agreed upon	Creativity and innovation, linked to QI has brought about changes that increase capacity	
TEST QUESTIONS (from RLFfP, Q5)	**HOW ARE YOU LEARNING AND ADAPTING?** ▪ How are you balancing your attention between task delivery, how you are working together, and what you are learning? ▪ What spaces and times do you have to reflect on your membership, purpose and ways of working? ▪ How are you holding yourselves to account for acting on what you are learning? ▪ How are you sharing learning in your wider networks?					

Patterson Liz
12/05/2023 16:04:17

WORKFORCE AND CULTURE COMMITTEE	Date of Meeting: 16 May 2023
Subject:	**COMMITTEE RISK REGISTER (Relevant to the committee)**
Approved by: Presented by:	Director of Corporate Governance and Board Secretary
Prepared by:	Director of Corporate Governance and Board Secretary Interim Corporate Governance Manager
Other Committees and meetings considered at:	Executive Committee 8 March 2023 Board 29 March 2023

PURPOSE:

The purpose of this paper is to provide the Committee with the May 2023 version of the Committee Risk Register for information.

RECOMMENDATION(S):

It is recommended that the Committee CONSIDERS the Committee Risk Register, which reflects the risks identified as requiring oversight by this Committee. This copy of the Committee Risk Register is based upon the Corporate Risk Register (CRR) considered by Executive Committee on 8 March 2023 and Board on 29 March 2023.

Approval/Ratification/Decision	Discussion	Information
✘	✓	✓

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

Strategic Objectives:	1. Focus on Wellbeing	
	2. Provide Early Help and Support	
	3. Tackle the Big Four	

	4. Enable Joined up Care	
	5. Develop Workforce Futures	
	6. Promote Innovative Environments	
	7. Put Digital First	
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

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

BACKGROUND AND ASSESSMENT:

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

The Director of Corporate Governance is currently undertaking a review of the CRR in liaison with Executive Directors to ensure it effectively reflects the risks to the organisation and the priorities within the newly developed Integrated Medium Term Plan 2023-26.

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

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

NEXT STEPS:

The development of Committee risk registers will be progressed in order to provide greater oversight of the more detailed aspects of the risks, controls and mitigating actions within the Corporate Risk Register.

Workforce & Culture Committee
(16 May 2023)
Committee Based Risk Register

Page 1 of 7

CORPORATE RISK HEAT MAP: February 2023

There is a risk that...

Impact			Likelihood				
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5						
Major	4					• **Failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services**	
Moderate	3						
Minor	2						
Negligible	1						

Page 2 of 7

CORPORATE RISK DASHBOARD – February 2023

Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DWOD	CRR 006	Quality	Failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services	**4 x 4 = 16**	Minimal	8	✗	Workforce and Culture Committee	Organisational Priorities Underpinning all WBOs

Workforce and Culture Committee
16 May 2023
Agenda Item: 6.1a Appendix A

KEY:

Risk Appetite Descriptors and Categories

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

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

Risk Scoring

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

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

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

Workforce and Culture Committee
16 May 2023
Agenda Item: 6.1a Appendix A

CRR 006 **Risk that:** failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services	**Executive Lead:** Director of Workforce and Organisational Development **Assuring Committee:** Workforce and Culture
Risk Impacts on: Organisational Priorities underpinning all WBOs	**Date last reviewed:** February 2023

Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 2 x 4 = 8 **Date added to the risk register** September 2022		**Rationale for current score:**

Rationale for current score:

- The Temporary Staffing Unit is continuing to provide support to meet the heath board staffing deficits. However, this has resulted in a significant and increasing reliance on agency staffing to meet this demand. For the month of January 2023, RN bank was 15.9 WTE and 30.2 WTE from agency. For Bank HCSW it was 13.9 WTE and 21.3 WTE from agency.
- The health board currently has 12.5 WTE medical vacancies of which 10 WTE are being covered via Locums.
- The Health Board continues to experience a particularly challenging position in respect of registered nurse vacancies, with an overall vacancy deficit of 39%. The greatest proportion of these vacancies are seen in our community ward settings. Recent workforce projection data indicates an overall worsening picture for our workforce vacancy levels over the next 10 years.

