

# Workforce and Culture Committee

Tue 13 December 2022, 09:30 - 11:30

Teams

## Agenda

---

09:30 - 09:30 **1. PRELIMINARY MATTERS**

0 min

 W&C\_Master\_Agenda\_13Dec2022 FINAL.pdf (2 pages)

**1.1. Welcome and Apologies**

**1.2. Declarations of Interest**

**1.3. Minutes of the previous meeting held on the 20 September 2022, for approval**

 W&C\_Item\_1.3\_WC Minutes\_20\_September\_22\_UNCONFIRMED.pdf (9 pages)

**1.4. Matters arising from the previous meeting**

**1.5. Workforce and Culture Committee Action Log**

 W&C\_Item\_1.5\_Action Log Dec 2022.pdf (1 pages)

---

09:30 - 09:30 **2. ITEMS FOR ASSURANCE**

0 min

**2.1. Director of Workforce and OD Report**

 W&C\_Item\_2.1\_Director's report.pdf (7 pages)

**2.2. Workforce Performance Report**

 W&C\_Item\_2.2\_Workforce Performance Report resized.pdf (20 pages)

**2.3. Workforce Futures: Leadership and Team Development Overview Report**

 W&C\_Item\_2.3\_Workforce Futures Leadership and Team Devt Overview Report Dec 2022.pdf (9 pages)

**2.4. Workforce Futures: Staff Wellbeing and Engagement Overview Report**

 W&C\_Item\_2.4\_Workforce Futures Staff Wellbeing & Engagement Overview Dec 2022.pdf (10 pages)

 W&C\_Item\_2.4a\_APP A Wellbeing and Engagement.pdf (12 pages)


---

09:30 - 09:30 **3. ITEMS FOR DISCUSSION**

0 min

**3.1. Communications and Engagement Month 6 Delivery Assurance Report**

 W&C\_Item\_3.1\_Engagement and Communication Q2 Delivery Assurance Report.pdf (4 pages)

 W&C\_Item\_3.1a\_Q2-Engagement and Communication Programme Report.pdf (31 pages)

Patterson, Liz  
12/12/2022 08:55:30

09:30 - 09:30 **4. ESCALATED ITEMS**

0 min

*There are no escalated items*

---

09:30 - 09:30 **5. ITEMS FOR INFORMATION**

0 min

*There are no items for information*

---

09:30 - 09:30 **6. OTHER MATTERS**

0 min

**6.1. Corporate Risk Register**

 W&C\_Item\_6.1\_Committee Risk Report\_Dec22.pdf (3 pages)

 W&C\_Item\_6.1a\_Appendix\_A\_W&C\_RiskRegister\_Dec22.pdf (6 pages)

**6.2. Review of Committee Programme of Business**

 W&C\_Item\_6.2\_W&C Committee Work Programme\_2022-23.pdf (5 pages)

**6.3. Items to be brought the Attention of the Board and/or other Committees**

**6.4. Any Other Urgent Business**

**6.5. Date of the Next Meeting:**

*14 March 2023*



## AGENDA

Time	Item	Title	Attached/Oral	Presenter
	<b>1</b>	<b>PRELIMINARY MATTERS</b>		
09.30	1.1	Welcome and Apologies	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Minutes from the previous Meeting held on 20 September 2022 for approval	Attached	Chair
	1.4	Matters arising from the minutes of the previous meeting	Oral	Chair
	1.5	Workforce and Culture Committee Action Log	Attached	Chair
	<b>2</b>	<b>ITEMS FOR ASSURANCE</b>		
09.40	2.1	Director of Workforce and OD Report	Attached	Director of Workforce and OD
10.00	2.2	Workforce Performance Report	Attached	Director of Workforce and OD
10.20	2.3	Workforce Futures: Leadership and Team Development Overview Report	Attached	Director of Workforce and OD
10.40	2.4	Workforce Futures: Staff Wellbeing and Engagement Overview Report	Attached	Director of Workforce and OD
	<b>3</b>	<b>ITEMS FOR DISCUSSION</b>		
11.00	3.1	Communications and Engagement Month 6 Delivery Assurance Report	Attached	Interim Board Secretary
	<b>4</b>	<b>ESCALATED ITEMS</b>		
		<i>There are no escalated items</i>		
	<b>5</b>	<b>ITEMS FOR INFORMATION</b>		
		<i>There are no items for information</i>		
	<b>6</b>	<b>OTHER MATTERS</b>		
11.20	6.1	Committee Risk Register	Attached	Interim Board Secretary
11.25	6.2	Review of Committee Programme of Business	Attached	Interim Board Secretary
	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
11.30	6.5	Date of the Next Meeting: Tuesday 14 March 2023, 9:30 – 11:30, via Microsoft Teams		

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

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

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

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

Patterson, Liz  
12/12/2022 08:45:33



## POWYS TEACHING HEALTH BOARD

### UNCONFIRMED

### WORKFORCE AND CULTURE COMMITTEE MEETING HELD ON TUESDAY 20 SEPTEMBER 2022, 09:30 – 11:30 VIA MICROSOFT TEAMS

#### Present:

Ian Phillips  
Cathie Poynton  
Rhobert Lewis

Independent Member (Chair)  
Independent Member  
Independent Member

#### In Attendance:

Hayley Thomas

Deputy Chief Executive and Director of Primary,  
Community Care and MH

Claire Roche  
Pete Hopgood  
Stephen Powell  
Mark McIntyre

Director of Nursing and Midwifery  
Director of Finance and IT  
Director of Planning and Performance  
Deputy Director of Workforce and  
Organisational Development

Stephen Powell  
Jamie Marchant  
Sarah Powell  
Lucie Cornish

Interim Director of Planning and Performance  
Director of Environment  
Assistant Director of Workforce and Culture  
Assistant Director of Therapies and Health  
Sciences

James Quance

Interim Board Secretary

#### Apologies for absence:

Ronnie Alexander  
Carol Shillabeer  
Claire Madsen

Independent Member  
Chief Executive Officer  
Director of Therapies & Health Science

#### Committee Support:

Liz Patterson

Interim Head of Corporate Governance

Patterson, Liz  
12/12/2022 08:45:33

<b>PRELIMINARY MATTERS</b>	
W&C/22/19	<p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>The Chair welcomed everyone to the meeting and confirmed the meeting was quorate. Apologies for absence were noted as recorded above.</p>
W&C/22/20	<p><b>DECLARATIONS OF INTEREST</b></p> <p>No declarations of interest were received.</p>
W&C/22/21	<p><b>MINUTES FROM THE PREVIOUS MEETING, HELD 31 MAY 2022</b></p> <p>The Committee APPROVED the minutes of the meeting held 31 May 2022.</p>
W&C/22/22	<p><b>MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING</b></p> <p>There were no matters arising from the previous minutes.</p>
W&C/22/23	<p><b>WORKFORCE AND CULTURE COMMITTEE ACTION LOG</b></p> <p>W&amp;C/22/04 – Request for Single Point of Contact to be included on the work programme.</p> <p>The Director of Finance and IT advised that there had not been significant progress on this item, and it would be brought to a future meeting.</p> <p>W&amp;C/22/11 - Investigate what is a reasonable wait time to see an Occupational Health Consultant/Specialist and inform the Committee.</p> <p>The Assistant Director of Workforce and OD advised that benchmarking had taken place against other health boards, and it had been found that no other health board had full time Occupational Health Physicians. Imminent retirements meant the services were facing particular difficulties.</p> <p>Waiting times in other health boards included Swansea Bay (6-8 months) and Cardiff and Vale (4 months) with waiting times in the health board around 3 months.</p> <p>Work was taking place to investigate the potential of providing a national shared service.</p>

Patterson, Liz  
12/12/2022 08:45:33

	<p>The Deputy Director of Workforce and OD advised that a Counselling service had recently been contracted which was having a positive impact on timeliness of access, but it was too soon to see exactly what the impact would be.</p> <p><i>There should be a focus on appointing more Occupational Health Nurses to take the pressure of the Occupational Health Consultants/Specialists.</i></p> <p>The Assistant Director of Workforce and OD advised that the service had been out to advert for an 8b post but had not been successful in appointing to the role. This role will be readvertised.</p> <p><i>Might the potential development of an All Wales Service prevent people from applying to specific posts?</i></p> <p>The Assistant Director of Workforce and OD considered that this may be the case until the preferred option had been confirmed.</p> <p>It was noted this item is on the risk register and any potential escalation would be dependent on the ability to recruit to vacant roles.</p> <p><i>As part of mitigation measures are the services assured that practitioners are not spending unnecessary time on cases?</i></p> <p>The Assistant Director of Workforce and OD confirmed that communications were planned for managers to be clear as to what is an appropriate manager referral to the service. It was hoped this would result on less pressure on the service.</p> <p>The Director of Primary, Community Care and Mental Health welcomed the benchmarking but noted the first appointment was still a considerable wait for the individual and for advice to be provided to the manager to help manage the situation. It will be necessary to track demand over the next few months.</p> <p>This action was closed.</p>
<b>ITEMS FOR ASSURANCE</b>	
W&C/22/24	<p><b>WORKFORCE PERFORMANCE REPORT</b></p> <p>The Deputy Director of Workforce and OD presented the report which gave an update in relation to key performance indicators across the health board.</p> <p>Attention was drawn to the workforce age profile, with the largest cohort aged 56 and over which is a significant workforce</p>

Patterson, Liz  
12/12/2022 08:45:33

<p>Patterson, Liz 12/12/2022 08:45:33</p>	<p>challenge. In addition there are a large number of fixed term contracts not all of which are in the mass vaccination teams.</p> <p>PADR (Personal Appraisal and Developmental Review) compliance remains in the low 70% against a national target of 85%. Of the three highest performing areas two have small numbers of staff resulting in a marginal effect on the overall figures.</p> <p><i>Why do numbers change month by month?</i> The Assistant Director of Workforce and OD advised that PADRs are due annually on the anniversary of the start date for the employee and thus a number will become out of date every month unless the PADR takes place and is recorded.</p> <p><i>Are there any lessons to be learnt from Directorates with excellent performance?</i> It requires a clear focus within a directorate and planning to ensure PADRs are completed to time.</p> <p>The Interim Board Secretary drew attention to the 27% compliance within the CEO Office and advised that this was partly a data issue relating to the recording that a PADR had taken place and related to the quality and rigour of the process.</p> <p><i>It is also the case that it is necessary to complete a PADR to be eligible for an increment.</i> The Assistant Director noted that this requirement had been paused during the pandemic and a cultural shift was necessary to reinstate this and ensure both managers and staff were not adversely affected by the pay progression linked to PADR.</p> <p><i>Is there an impact on the quality of the PADR when targets are being chased?</i> The Director of Primary, Community Care and Mental Health noted the tools available to undertake a PADR were comprehensive, and the quality related to the conversations that took place between managers and staff. It was acknowledged that a large headcount sat in this directorate and that a conversation would take place with the Director of Environment to learn from their experience. Sickiness can impact on compliance rates and some managers have a number of PADRs which are due concurrently which can also impact on compliance.</p> <p>The Assistant Director of Workforce and OD gave updated figures for the following areas:</p> <ul style="list-style-type: none"> <li>• CEO Office – was 27% now 67%</li> <li>• Primary Care – was 33% now 52%</li> </ul>
---	--

- Community Dental Service – was 54% now 78%

The question of PADR quality is part of the National Staff Survey. However, this is only undertaken infrequently and the most recent results are now more than a year old.

Mitigations and actions to be taken include Business Managers speaking to Senior Managers to improve compliance rates and ensuring that staff are correctly assigned within the Electronic Staff Record.

Statutory and Mandatory training compliance was recorded at 84% against a target of 85%.

Staff absence was recorded as 5.8% against a nil target. This was higher than the pre-pandemic figure of 4.6% but compared well with the all-Wales benchmark of 6.9%. An increase in long term absence was noted along with higher than usual absence over the summer period. There are higher levels in patient facing services and there is a correlation with age, including with MSK (Musculo-skeletal) issues. Risk assessments are being undertaken to mitigate the risks of MSK.

*Where is sickness absence in GP practices considered?*

The Interim Board Secretary advised this was part of the Commissioning Assurance process which is within the remit of the Delivery and Performance Committee.

The number of Employee Relations Cases are low with those categories below 5 not reported. At the Employment Tribunal Case heard in July 2022 all the claims had been dismissed. In common with other NHS organisations in Wales the health board is having challenges with the implementation of the Respect and Resolution Policy. Work is taking place across Wales to improve the processes which support the Policy.

*What is happening to cases before the new processes within the Respect and Resolution Policy are outlined?*

The Deputy Director of Workforce and OD confirmed there had been good support from union colleagues locally.

Workforce turnover was increasing which was related to the age profile of the workforce with an increasing number of retirements. Whilst an exit survey is undertaken leavers are not providing detailed information as to why they are leaving.

There are high levels of variable pay which are resulting in financial challenges. Agency costs have exceeded bank costs since April and the organisation is trying to improve recruitment

Patterson, Liz  
12/12/2022 08:45:33

	<p>in ward areas where the vacancies are highest although it is difficult to recruit clinicians.</p> <p><i>It seems that there are issues in accessing bank work and how quickly vacant shifts are sent to bank.</i></p> <p>The Deputy Director of Workforce and OD advised that the Temporary Staffing Unit had had its own turnover challenges. A new team were now in place, and it would be necessary to liaise directly with Ward Managers to improve flow.</p> <p>It would be necessary to simplify processes, improve the link to payroll and improve efficiency and effectiveness of bank arrangements. It would also be necessary to recruit to bank which was challenging as it was not regular work. Although there are an additional 20% increase in bank staff the attrition rate is not known, nor is the number of bank staff who are inactive.</p> <p>This is an area that is included within the Directorate Risk Register and would continue to be included within the Workforce Performance Report.</p> <p><i>There are high levels of leave recorded from January to March. Is this pandemic related and are there any actions that could be taken to move the end of year date which would spread this effect more evenly?</i></p> <p>The Deputy Director of Workforce and OD acknowledged this was not a new issue.</p> <p>The Director of Finance advised that there was a cost in letting people carry forward leave and it was confirmed that these costs would outweigh the benefits of spreading end of year leave dates across the year.</p> <p>A focus on Maternity Services was provided as the service was in escalation. Attention was drawn to the high rolling turnover which had been at 17.39% at the end of Q1 2022/23. Of the eight leavers half had been due to retirements.</p> <p>The Workforce Performance Report was NOTED.</p>
W&C/22/25	<p><b>WORKFORCE FUTURES</b></p> <p>The Assistant Director of Workforce and OD presented the report outlining the focus that had taken place on Workforce Planning with the adoption of the six step model based on the national approach to workforce planning. The progress to date was shared together with the planned areas of work for the second half of the year. This included workforce planning training, a</p>

Patterson, Liz  
12/12/2022 08:45:33

	<p>review of the Ward Nursing establishments and workforce modelling activity.</p> <p>The outcome of the International Recruitment programme had resulted in two nurses joining the organisation. Both have arrived, have settled into their accommodation, and are undergoing their training. There are five outstanding vacancies in the International Recruitment programme.</p> <p>Student streamlining is continuing with vacancies due to go live in September. Students then identify posts they wish to be considered for slotting into, to ensure those with bursaries are offered places in Wales.</p> <p>Bursaries for therapies are to cease and discussions will take place with Health Education and Improvement Wales (HEIW) to understand what will be available in the future.</p> <p>Recruitment events have taken place in Knighton, Machynlleth and Llanidloes with five Health Care Support Workers and one Registered Nurse interested in joining the organisation. The recruitment of one Registered Nurse would reduce agency spend by £50k/yr.</p> <p>The organisation will attend a recruitment fayre in Birmingham as a pilot to see if it is cost effective to attend. It is recognised that it is necessary to recruit from east of Powys in addition to recruiting from within Wales.</p> <p>It is intended to develop talent pools. When there is more than one appointable candidate for a role the unsuccessful candidate will be placed in a talent pool to be considered for future roles which will enable the candidate not to be lost to the organisation.</p> <p>Progress has been made with increasing the number of commissioned learning places that can be supported from 10 to 28 over the last four years.</p> <p>Work is taking place with HEIW on the dispersed learning programme. This has been designed for the health board and Hywel Dda whereby colleagues can access training for a Nursing degree virtually. This will be promoted to offer local people the opportunity to be trained whom it is thought will be more likely to stay with the health board.</p> <p>It will be necessary to work closely with HEIW to improve the opportunities locally. For example, HEIW select via a competitive process whereas the health board would prefer to propose candidates who it is thought are more likely to stay. The links</p>
--	---

Patterson, Liz  
12/12/2022 08:45:33

	<p>between the health board and HEIW are important to enable understanding of the particular challenges faced locally.</p> <p>Challenges also exist in relation to the short term funding of support for the Education team in the health board.</p> <p>The Director of Nursing and Midwifery advised that there needed to be an increasing focus on dual qualified hybrid roles such as Nurse/Social Worker or Nurse/Paramedic. This will require work with partner organisations. England are further ahead than Wales with hybrid roles.</p> <p>The Director of Primary, Community Care and MH observed that it would be necessary to reflect on the programme of open days and how communities can be encouraged to help own this issue. It will also be necessary to work with the Public Service Board as recruitment is not just about filling a role in the health board but for the family to find employment for partners and schools for children.</p> <p>The Deputy Director of Workforce and OD advised that contact had been made with Chester University, but confirmation was required from HEIW that funds could be used to support students in the English education system. There is a need to focus on immediate recruitment, but a balance is needed to also plan for the future. A patchwork approach is necessary to ensure all potential recruitment routes are used.</p> <p>The Chair requested that the next Workforce Futures Report on Workforce Planning include detail of actions taken to encourage consideration of hybrid roles.</p> <p><b>Action: Director of Workforce and OD</b></p> <p>The Workforce Futures Report was NOTED.</p>
<b>ITEMS FOR DISCUSSION</b>	
W&C/22/26	<p><b>ANNUAL REVIEW OF COMMITTEE TERMS OF REFERENCE 2022/23</b></p> <p>The Interim Board Secretary presented the report. A discussion regarding staff surveys ensued with a request that these are co-ordinated and not overly frequent to avoid survey fatigue with resulting reduction of quality of data.</p> <p>The Interim Board Secretary invited comments to be submitted via email including in relation to the attendee list.</p>

Patterson, Liz  
12/12/2022 08:45:33



<b>ESCALATED ITEMS</b>	
W&C/22/27	There were no items for inclusion in this section.
<b>ITEMS FOR INFORMATION</b>	
W&C/22/28	There were no items for inclusion in this section.
<b>OTHER MATTERS</b>	
W&C/22/29	<p><b>CORPORATE RISK REGISTER – RISKS OVERSEEN BY THIS COMMITTEE</b></p> <p>The Interim Board Secretary presented the Risk Register advising that a more developed Risk Register was in prepareate for Board.</p> <p>The Committee NOTED the Committee Risk Register.</p>
W&C/22/30	<p><b>COMMITTEE WORK PROGRAMME 2022-23</b></p> <p>The Work Programme was NOTED.</p>
W&C/22/31	<p><b>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES</b></p> <p>There were no items identified under this section.</p>
W&C/22/32	<p><b>ANY OTHER URGENT BUSINESS</b></p> <p>There was no urgent business.</p>
W&C/22/18	<p><b>DATE OF THE NEXT MEETING:</b></p> <p>20 September 2022, via Microsoft Teams.</p>

Patterson, Liz  
12/12/2022 08:45:33

Key:

Completed
Not yet due
Due
Overdue

## WORKFORCE AND CULTURE COMMITTEE

### ACTION LOG AS OF SEPTEMBER 2022



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

Minute	Meeting Date	Action	Responsible	Progress Position	Completed
W&C/21/15	28 January 2022	That the metrics provided to Committee include a measure of discretionary effort relating to Volunteers	Director of Workforce and OD	This is being explored with PAVO to see whether discretionary effort is measured, in order for us to report against	
W&C/22/04	28 January 2022	Request for inclusion of Single Point of Contact project on work programme	Director of Workforce and OD/ Director of Finance and IT	This will be brought to a future meeting.	
W&C/21/17	28 January 2022	A Board Development session requested to include evidence of best practice and the wider approach to measuring outcomes and timescales on an organisation wide basis	Interim Board Secretary	This remains as an item for a future board development session. The forthcoming sessions in September and October are focussing on IMTP, Finance and Digital respectively.	
W&C <small>Patterson.Liz 12/12/2022 08:45:33</small>	20 September 2022	Actions taken to encourage hybrid roles to be included in Workforce Futures Report at W&C Committee March 2023	Director of Workforce and OD	This is on the agenda for the March 2023 meeting.	

## Agenda item: 2.1

Workforce & Culture Committee		Date of Meeting: 13 <sup>th</sup> December 2022
<b>Subject:</b>	Workforce Director's Report	
<b>Approved and Presented by:</b>	Debra Wood Lawson, Interim Executive Director of Workforce and OD	
<b>Prepared by:</b>	Mark McIntyre, Deputy Director Workforce and OD	
<b>Other Committees and meetings considered at:</b>	Executive Committee, 29 <sup>th</sup> November 2022	

### PURPOSE:

This paper has been compiled for the Workforce & Culture Committee to provide an update on recent key developments, improvement and activity within the Workforce and OD Directorate since the last Workforce and Culture Committee meeting in September 2022.

### RECOMMENDATION(S):

To note the updates and discuss the contents.

Approval/Ratification/Decision <sup>1</sup>	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	✓

<sup>1</sup> Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level  
Workforce Director's Report

	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 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 formally featured within the updates against the IMTP.

The areas covered in this report also sit outside of the scope of the update reports for Strategic Priorities 14 and 15 which are on the agenda for December's Committee meeting.

## DETAILED BACKGROUND AND ASSESSMENT:

### A focus on recruitment

**1. Overseas Nurse Recruitment** - The Clinical Education Team developed an in-house international nurse education package to support international nurses with their preparation for the NMC (Nursing and Midwifery Council) Objective Structured Clinical Examination (OSCE). PTHB received the first cohort of three nurses from overseas during quarters 2 and 3 and supported them through the preparation programme. As a result of the team's work on OSCE preparation all 3 Nurses have now passed their exams. We have a fully developed teaching package now in place, ready for use with any future cohorts. A business case is in development to consider the expansion of overseas recruitment.

**2. Talent Pool** – Powys Teaching Health Board is the first health board in Wales to switch on the Trac Talent Pool capability. This means that the talent pool and the vacancy arm of Trac now talk to each other, thereby enabling potential candidates to be considered for other vacancies. Via the Candidate

Relationship Management (CRM) system on Trac these candidates are sent an automated email to highlight the vacancy. We are currently working with NWSSP to develop the pooling of candidate feature and further to advance its capabilities.

3. **Recruitment Modernisation** – PTHB are part of an all-Wales Recruitment Modernisation programme aimed at increasing the speed of time to hire. PTHB are in the final phase of the change process with communications currently being issued regarding these changes. It is anticipated that there will be an average 14-day reduction in the time taken to hire. From a local perspective PTHB are also looking at additional changes to the process to collapse this timescale even further.
4. **Band 2 HCSW Interview Framework** – Working with the Nursing Directorate we have been able to remove the essential requirement of a Level 2 NVQ qualification for all new entry HCSWs. This will greatly improve accessibility for candidates to these roles. As an example, of the 25 applications received for Bank HCSW vacancies only 6 would have been shortlistable using the previous essential criteria. This number increased to 16 following the agreement of the Nursing Directorate to the change. To ensure proportionate and suitable selection processes remain in place a behavioural and value base interview guide has been developed. This new interview guide has been designed in such a way to remove the need to use a registrant to interview and to compress the shortlisting stage in the recruitment process. All new HCSWs will continue to undertake the national HCSW induction programme upon entry.
5. **Trust ID** - Digital Identity Verification Technology is now being used by the operations team when conducting pre-employment checks. This will mean that those with digital passports will be able to complete their pre-employment checks on-line.

## **A focus on attraction**

1. **Advert Template** – Given the current poor success in the conversion from advert to recruitment on Trac (Band 5, 6 & 7 Registered Nurses saw a conversion rate of 10% last year) there is an urgent need to do something different to support hiring managers when pulling together their recruitment adverts. An advert creation template has been developed to help hiring managers focus on the Unique Selling Points for the role they are trying to recruit. The template will also provide some consistency in approach across PTHB in the external marketplace.
2. **Recruitment Pathways and Talent Sourcing** – Some roles in the health board are very specialist, for example roles in Allied Health Professions. Candidates for these roles are particularly hard to source and require a different approach. Therefore, we will be extending our approach for roles such as these and widening the net to include: universities, professional

bodies jobs boards, professional blogs, professional social media groups etc. Work is underway to develop these channel pathways, to enable a more targeted approach to advertising, whilst supporting hiring managers to mine for talent. All this information will be held centrally and will provide part of an overall toolkit to support the WOD Business Partnering model.

3. **Employer Brand** – Work is on-going with the Communications and Engagement Team to develop an outline plan for attraction and employer branding. Work is also underway with WOD Business Partners to capture all organisation benefits which will form part of an Employee Value Proposition which will help PTHB to have a presence in the external marketplace.

### **A focus on workforce sustainability and transformation**

1. **10-year workforce projections** – The Head of Workforce Transformation has undertaken work to develop a set of scenario-based workforce projections. This is using a set of planning assumptions and based on data for attraction and attrition over the last 5 years. This has allowed us to generate a forecast of predicted future workforce capacity for professional groups across the Health Board over the next 10 years. This work will help shape and inform future decisions around investment, activity and will be crucial for service and role design considerations. It will also inform future numbers for recruitment, grow our own and clinical education commissioning.
2. **Organisational approach to workforce planning** - A paper has been prepared that outlines an organisational approach to workforce planning. This will include different training and support options such as online learning, support from the WOD Business Partners and targeted support from the Head of Workforce Transformation, depending on the complexity of the requirements in terms of service workforce plans.
3. **Health & Care Academy** - The Minister of Health officially opened the Academy in October. The event saw students from the Health & Social Care Schools pilot demonstrate simulated learning in the adaptive bungalow, and unpaid carers who took part in the Powys Balance Programme shared their stories about their participation in the programme.
4. **Health & Care School Pilot** – 24 students from Crickhowell and Llanfyllin high schools have started an enhanced learning programme which includes the Academy delivering the simulated and practical element of their learning.
5. **New student placement opportunities** - The Practice Education Facilitator (PEF) team are continually identifying new placement learning opportunities for student nurses. In this quarter there has been a student nurse placement with General Practice Nurse in Presteigne surgery. The PEF team have also been in discussion with nurse education providers along the England/Wales border to develop placement provider partnerships. This has led to a formal agreement with Chester University to allocate students to Powys in the new year.

6. **Education Commissioning** - A proposal is in development that will be presented to HEIW, asking for a new commissioned education contract for Pre-Registration Nursing for Powys. The proposal will set out a request to support us to deliver a full time, distant/dispersed learning Nursing degree programme in partnership with the Open University under the umbrella of the Health and Care Academy in Powys.
7. **Aspiring Registrants** - Quarter 2 saw the first cohort of Level 4 Healthcare Support Workers commence their distance learning programme with Llandrillo college. September also saw a new cohort of 6 internally supported Aspiring Nurses start their Pre-reg Nursing degree Programme with University of South Wales (USW) and recruitment is underway for the Feb 2023 cohort with the Open University. A further scoping exercise of the wider HCSW teams throughout Powys is currently in development, to identify the career aspirations, alignment with entry criteria and areas of interest with a focus on our wards. In addition to this, our very first 'grow our own' Physiotherapist commenced their physiotherapy degree with USW.