Workforce and Culture Committee
16 May 2023
Agenda Item: 6.1a Appendix A

Controls (What are we currently doing about the risk?)	Mitigating actions (What more will we do?)		
	Action	**Lead**	**Dead line**
• A calendar for a rolling programme of recruitment events has been developed which includes student streamlining, department for working pensions and open days across the county. • All roles on trac are monitored to improve the time to hire. • Services continue to ensure all key vacant posts are being processed in a timely manner. • Rolling adverts for all substantive and bank nurse vacancies remain open across all sites. • Interviews were held in January for the remainder of phase 1 of the international all Wales nurse recruitment programme, 5 nurses were successful. Offers have been issued and accepted with a target in country date of 11ᵗʰ April 2023 (this is subject to changes with visa applications) • Interviews were held in January for the remainder of phase 1 of the international all Wales nurse recruitment programme, 5 nurses were successful. Offers have been issued and accepted with a target in country date of 11ᵗʰ April 2023 (this is subject to changes with visa applications) • Weekly reports on temporary staffing are produced and shared with Head of Nursing. • The Executive Director of Nursing and Midwifery has undertaken a formal review of community ward establishments to ensure there are recommended minimum safe staffing levels that align with the current service delivery model. • Further work has commenced on the development of an Accelerated Sustainable Model • By the end of Q1 we will have undertaken a wellbeing roadshow at each of the main hospital sites across the county	• Working with partners a joint recruitment event across Health and Social Care is being explored. • Develop a proposition for the candidate journey from application to induction, identifying changes or omissions within the current process that are required to improve the candidate journey. • Roll out the organisationally agreed workforce planning model by delivering training which supports services to develop their resource plans. • Undertaken a wellbeing roadshow at each of the main hospital sites across the county.	DWOD DWOD ADOD ADOD	Q1 23/24 Q1 23/24 Q1 23/24 Q1 23/24

Page 6 of 7

Current Risk Rating		Update including impact of actions to date on current risk score
4 x 4 = 16		A Workforce Steering Group has been established to review the existing and future targeted actions aligned to the strategic priorities set out within the IMTP.

Page 7 of 7

Workforce and Culture Committee
16 May 2023
Agenda Item: 6.1a Appendix A

Workforce & Culture Work Programme Draft 09.05.23

The work programme has been drafted, reflecting on the Committee Terms of Reference, review of last years work programme and in discussion with lead executive.

The Committee is asked to provide comment on the work programme draft, noting it will evolve throughout the year in response to changing needs, ahead of it being provided to the Board on the 24 May.

Theme	Agenda Item	Purpose	16.05.23	12.09.23	14.12.23	05.03.24
Governance	Minutes of Previous meeting	Approval	✔	✔	✔	✔
	Declaration of Interests	Governance	✔	✔	✔	✔
	Action Log	Approval	✔	✔	✔	✔
	Committee Risk Register	Assurance	✔	✔	✔	✔
	Annual Work Programme	Governance	✔			
	Work Programme	Governance	✔	✔	✔	✔
	Annual Assessment of Committee Effectiveness	Assurance		✔		
	Committee Annual Report	Rec to Board				✔
	Review of Terms of Reference	Rec to Board			✔	
Performance	Workforce Performance Report	Assurance	✔	✔	✔	✔
	Director of Workforce and OD report	Assurance	✔	✔	✔	✔
Workforce Futures	Partnership and Citizenship	Assurance	✔		✔	
	Staff Health and Wellbeing	Assurance	✔		✔	
	Transformation and sustainability	Assurance		✔		✔
	Great place to work	Assurance		✔		✔
Equality, Diversity,	Equality, Diversity and Inclusion Annual Report *	Approval				

Inclusion and Welsh Language	Strategic Equality Plan 2024-27	Rec to Board/Assurance					✓
	Welsh Language Annual Report *	Approval					
Statutory Compliance	Wellbeing of Future Generations (it is in the Terms of Reference and involves other Executive colleagues)	Assurance					✓
	Medical Job Planning Annual Review	Assurance					✓
	Staff Engagement and Comms	Assurance					✓
	Agile Working	Assurance		✓			
	Clinical Consultation Plan/More than Words	Assurance					✓
Action Log	From PEQS 25/04/23 – Staff Story re experience of Maternity Services during local escalation (CR agreed to scheduled September meeting)			✓			

*The Equality, Diversity and Inclusion, and Welsh Language Annual Reports will be prepared for Board approval in July 2023. It will be necessary to consider these items at an Extraordinary meeting of Workforce and Culture – date to be confirmed.

Patterson,Liz
12/05/2023 16:04:17