### **A focus on employee experience**

1. **Health Care Support Worker (HCSW) Induction** - The mandatory all Wales HCSW induction training is now provided in-house by the team. Previously the assessment and IQA components were outsourced to an external organisation but are now completed inhouse which has resulted in a reduced end to end completion time. This has had a positive impact on the time it takes for onboarding HCSWs onto the bank. 58 learners trained and completed and a further 74 had training and in the process of completing their workbooks (numbers from March – October 2022).
2. **Interprofessional scenario and simulation-based learning** - A package is currently being developed and will be delivered to staff from November 2022. The Clinical Education Team have liaised with key stakeholders to identify common concerns/ safety issues that reoccur within the PTHB multidisciplinary teams. This intelligence has been used to devise simulated scenarios that will promote interprofessional communication and clinical assessment.
3. **Six-day preceptorship programme** - This is a new programme developed locally by the Practice Education Facilitators in consultation with clinical team leads and managers. The first study day was on the 28<sup>th</sup> October and had seven attendees. New staff have now completed the recruitment process and 21 invites have been sent out for the next study day in January.
4. **Drop down to payroll Bank pay** - The requirement for Bank Workers to complete and submit paper timesheets has been a long-standing issue for both the workers and managers. Therefore, to make bank payments streamlined and visible to bank workers the Temporary Staffing Unit and the Healthroster team are moving forward with electronic payments and will be paying bank staff off the Healthroster. This will simplify the process for Bank Workers to receive payment by removing the need for the completion



of paper timesheets and remove an unnecessary step in the process for managers.

### **A focus on workforce realignment**

1. **Local Public Health Teams 'TUPE style' transfer** - Following a series of discussions in July 2021, it was unanimously agreed by Health Board Chief Executives, Chairs and Directors of Public Health, PHW and the Chief Medical Officer that Local Public Health Teams would transfer from the employment of Public Health Wales to the individual Health Boards. Ministerial support was granted in August 2021 and joint programme between PHW and the Health boards was established. Following extensive consultation, staff were successfully transferred to our employment on October 1<sup>st</sup> 2022.
2. **Transfer of the CHC in Wales staff to the new CVB** - The 2018 review into Health and Social Care in Wales, set out several recommendations which included improvements to services and a closer integration of health and social care across Wales. As a result, an independent national body, the Citizen Voice Body for Health and Social Care (Wales) (CVB) was established and will be fully functional from 1<sup>st</sup> April 2023. Current services undertaken by Community Health Councils across Wales (which is hosted by PTHB) will be abolished and transferred to the new CVB. Formal consultation on the TUPE style transfer commenced on November 1<sup>st</sup> 2022 and will run until 31<sup>st</sup> of December 2022.

### **A focus on employee relations**

1. **Industrial action** - There are currently 6 trade unions across the health service balloting members on industrial action. The only result known at the time of writing this report is for the RCN, where the ballot closed on 2<sup>nd</sup> November 2022. The outcome for Powys Teaching Health Board was that 58.30% of the RCN membership voted (therefore meeting the 50% legal requirement) and of these 88.46% voted in favour of industrial action. The remaining trade union ballots close between 25<sup>th</sup> November and 20<sup>th</sup> December 2022. At the time of writing this report, we have received confirmation that the first and second day of industrial action will be Thursday 15<sup>th</sup> December and Tuesday 20<sup>th</sup> December.

A draft local internal action plan for managing industrial action has been developed and an updated guidance and set of FAQs has been disseminated. All services have been asked to update their business continuity plans in preparation for disruption arising from any planned action and setting out the minimum staffing levels that may be required to ensure safe provision of essential services. This will allow for local negotiation once the union/s have identified their levels of derogation nationally.



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
<b>Age</b>				
<b>Disability</b>				
<b>Gender reassignment</b>				
<b>Pregnancy and maternity</b>				
<b>Race</b>				
<b>Religion/ Belief</b>				
<b>Sex</b>				
<b>Sexual Orientation</b>				
<b>Marriage and civil partnership</b>				
<b>Welsh Language</b>				
<b>Statement</b>  <i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
<b>Clinical</b>				
<b>Financial</b>				
<b>Corporate</b>				
<b>Operational</b>				
<b>Reputational</b>				
Failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services				

Patterson, Liz  
12/12/2022 08:45:33

# **Workforce & Culture Committee**

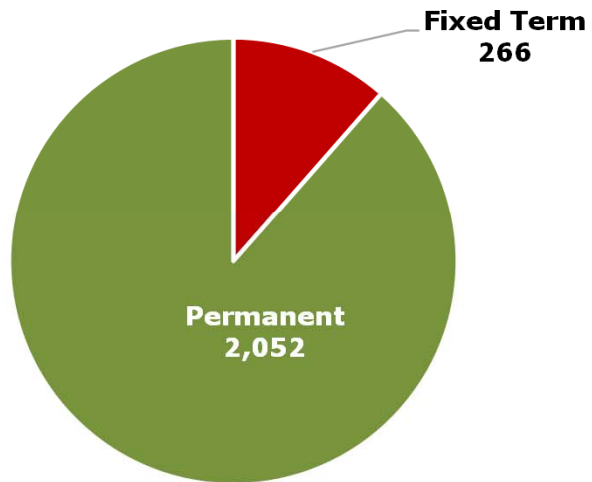
## **Tuesday 13th December 2022**

### **Workforce Performance Report : September 2022 Data**

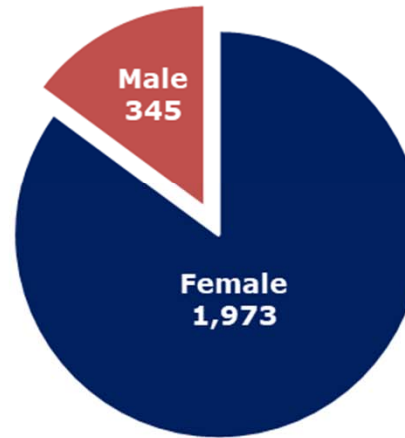
Patterson, Liz  
12/12/2022 08:45:33

# Workforce Profile

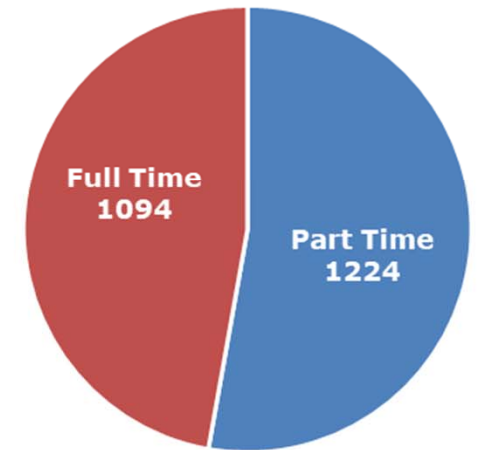
## Assignment Category



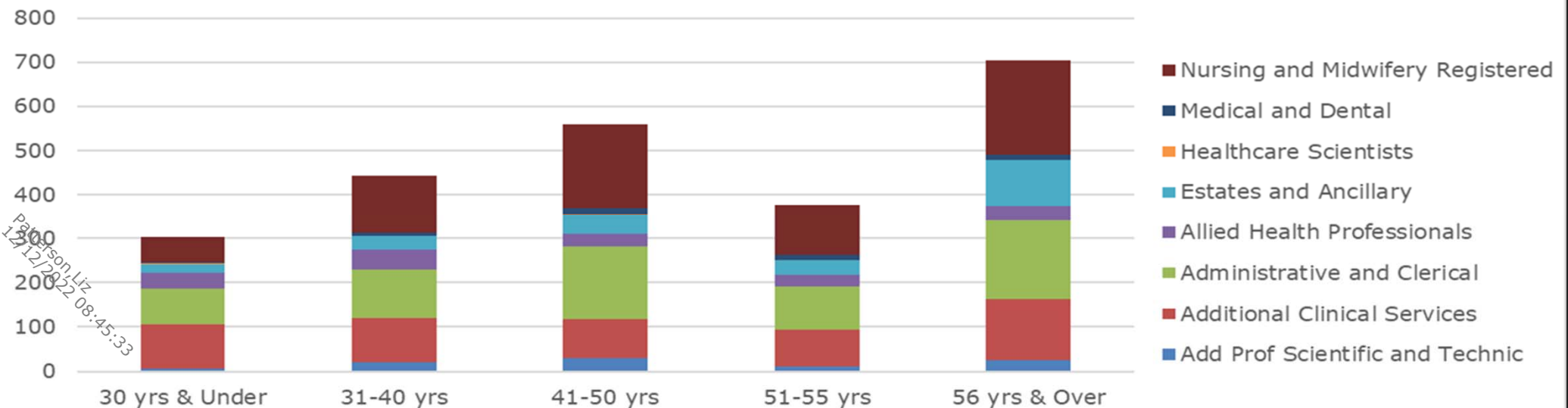
## Employee Gender



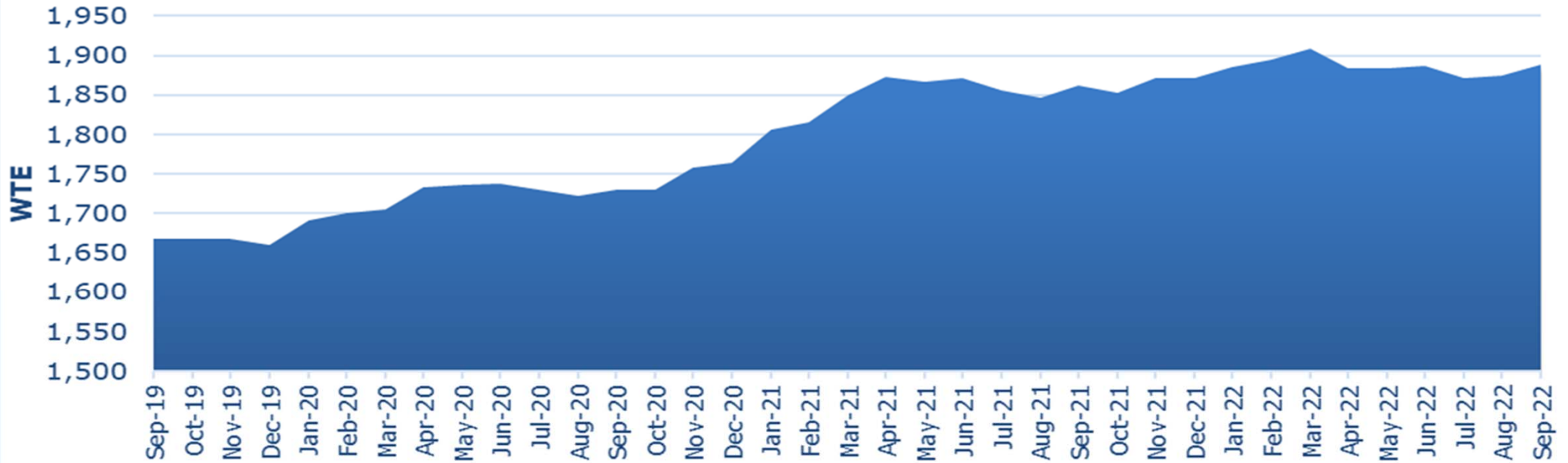
## Employee Category



## Age Profile by Staff Group



## Staff in Post by Month



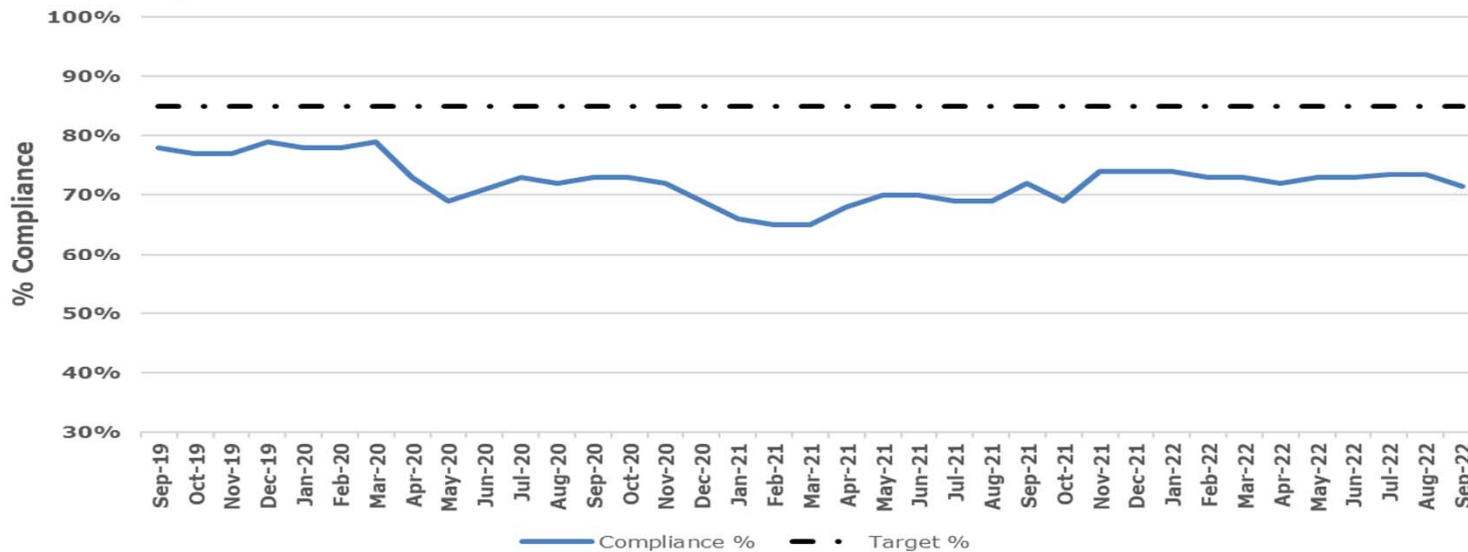
Directorate	Staff in Post WTE			
	Sep-19	Sep-20	Sep-21	Sep-22
Chief Executive Office	8.39	16.99	17.48	20.68
Community Care & Therapies	736.39	744.60	749.10	770.79
Community Dental Service	41.15	38.00	37.02	38.98
Corporate Governance	9.67	10.67	8.67	8.67
COVID 19 Prevention and Response		7.80	31.58	14.20
Environment Directorate	187.22	187.42	194.64	193.99
FID Finance Directorate	47.85	56.97	66.38	75.86
MED Medical Directorate	6.37	8.39	8.79	9.59
Medicines Management	26.76	27.79	27.03	29.52
MHD Mental Health	313.95	331.04	343.45	347.70
NUD Nursing Directorate	32.59	32.89	27.09	25.97
PHD Public Health Directorate	2.00	2.00	65.00	65.86
PLD Planning Directorate	21.71	22.24	31.52	34.89
Primary Care	22.35	21.28	28.26	26.20
THD Therapies & Health Sciences Directorate	2.40	2.48	3.80	5.61
WOD Directorate	40.56	47.16	45.75	47.35
Women and Children Directorate	168.50	173.02	176.98	172.61
<b>Grand Total</b>	<b>1,667.85</b>	<b>1,730.73</b>	<b>1,862.53</b>	<b>1,888.48</b>

Staff Group	WTE in Post			
	Sep-19	Sep-20	Sep-21	Sep-22
Add Prof Scientific and Technic	60.97	70.55	73.29	74.13
Additional Clinical Services	331.70	331.54	385.37	394.59
Administrative and Clerical	413.72	433.39	500.37	523.48
Allied Health Professionals	123.90	133.43	136.37	137.68
Estates and Ancillary	160.63	159.57	171.18	172.13
Healthcare Scientists	2.73	4.00	5.00	6.61
Medical and Dental	37.29	34.04	33.49	28.96
Nursing and Midwifery Registered	536.93	558.21	557.46	550.89
Students		6.00		
<b>Grand Total</b>	<b>1,667.85</b>	<b>1,730.73</b>	<b>1,862.53</b>	<b>1,888.48</b>

What the charts tells us	Areas of Concern	Actions/Mitigations
<p>Since pre pandemic figures in September 2019, staff employed by the Health Board has grown by over 220 WTE. There has been a continued growth in numbers of staff employed between September 21 and September 22</p> <p>The directorates that have seen the most growth since September 19 are:</p> <ul style="list-style-type: none"> <li>• Public Health Directorate – 63 WTE (Covid response and TUPE transfer of Local PH team)</li> <li>• Community Care &amp; Therapies – 34.4 WTE</li> <li>• Mental Health – 33.75 WTE</li> <li>• Finance Directorate – 28.01</li> </ul> <p>The staff groups which have seen the largest increases are Additional Clinical Services – WTE 63 and Administrative, Professional and Clerical - WTE 110 with only Medical and Dental seeing a reduction in WTE over the period since 2019.</p> <p>Patterson.Liz 12/12/2022 08:45:33</p>	<p>Whilst there are overall increases in WTE over the period there remain significant vacancies and challenges in recruiting to clinical roles with 138.07WTE Registered Nurse vacancies out of a budgeted establishment of 665.01WTE and 12.5WTE Medical vacancies out of a budgeted establishment of 27.</p> <p>The increase in the use of fixed term contracts has also significantly increased over the last 2 years, accounting for over 10% of the total WTE.</p> <p>The age distribution for the health board shows the highest number are in the 56 and over category, with almost a third of the entire workforce in this group (700).</p>	<ul style="list-style-type: none"> <li>• Business case developed for Overseas nursing recruitment/return to practice.</li> <li>• Development with HEIW of improved options for flexible route to nursing being developed (Aspiring Nurse Programme, Dispersed and Distance Learning).</li> <li>• Development of the apprenticeship scheme.</li> <li>• Greater flexibility to allow for retire and return.</li> <li>• Increased recruitment events locally and attendance at national events.</li> </ul>

# PADR Compliance

**PADR Compliance**



## Actual Performance

Sep-22	Sep-19	All Wales Benchmark
71%	78%	58% (Jun-22)
Target		
85%		

Directorate/Locality	Assignment Count Sep-22	Jul-22	Aug-22	Sep-22
Chief Executive Office	22	36%	57%	55%
Community Care & Therapies	938	69%	70%	67%
Community Dental Service	41	70%	74%	69%
Corporate Governance	9	64%	38%	56%
COVID 19 Prevention and Response	17	71%	76%	74%
Environment Directorate	249	91%	93%	92%
FID Finance Directorate	74	83%	79%	72%
MED Medical Directorate	7	88%	88%	86%
Medicines Management	32	76%	76%	75%
MHD Mental Health	394	66%	65%	64%
NUD Nursing Directorate	28	86%	89%	82%
PHD Public Health Directorate	84	84%	92%	90%
PLD Planning Directorate	33	91%	95%	91%
Primary Care	29	53%	52%	50%
THD Therapies & Health Sciences Directorate	6	71%	67%	83%
WOD Directorate	48	83%	73%	73%
Women and Children Directorate	213	75%	74%	75%
<b>Grand Total</b>	<b>2,224</b>	<b>73%</b>	<b>74%</b>	<b>71%</b>
Medical & Dental Compliance	44	66%	61%	51%
<b>Grand Total</b>	<b>2,268</b>	<b>73%</b>	<b>73%</b>	<b>70%</b>



## What the chart tells us

PTHB PADR performance reported at 71% at the end of Q2 22/23 which remains below the pre pandemic compliance rate of 78%. The health board benchmarks positively against the All Wales position.

Out of 17 directorates, there are 4 that are above the 85% target for compliance at the end of Q2 22/23.

The top three directorates for compliance are:

- Environment – assignment count 257 (92%)
- Planning Directorate – assignment count 37 (91%)
- Public Health Directorate – assignment count 84 (90%)

Patterson, Liz  
12/12/2022 08:45:33

## Areas of Concern

The bottom three directorates for compliance at the end of Q1 22/23 are:

- Primary Care– headcount 29 (50%)
- Chief Executive Office – headcount 22 (55%)
- Corporate Governance - headcount 9 (56%)

In addition to the above the following service areas' performance was below the national target of 85% at the end of Q2:

- Mental Health 64%
- Community Dental 69%
- Women and Children 75%
- Community Care and Therapies 67%
- Covid Prevention and Response 74%
- Medical 61%
- WOD 73%
- Finance 72%
- Medicines Management 75%
- Nursing Directorate 82%
- Therapies and Health Science Directorate 83%

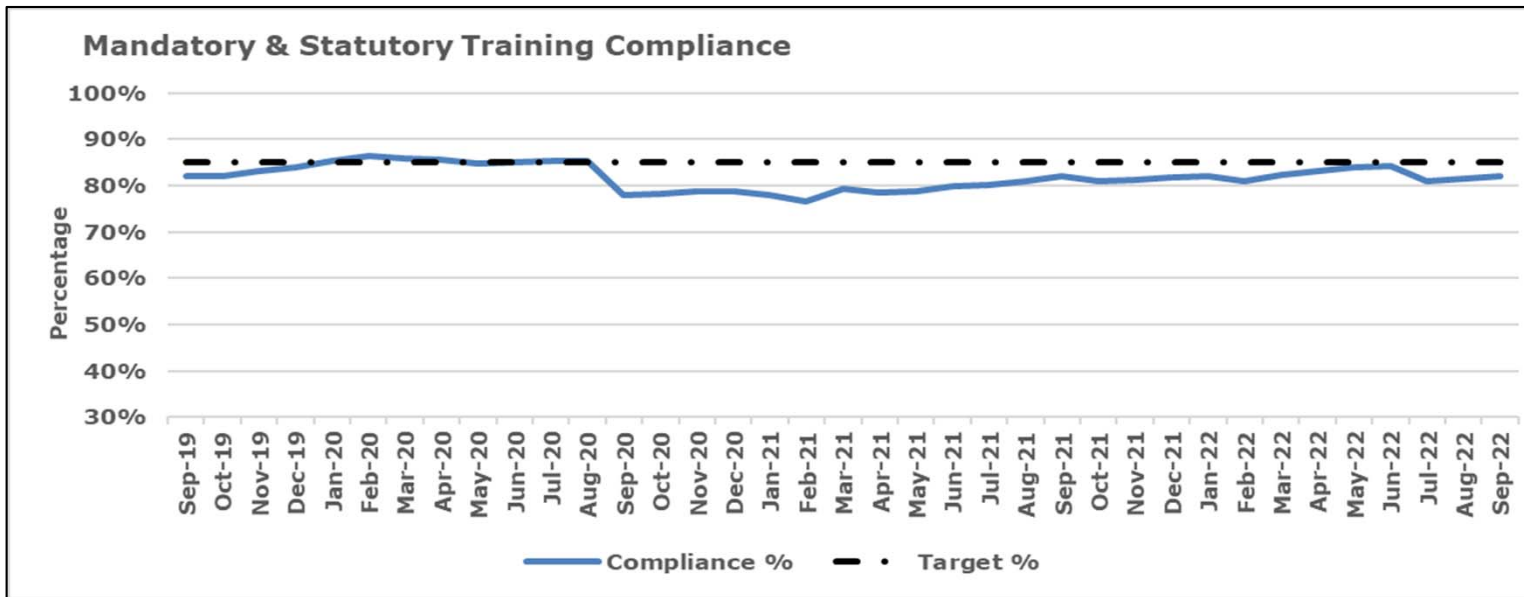
When chased by WOD BP team, it appears that managers are undertaking PADRs but are not recording them via ESR. Therefore, performance figures may not accurately reflect the actual picture.

There are also a number of areas across directorates that have identified incorrect reporting lines in ESR which causes an issue for recording of PADRs.

## Actions/Mitigations

- Directorates with performance under the 85% compliance target have been asked to provide trajectory recovery plans.
- The WOD BP team are regularly chasing managers with low compliance and reminding them of ESR guidance.
- The All Wales pay progression policy and positive action required in ESR is in place as of October.
- Reminders regarding pay progression have been issued to managers by the WOD BP team.
- An FAQ document has been issued to the organisation regarding pay progression and recording of PADRs.
- The Chief Executive Office and Corporate governance had been experiencing issues in recording PADRs due to assignments being under incorrect cost codes and/or incorrect supervisors.
- Primary care are experiencing a high level of long-term sickness cases which is creating a challenge in undertaking PADRs.
- Lessons learned from the work undertaken in the Environment Directorate are being explored to see how these can be used to support improvement in performance in other services including, where appropriate, the use of team objective setting.
- Work is underway to rectify incorrect reporting lines in ESR.

# Mandatory & Statutory Training Compliance



Actual Performance		
Sep-22	Sep-19	All Wales Benchmark
82%	82%	81% (Jun-22)
Target		
85%		

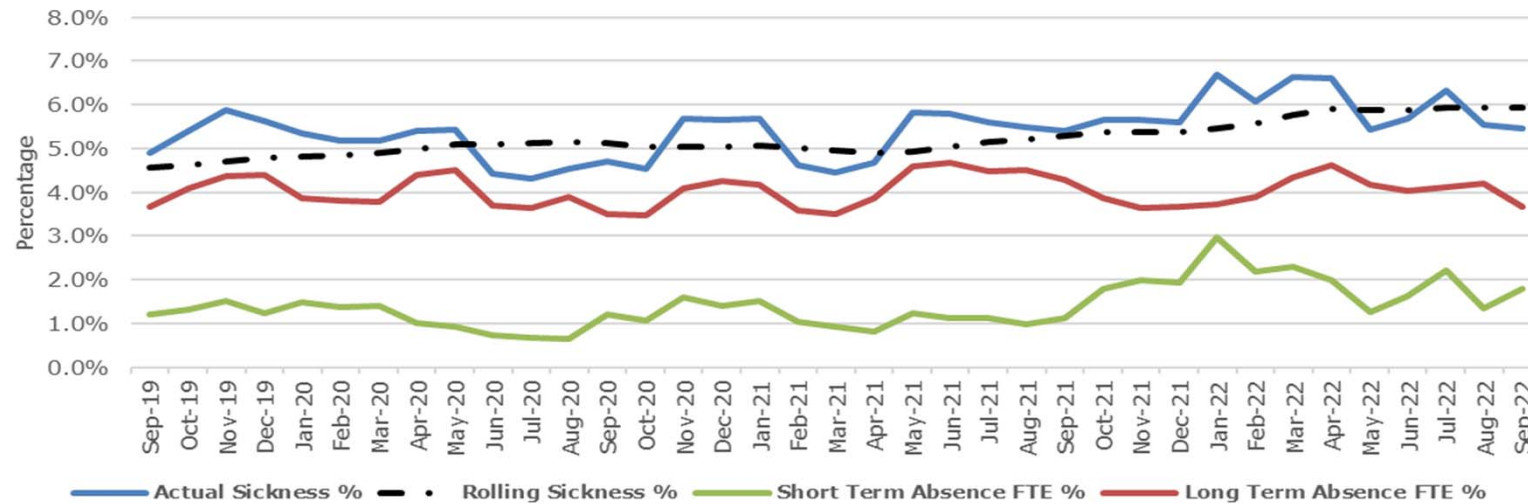
Directorate/Locality	Assignment Count Sep-22	Jul-22	Aug-22	Sep-22
Chief Executive Office	24	54%	58%	59%
Community Care & Therapies	970	80%	80%	81%
Community Dental Service	54	81%	80%	81%
Corporate Governance	9	91%	89%	91%
COVID 19 Prevention and Response	17	84%	89%	92%
Environment Directorate	249	86%	88%	89%
FID Finance Directorate	81	90%	90%	88%
MED Medical Directorate	14	57%	56%	61%
Medicines Management	34	93%	94%	93%
MHD Mental Health	408	75%	76%	76%
NUD Nursing Directorate	30	87%	86%	85%
PHD Public Health Directorate	86	95%	95%	92%
PLD Planning Directorate	35	90%	91%	91%
Primary Care	32	85%	85%	88%
THD Therapies & Health Sciences Directorate	6	90%	90%	90%
WOD Directorate	51	83%	83%	84%
Women and Children Directorate	218	82%	81%	81%
Grand Total	2,318	81%	82%	82%



What the chart tells us	Areas of Concern	Actions/Mitigations
<p>Performance at the end of Q2 22/23 was reported as 82% which is the same as the pre-pandemic compliance figures.</p> <p>Out of 17 directorates, there are 10 that are above the 85% target for compliance at the end of Q2 22/23.</p> <p>The top directorates for compliance are:</p> <ul style="list-style-type: none"> <li>• Medicines Management – assignment count 34 (93%)</li> <li>• Public Health Directorate – assignment count 86 (92%) / Covid Prevention &amp; Response – assignment count 17 (92%)</li> <li>• Corporate Governance – assignment count 9 (91%) / Planning Directorate – assignment count 35 (91%)</li> </ul> <p>At the end of Q2 22/23, there are a further 4 directorates that are less than 5% away from reaching the 85% compliance target.</p> <p>Patterson.Liz 12/12/2022 08:45:33</p>	<p>The bottom three services areas for compliance at the end of Q2 22/23 are:</p> <ul style="list-style-type: none"> <li>• Chief Executive Office – assignment count 24 (59%)</li> <li>• Medical Directorate – assignment count 14 (61%)</li> <li>• Mental Health – assignment count 408 (76%)</li> </ul> <p>In addition to the above the following service areas' performance was below the national target of 85% at the end of Q2:</p> <ul style="list-style-type: none"> <li>• Women and Children – assignment count 218 (81%)</li> <li>• Community Dental - assignment count 54 (81%)</li> <li>• Community Care and Therapies – assignment count 970 (81%)</li> </ul>	<ul style="list-style-type: none"> <li>• Directorates with performance under the 85% compliance target have been asked to provide trajectory recovery plans.</li> <li>• WOD BP team are discussing mandatory compliance at senior management groups within services.</li> </ul>

# Staff Absence

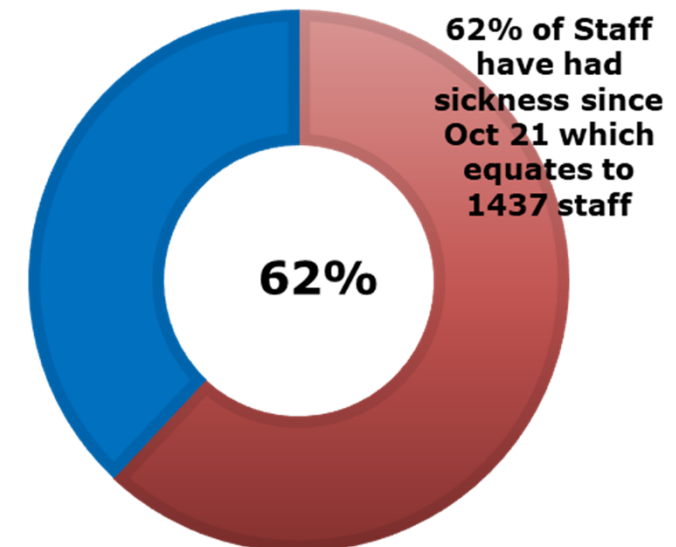
**Sickness Absence Rate**

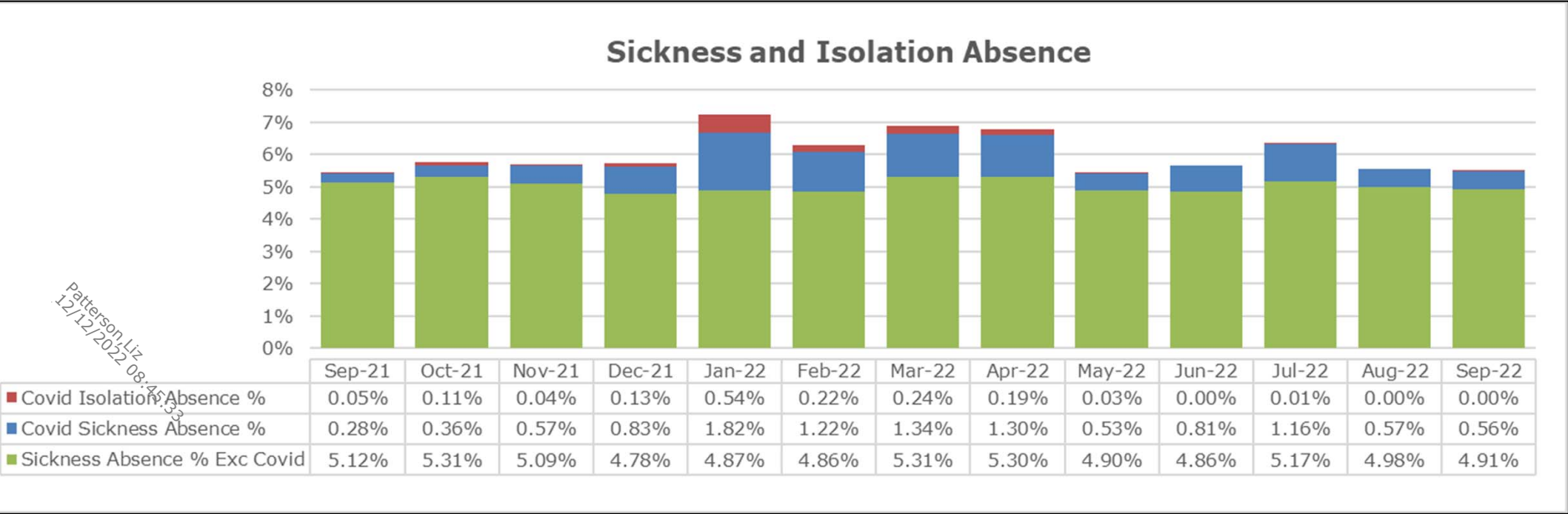
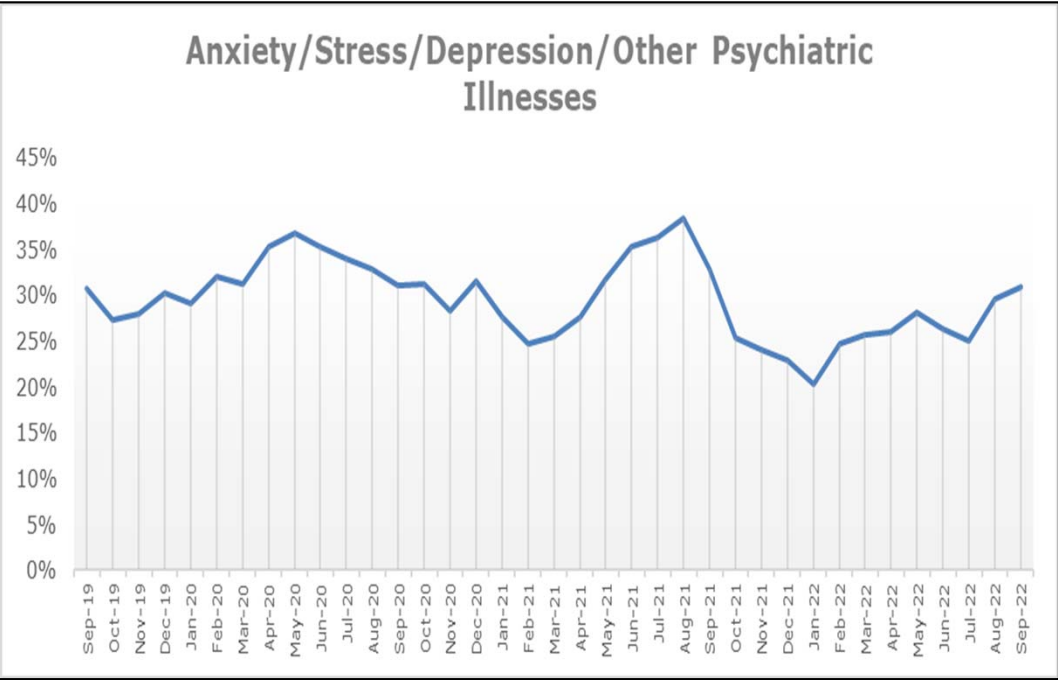
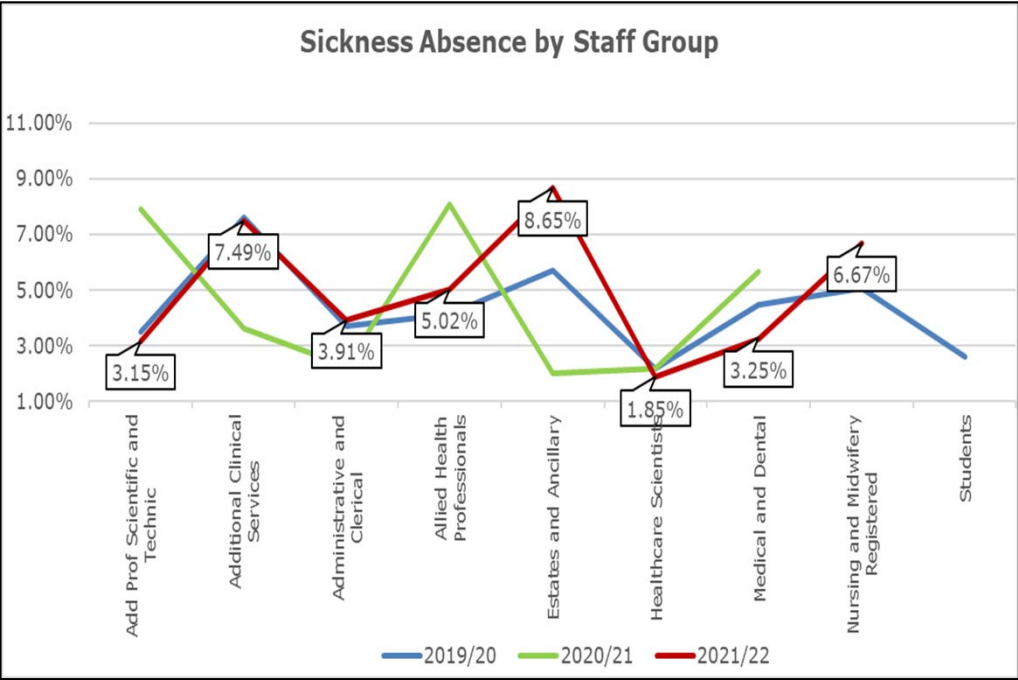


## Actual Performance

Sep-22	Sep-19	All Wales Benchmark
5.9%	4.6%	7.1% (Mar-22)
Target		
Nil		

Directorate/Locality	Headcount Sep-22	Quarter 2 2022/23					
		Jul-22		Aug-22		Sep-22	
		Actual	Rolling	Actual	Rolling	Actual	Rolling
Chief Executive Office	24	1.31%	3.95%	5.35%	4.21%	4.84%	4.42%
Community Care & Therapies	970	8.01%	6.63%	6.56%	6.67%	5.88%	6.64%
Community Dental Service	54	1.85%	6.25%	2.96%	5.86%	4.54%	5.26%
Corporate Governance	9	0.00%	0.38%	0.00%	0.38%	0.00%	0.38%
COVID 19 Prevention and Response	17	3.28%	3.21%	1.15%	3.27%	2.67%	3.41%
Environment Directorate	249	7.67%	7.88%	6.96%	7.83%	7.64%	7.88%
FID Finance Directorate	81	2.88%	3.52%	2.31%	3.55%	3.26%	3.67%
MED Medical Directorate	14	7.09%	0.92%	6.92%	1.50%	5.13%	1.92%
Medicines Management	34	3.55%	5.52%	6.29%	6.00%	5.72%	6.45%
MHD Mental Health	408	5.24%	5.56%	5.46%	5.54%	5.19%	5.53%
NUD Nursing Directorate	30	4.94%	6.22%	8.68%	6.47%	5.31%	6.60%
PHD Public Health Directorate	86	5.10%	3.91%	3.08%	3.79%	4.57%	3.87%
PLD Planning Directorate	35	6.28%	3.43%	2.96%	3.52%	0.70%	3.03%
Primary Care	32	3.59%	4.66%	0.00%	4.10%	5.32%	4.11%
THD Therapies & Health Sciences Directorate	6	1.19%	0.56%	0.00%	0.56%	0.00%	0.56%
WOD Directorate	51	5.55%	3.72%	4.87%	3.84%	6.52%	4.19%
Women and Children Directorate	218	5.26%	5.94%	4.34%	5.89%	4.78%	5.95%
<b>Grand Total</b>	<b>2,318</b>	<b>6.33%</b>	<b>5.94%</b>	<b>5.55%</b>	<b>5.94%</b>	<b>5.47%</b>	<b>5.95%</b>

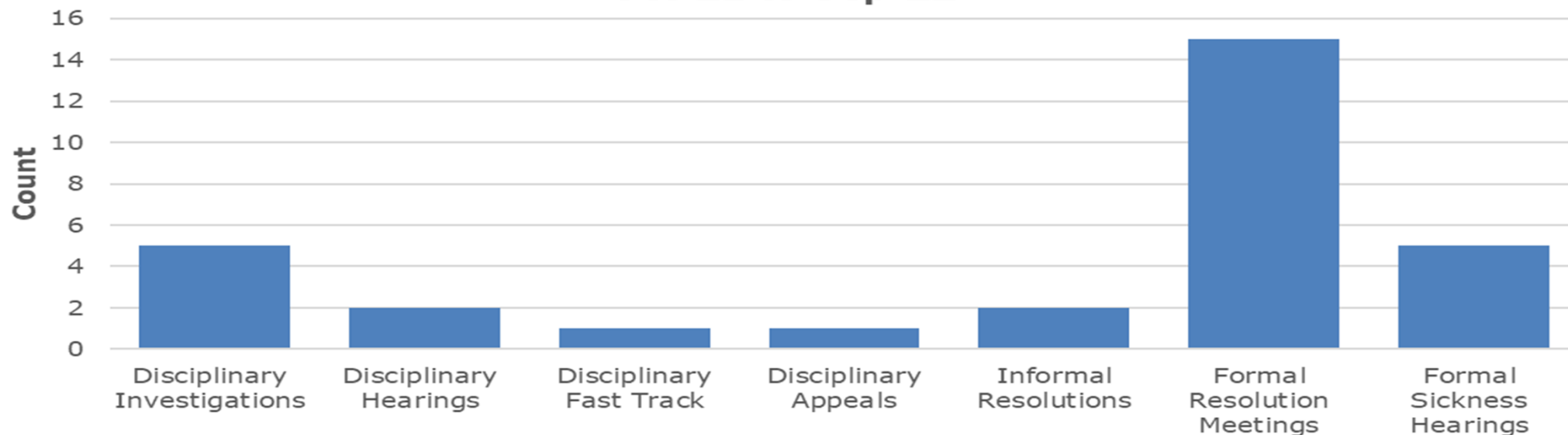




What the chart tells us	Areas of Concern	Actions/Mitigations
<p>The rolling 12-month performance is reported as 5.95% for September. Monthly actual sickness absence was at 5.47% which consisted of 2.09% short term and 3.66% long term. This is an increase of 0.15% on the previous quarter. Current sickness absence is above pre pandemic figures although benchmarks well against NHS Wales figures.</p> <p>The three directorates with the lowest rolling sickness absence rates are:</p> <ul style="list-style-type: none"> <li>• Corporate Governance – headcount 9 (0.38%)</li> <li>• Therapies &amp; Health Science Directorate – headcount 6 (0.56%)</li> <li>• Medical Directorate – headcount 14 (1.92%)</li> </ul> <p>More than half of staff in the health board have had a period of sickness absence since October 2021.</p> <p>Anxiety/Stress/Depression has consistently been identified as the main reason for sickness absence for staff. This was the case pre-pandemic although the overall percentage increased at the beginning of the pandemic before declining to below pre-pandemic levels at the start of 2021. However, staff identifying this as the reason for sickness absence peaked during the summer of 2021 before seeing a significant reduction between August 2021 and January 2022. A similar pattern seems to be emerging this year with the reason again increasing as a percentage of overall sickness absence between July and September 2022.</p> <p>Whilst Covid as a reason for sickness absence increased between January and April 2022 its prevalence as a reason for overall sickness absence has remained relatively low in percentage terms.</p>	<p>The three directorates with the highest level of rolling sickness absence rates are:</p> <ul style="list-style-type: none"> <li>• Environment – headcount 249 (7.88%). The directorate currently have a high level of long-term sickness caused by Musculoskeletal, injury or fracture issues. This may be caused by a generally older workforce profile within the directorate. However, there has been a reduction of sickness absence rates compared to previous quarter.</li> <li>• Community Care &amp; Therapies – headcount 970 (6.64%). The top 3 reasons for absence in the directorate are Anxiety, Infectious disease – Covid 19 and Gastrointestinal. 4 staff currently remain absent due to long covid.</li> <li>• Nursing Directorate – headcount 30 (6.60%)</li> </ul> <p>The following service areas have a rolling absence level higher than 4.90%, the overall trajectory target set within the MDS for Q2 for the Health Board:</p> <p>Community Dental – 5.26%  Medicines Management – 6.45%  Mental Health – 5.53%  Women and Children – 5.95%</p>	<ul style="list-style-type: none"> <li>• Directorates with performance under the 85% compliance target have been asked to provide trajectory recovery plans.</li> <li>• The WOD BP team are running managers training sessions on key workforce policies including the All Wales Managing Attendance at work policy.</li> <li>• The WOD BP team are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed.</li> <li>• A new toolkit has been developed to support the application of the policy.</li> <li>• Directorates are actively promoting all available wellbeing support to staff that are in work and absent.</li> <li>• Sickness absence is monitored via directorate SMT meetings.</li> <li>• 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.</li> </ul>

# Employee Relations

**Employee Relations and Sickness Activity Meetings  
Oct-21 to Sep-22**



## What the chart tells us

The highest number of employee relations related cases in the previous 12 months has been formal requests for resolution in line with the respect & resolution policy. There were 15 formal cases between October 2021 and September 2022.

This is closely followed by formal sickness hearings and disciplinary investigations.

In addition to the cases included in the chart, there have also been 2 cases that have progressed to employment tribunal.

## Areas of Concern

Since the introduction of the respect & resolution policy, there has been a spike in formal requests for resolution.

The respect & resolution policy was introduced in April 2021. 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.

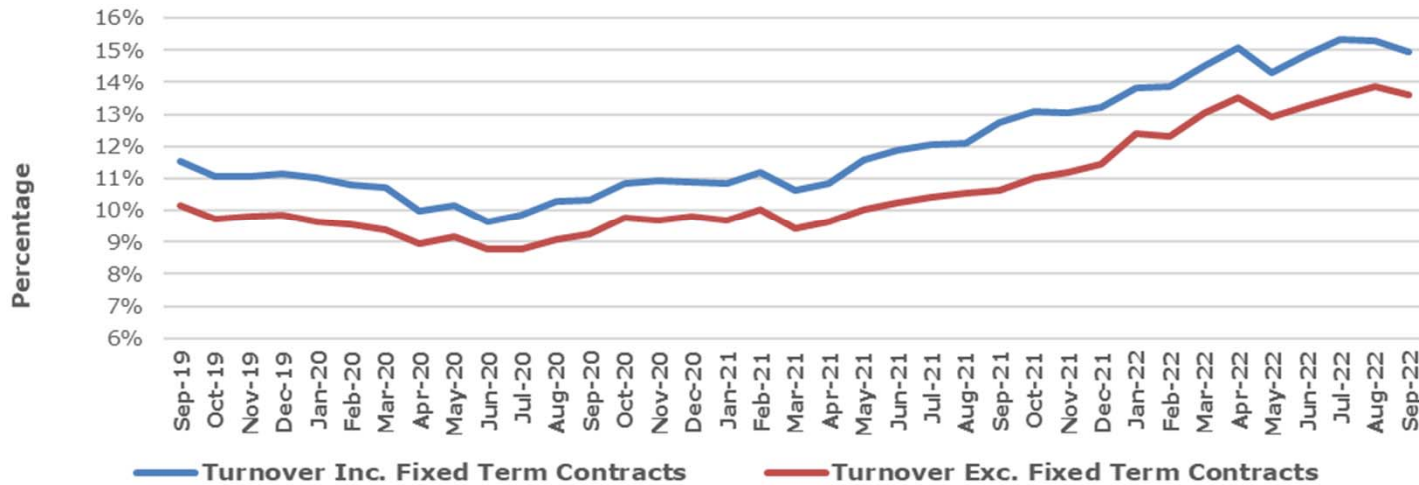
## Actions/Mitigations

- A range of policy toolkits are being developed by the WOD BP team to support managers in the implementation of key policies.
- The WOD BP team are running managers training sessions on key workforce policies.
- Collaborative work is underway with ABUHB to learn from their lessons on strengthening the initial assessment processes

# Turnover/Stability Index

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

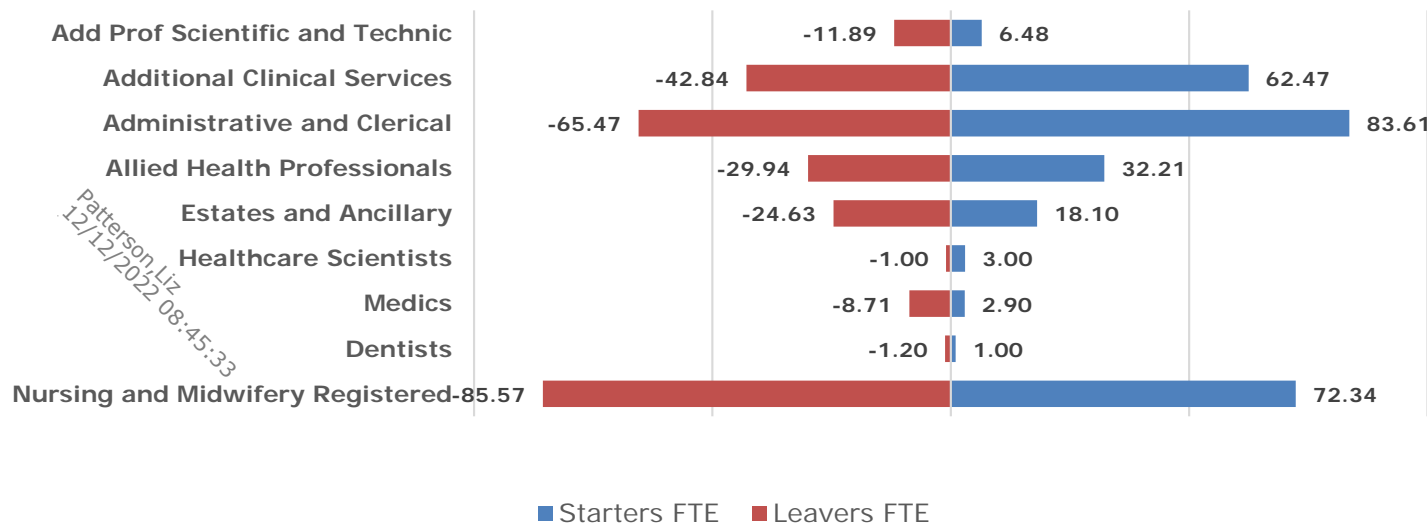
% Rolling Turnover



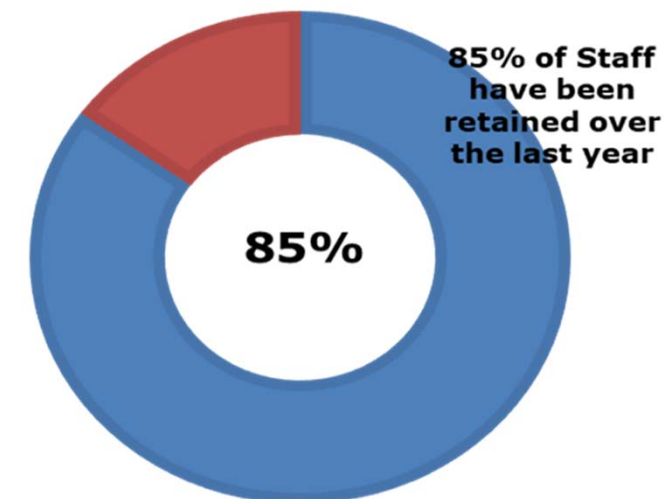
## Actual Performance

Sep-22	Sep-19	All Wales Benchmark
15.0%	11.6%	8.8% (Jun-22)

## Starters V Leavers 2021/22



## Staff Retention





## Rolling Turnover by Directorate

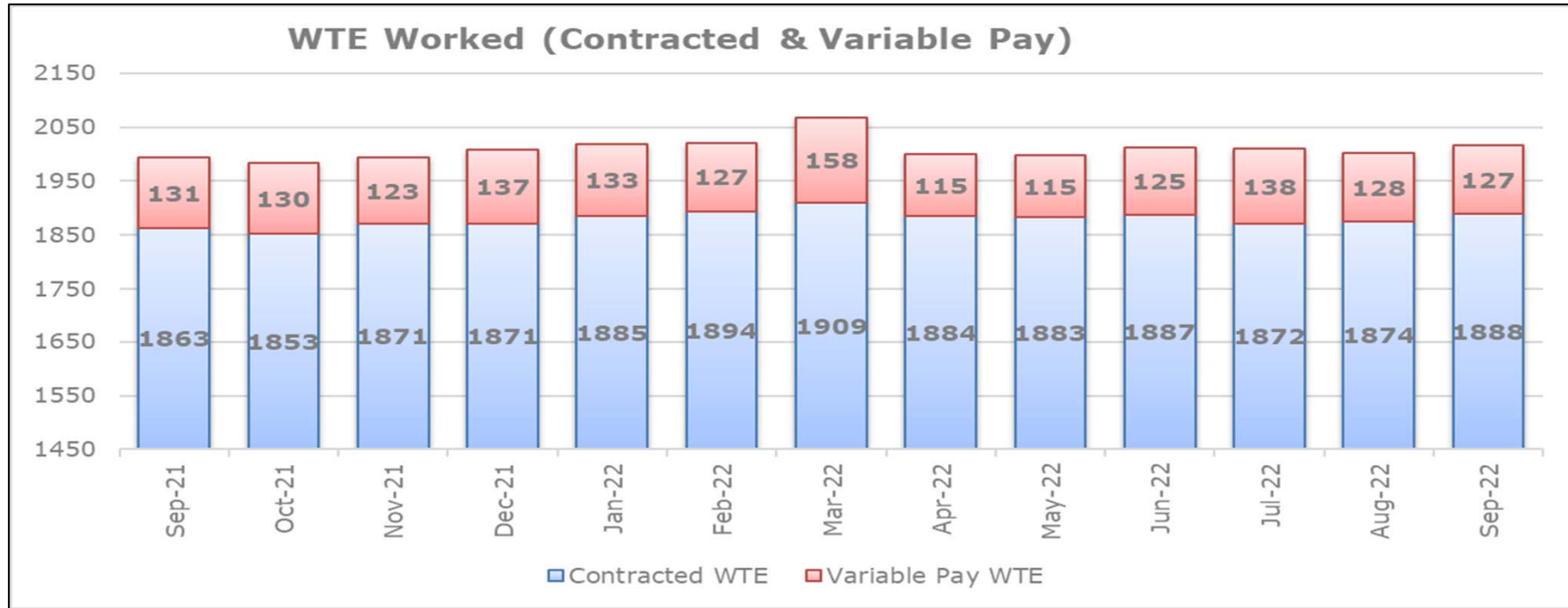
Directorate	Average Headcount	Starters Headcount	Starters FTE	Leavers Headcount	Leavers FTE	Headcount Turnover %
Chief Executive Office	23	4	3.50	4	3.60	17.78%
Community Care & Therapies	961	151	122.47	144	110.47	14.99%
Community Dental Service	52	8	6.00	6	4.61	11.65%
Corporate Governance	9	1	1.00	1	1.00	11.11%
COVID 19 Prevention and Response	28	7	5.63	16	12.60	57.14%
Environment Directorate	253	12	8.56	27	19.50	10.69%
FID Finance Directorate	77	14	14.00	7	6.80	9.15%
MED Medical Directorate	13	4	2.40	3	2.40	24.00%
Medicines Management	33	9	7.68	6	4.60	18.46%
MHD Mental Health	406	39	32.00	48	37.23	11.82%
NUD Nursing Directorate	31	6	5.20	7	6.71	22.95%
PHD Public Health Directorate	83	24	21.10	10	7.10	12.12%
PLD Planning Directorate	35	6	6.00	3	3.00	8.70%
Primary Care	35	2	2.00	7	5.21	20.29%
THD Therapies & Health Sciences Directorate	5	2	1.85	1	1.00	20.00%
WOD Directorate	52	27	21.74	27	19.40	52.43%
Women and Children Directorate	222	28	20.98	33	26.03	14.90%
<b>Grand Total</b>	<b>2311.50</b>	<b>344.00</b>	<b>282.11</b>	<b>350.00</b>	<b>271.26</b>	<b>15.14%</b>

Staff Group	Average Headcount	Starters Headcount	Starters FTE	Leavers Headcount	Leavers FTE	Headcount Turnover %
Add Prof Scientific and Technic	89	7	6.48	16	11.89	18.08%
Additional Clinical Services	491	77	62.47	58	42.84	11.81%
Administrative and Clerical	599	98	83.61	82	65.47	13.69%
Allied Health Professionals	161	34	32.21	36	29.94	22.36%
Estates and Ancillary	230	26	18.1	35	24.63	15.22%
Healthcare Scientists	6	3	3.00	1	1.00	16.67%
Medics	31	5	2.9	12	8.71	38.10%
Dentists	16	1	1	2	1.2	12.50%
Nursing and Midwifery Registered	689	94	72.34	108	85.57	15.83%
<b>Grand Total</b>	<b>2312</b>	<b>345</b>	<b>282.11</b>	<b>350</b>	<b>271.26</b>	<b>15.14%</b>

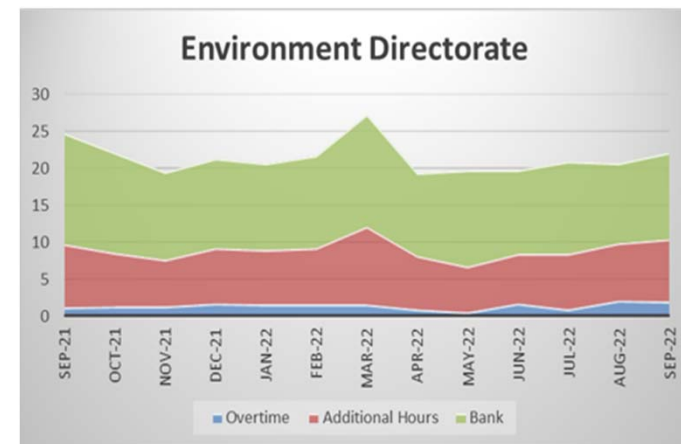
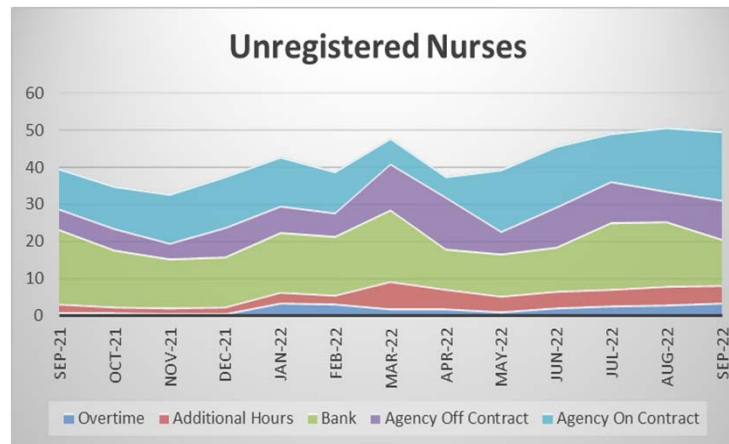
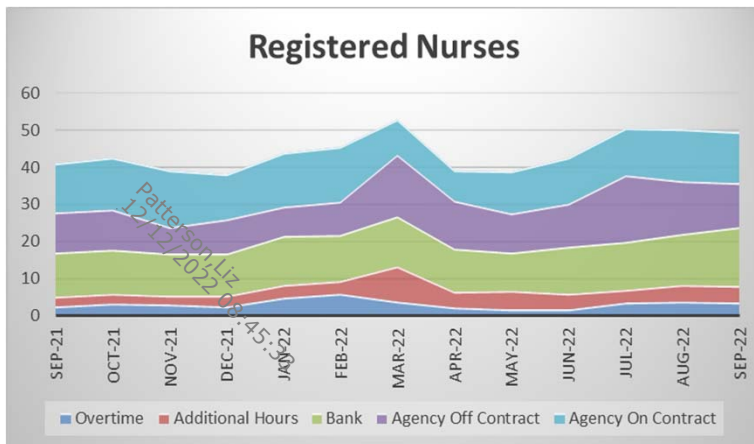
What the chart tells us	Areas of Concern	Actions/Mitigations
<p>Turnover for September has been reported at 15%. Excluding fixed term contracts the organisational turnover rate is 13.6%. This is higher than the pre pandemic turnover rate and sits higher than the All-Wales rate.</p> <p>The three directorates with the lowest levels of rolling turnover at the end of Q2 22/23 are:</p> <ul style="list-style-type: none"> <li>Planning Directorate – Avg. headcount 35 (8.70%)</li> <li>Finance Directorate – Avg. headcount 77 (9.15%)</li> <li>Environment Directorate – headcount 253 (10.69%)</li> </ul> <p>The professions with the highest level of turnover are:</p> <ul style="list-style-type: none"> <li>Medical and Dental – Avg. Headcount 47 (29.79%) <b>This staff group has been split in Starters V Leavers Graph on page 13 and the Rolling Turnover Table in page 14 to show Medics and Dentists separately. All Dentists in Powys are Primary Care and have a rolling turnover of 12.5%, which is minimal in consideration of the number employed (average of 16). With regard to Medics, turnover is 38%. All Medics in Powys are Secondary Care with exception to those within the Presteigne Practice, 2 (1.00 WTE). In this period, 12 Medics have left the organisation, 2 of which were from Presteigne, which have not been replaced, along with 6 in Mental Health of which there has been only 1 new starter.</b></li> <li>Allied Health Professionals – Avg. Headcount 161 (22.36%)</li> <li>Add Prof Scientific and Technic – Avg. Headcount 89 (18.08%)</li> </ul> <p>Over a 12-month period, organisationally there were a higher number of new starters than there were leavers.</p>	<p>The directorates with the highest levels of rolling turnover at the end of Q2 22/23 are:</p> <ul style="list-style-type: none"> <li>COVID 19 Prevention &amp; Response– Avg. headcount 28 (57.4%)</li> <li>WOD Directorate – Avg. headcount 52 (52.43%)</li> <li>Medical Directorate – Avg. headcount 13 (24%)</li> </ul> <p>At present, we do not have accurate data available via ESR to understand all the reasons for staff leaving the health board with the reason most selected being 'other reason/not known'.</p>	<p>Change of WG funding of the COVID 19 Prevention &amp; Response directorate a number of fixed term contracts have ended.</p> <p>WOD Business partners are working with services to capture all vacancies against budget.</p> <p>WOD BP team are working to implement a new tool to monitor staff in post against budget for teams across the health board. It is anticipated that once in place, this will be monitored by services.</p> <p>Managers are being encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave.</p>



# Variable Pay



NB. Variable Pay includes Bank/Agency/Additional Hours and Overtime

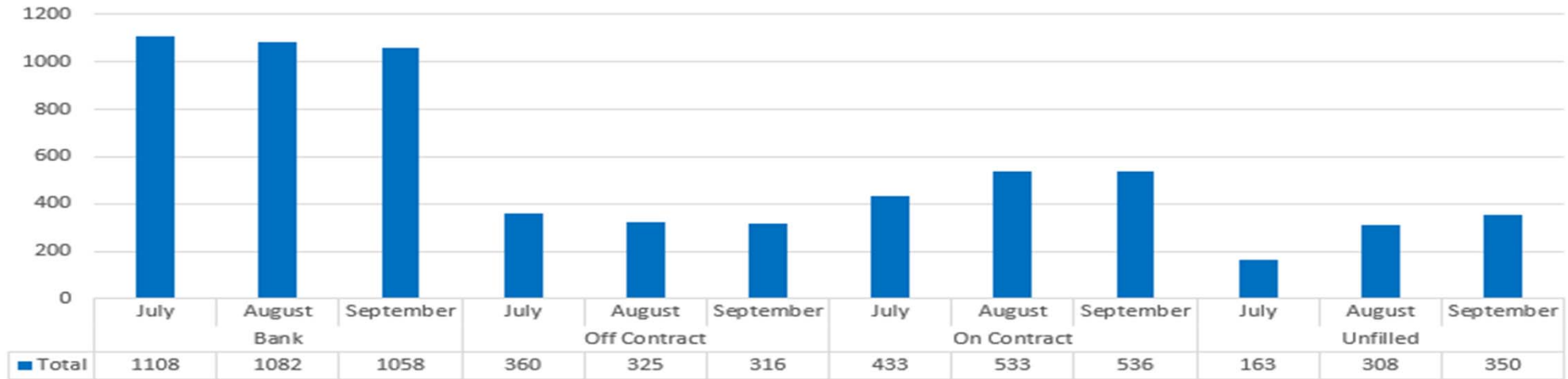


What the chart tells us	Areas of Concern	Actions/Mitigations
<p>Despite an increase of 25 WTE in the contracted WTE worked in September 2022 compared to September 2021, there has been no significant change in variable pay overall for the same period.</p> <p>For all areas there has been an increase in the use of overtime and additional hours in September 2022 compared to the same period in 2021, and a reduction in the use of bank workers for Environment and Unregistered Nursing.</p> <p>Agency use for both Registered and Unregistered Nurses has also increased when comparing the same period.</p>	<p>Variable pay for Registered Nurses has increased by 6 WTE in September 2022 compared to the same period in September 2021.</p> <p>Variable pay for Unregistered Nurses has also increased by approximately 6 WTE in September 2022 compared to the same period in September 2021</p>	<ul style="list-style-type: none"> <li>• WOD Business partners are currently working with services to understand vacancy levels and are working to implement a new tool to monitor staff in post against budget for teams across the organisation.</li> <li>• The WOD Temporary Staffing Unit are actively seeking to recruit bank registered nurses and unregistered nurses</li> <li>• A Task and Finish group has been set up lead by the Exec Directors for Finance, Nursing and Community Care, Mental Health, Primary Care and Women and Children to consider actions to reduce the variable pay spend.</li> </ul>

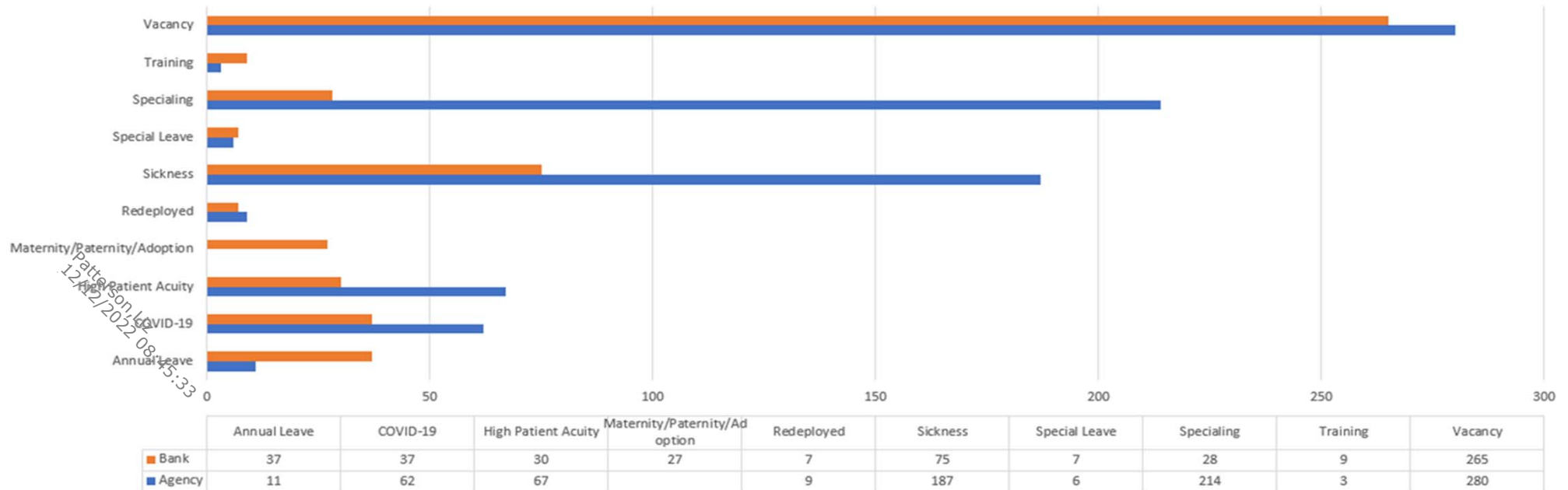
Patterson, Liz  
12/12/2022 08:45:33

# Temporary Staffing

Q2 July 2022 - September 2022 Bank and agency fill



Sum of Count of Bank Request Reason by Bank Request Reason and Bank / Agency September 2022

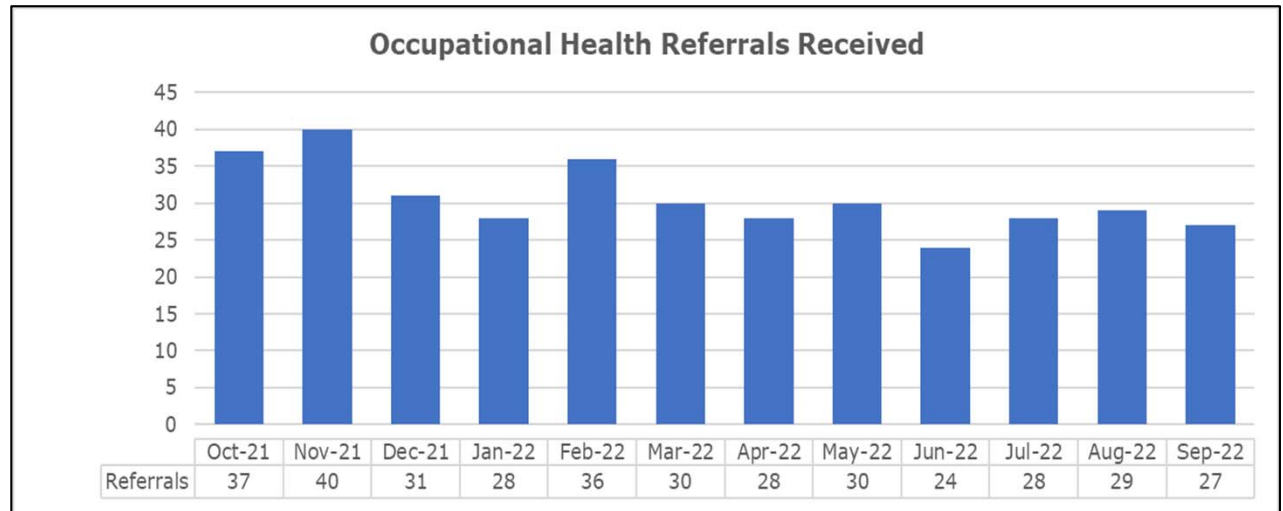


What the chart/ data tells us	Areas of Concern	Actions/Mitigations
<p>For the month of September more bank was used than on contract and off contract combined, which has been the overall trend for quarter 2. However, off contract is still higher than expected even though the usage has decreased since July 2022.</p> <p>The highest reason for bank and agency usage in September 2022 continues to be vacancies followed by Specialing and Sickness Absence. However for these latter 2 reasons there is a higher use of agency than Bank, often down to the shorter notice period services are able to provide to secure cover.</p> <p>The pattern of a higher percentage uptake on Bank where shifts are requested with greater notice is also reflected in a higher Bank uptake compared to Agency for annual leave.</p> <p>Patterson.Liz 12/12/2022 08:45:33</p>	<p>The number of unfilled shifts is a concern and have been increasing since July 2022. This indicates that when these can't be filled by Bank staff agencies are struggling to fill. Shorter notice periods for requests have an impact on fill rates.</p> <p>Wards in the North of the County are a concern as there is far smaller resource pool of bank workers able to work on the wards in these areas and after engaging with new agencies there hasn't yet been any bookings.</p> <p>Increased demand and the increase in the use of agencies has added pressure to the team causing capacity challenges to engage in recruitment activity, engage with new on-contract agencies and the timely processing of invoices.</p>	<p>The TSU has engaged with 30 new on contract agencies over the past 4 weeks to try and increase on contract fill to prepare for winter pressures, on contract usage has been increasing since July 2022.</p> <p>Sessions for engagement with managers so the TSU can understand their need and ensure policy is adhered to when sourcing temporary staffing have taken place.</p> <p>Plans are being put in place for monthly bank worker engagement sessions across Powys so the TSU are visible to meet face to face.</p> <p>A renewed focus on bank recruitment and reducing the time to hire. The TSU has just run a data cleanse of bank staff that haven't worked in the last 6 months, bank workers were contacted to see if they wished to remain. The ones that don't will be terminated, this will give us an active list of bank workers to evaluate demand through Powys and identify where we need to recruit.</p> <p>Targeted activity to recruit to Bank is on-going with further events planned in the North of the County taking place over the coming weeks.</p> <p>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.</p> <p>Self – billing agencies from our roster system is being investigated so invoicing can be more streamlined and handled in a timely manner.</p> <p>Further work is being undertaken to investigate whether PTHB can develop a travel and accommodation package to on contract agencies to encourage them to work in areas where there is higher off contract agency using a model adopted by Hywel Dda.</p>

# Occupational Health

Oct 21 to September '22

- 1071 pre-employment questionnaire received.
- 1011 pre-employments cleared.
- 368 staff referred into the service.
- 1730 appointments attended
- 2371\* Immunisations given



## What the chart/ data tells us

The no. of management and self-referrals received over a 12-month period has been relatively consistent with no obvious peaks.

Referrals are triaged by the OH nurse and allocated to the OH Physician or the OH nurse to review the staff member – appointment waiting times will depend on the nature of the condition and the acuteness of the request.

\* N.B. the immunisation total above includes flu vaccinations at approx 1400 administered between Oct 2021 and Jan 2022. Other immunisations will relate to Pre employment e.g Hep' B

## Areas of Concern

From November 2022 there will be limited clinical capacity with the Band 8b role still remaining vacant and the 1WTE OH Nurse role becoming vacant. An appointment has been made to the 0.4WTE band 6 OH nurse but they will not start until December.

This is likely to have a negative impact on the waiting times for Pre-employment checks. (a current waiting time is max 2 weeks). There will also be an impact on waiting lists for non-complex mgt referrals being seen by an OH nurse.

## Actions/Mitigations

The team is starting to use Vivup EAP service for signposting for counselling and there is plans for them to also triage and assess our Management Referrals that are received into the department and are non-complex until vacant posts can be filled

We are currently utilising a Bank Immunisation Co-ordinator role to administer essential employment vaccines for clinical staff including BCG and Hep A and Hep B pan Powys.

A Band 5 Bank Vaccination Nurse has been advertised and we have had interest from 6 nurses to assist with the above programme on a short term adhoc basis.

The Band 6 vacancy has gone out to advert, as has the Band 8b role which closes 17/11/22.

A single Tender waiver has been written to seek additional OH consultant Physician support.

## Agenda item: 2.3

Workforce & Culture Committee		Date of Meeting: 13 <sup>th</sup> December 2022
<b>Subject:</b>	Workforce Futures: Leadership and Team Development Overview Report (update against Strategic Priority 14) <ul style="list-style-type: none"> <li>• Management and leadership development programmes</li> <li>• Intensive learning Academy update</li> </ul>	
<b>Approved and Presented by:</b>	Debra Wood-Lawson, Interim Director Workforce and OD	
<b>Prepared by:</b>	Sarah Powell, Assistant Director OD and Rhys Brown, Head of Organisational Development	
<b>Other Committees and meetings considered at:</b>	Executive Committee, 29 <sup>th</sup> November 2022	

### PURPOSE:

The purpose of this paper is to provide the Workforce & Culture Committee with an update of activity undertaken to develop leadership capability, through the following programmes of work:

- Management and leadership development programmes
- Intensive learning Academy (ILA)

### RECOMMENDATION(S):

The Workforce & Culture Committee is asked to discuss and note the work undertaken to date relating to Management and Leadership Development and ILA development activities.

### Approval/Ratification/Decision<sup>1</sup>

### Discussion

### Information

x

✓

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

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

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

**EXECUTIVE SUMMARY:**

Since the relaxation of the COVID-19 pandemic\* restrictions PTHB has either reinstated or commenced a range of Management and Leadership activities.

*(\* note that all management and leadership development programmes of activity had been stood down/ paused or did not commence during the COVID pandemic)*

The key pieces of Management and Leadership development activity since April 2022 are:

**Managers induction programme**

Cohort 10 has commenced. Since the programme was mandated for Managers, 106 out of estimated 227 have participated to date. The programme is currently being evaluated and the findings will be collated in Q3.

**Institute Leadership and Management (ILM) Programmes** from level 3-5

There are currently 77 staff engaged in the programmes at various levels of completion.

Pathway  
12/12/2022 08:45:33



HEIW are developing a **Compassionate Leadership Programme** with Prof. Michael West. The programme is due to be launched in Spring 2023. Members of the OD team will be involved in an all-Wales working group to finalise the programme and undertake training in the delivery for roll out to the organisation.

### **Clinical Leadership**

The Assistant Director and Head of OD have met with Clinical and Medical Executives, Deputy and Assistant Directors to gain an understanding of the required outcomes of a Clinical Leadership offer. An options appraisal has been developed and will be initially discussed with the Clinical and Medical Directors to clarify that the preferred option meets expectations. The intention will be to implement the approach to the first cohorts in Q1 of FY 2023/24, once winter pressures subside.

### **Deputy and Assistant Director CDP development sessions**

The DD and AD programme has been running throughout the past 12 months. Professor Michael West delivered a compassionate leadership session to commence the programme. The sessions, a mixture of specific topics and action learning have been facilitated by Pam Heneberry of USW and have been well attended.

**USW/Powys Intensive Learning Academy (ILA) in Leading Digital Transformation** is one of four ILAs in Wales and specifically supports Powys by providing funded leadership development and CPD opportunities such as the ILM, MSc and professional qualifications as well as providing funding to secure digital technologies to help the workforce understand how innovation can be utilised to improve health and social care provision.

The ILA will be introducing the Hydra-Minerva simulation technology into training rooms across the county to enable immersive, crisis management simulations that are relevant to developing leadership capability- in health and social care settings.

A full suite of learning events and CPD activities for 2023 are currently being pulled into a course brochure/ Calendar. March 2023 will see the 2<sup>nd</sup> Leading Digital Transformation Conference take place.

## **DETAILED BACKGROUND AND ASSESSMENT:**

### **Workforce Futures: SP14 -**

#### **1. Management, Leadership and Team Development**

Patterson, Liz  
12/12/2022 08:45:33



Since 2014, PTHB has had a joint approach to Leadership Development with Powys County Council, this approach is now delivered through the School of Leadership within the Health and Care Academy, which provides a range of opportunities for staff wishing to develop their leadership and management capability at any level. During the COVID pandemic all Management and Leadership Development activity was paused, with no new activities being started.

The School of Leadership partners with the University of South Wales to provide an Intensive Learning Academy in Leading Digital Transformation, a 3-year Welsh Government funded project aimed at improving leadership and capability to implement digital solutions within the health and social care sector. The School of Leadership and the ILA therefore provide the following opportunities:

- The internal **Manager's Induction Programme** – This programme was designed to specifically support staff who have entered management roles, (in 2019 circa 227 band 7 and below roles) but not received any formal training on how to successfully undertake the role. The programme covers a range of subjects over 9 sessions and is delivered by subject matter experts from across the organisation, and includes:
  - An introduction to leadership
  - Healthy working environments and team working
  - HR for managers
  - Finance
  - Performance Management
  - Health and Safety (including accredited IOSH Working Safely Qualification)
  - Equality, Diversity and Inclusion
  - Job evaluation and recruitment
  - Workforce planning and change management

Current delivery is to Cohort 10 of the programme which has seen 106 participants in total. An evaluation is currently taking place with results due to be analysed in Q3 2022/23. There is also a future intention to expand the programme to be a joint health and social care offer, utilising trainers from across the sector.

- **\*Institute Leadership and Management (ILM) Programmes from level 3-5** – A programme that uses the ILM criteria but is designed to be relevant to PTHB and PCC needs, utilising respective organisation's key documents, values and compassionate leadership principles. Cohort 2 of the level 3/4 programme started in September, as did cohort 8 of the level 5 programme. There are currently 77 staff engaged in the programmes at various levels of completion.
- **\*MSc In leading Digital Transformation** – There are currently 3 staff from PTHB attending the programme with USW
- **\*Professional development qualifications in Project and Programme Management** – To date since March 2022 a total of 57 staff have taken part

in project and programme management courses that range from an introduction to a full-Prince2 qualification

\* Currently all funded programmes of study.

### **Joint Leadership and Change Facilitator (fixed term role)**

Through Workforce Futures a joint Leadership and Change Facilitator has been appointed using RIF funding to work with teams and leaders across the health and social care sector. The role commenced in September 2022 and will work with teams most in need of support, utilising the Compassionate Leadership model and Team-Based working approach. The post holder has had initial conversations and dates for sessions with Mental Health and Learning Disabilities, Adult Social Care and PAVO. Each session delivered will include an initial base line assessment of the team and then will be followed up by an evaluation of impact and benefit to team or service post sessions.

### **Compassionate Leadership Programme**

The Compassionate Leadership Model developed by Prof. Michael West has been adopted by NHS Wales and Social Care Wales as the core leadership model for health and social care staff. The model emphasises four key behaviours required of any leader to lead effectively and create an environment that promote excellence in patient care. These are:

- **Attending** – Listening with fascination to what a member of staff, patient, service user or family member are saying
- **Understanding** – seeking to have an in depth understand of the situation
- **Empathising**
- **Acting** – Taking effective, intelligent action

The model also recognises the need for organisations to develop 6 key characteristics within which leaders with the above behaviours can thrive, these are:

- **Creating a compelling vision** of the goals of the organisation
- **Having 5 – 6 clear objectives** that can be translated into team and individual action
- **Enlightened people management** that is authentic, positive, open and honest
- **A culture of continual learning and improvement**
- **Excellence in team working**
- **Collective leadership**

HEIW are developing a Compassionate Leadership Programme with Prof. Michael West. The programme is due to be launched in Spring 2023. Members of the OD team will be involved in an all-Wales working group to finalise the programme and undertake training in the delivery for roll out to the organisation.

## **Clinical Leadership Programme**

The Assistant Director and Head of OD have met with Clinical and Medical Executives, Deputy and Assistant Directors to gain an understanding of the required outcomes of a Clinical Leadership offer. An Advanced Clinical Leadership programme is already offered by HEIW for senior clinicians who aspire to progress into executive roles, so the focus for an internal offer will be for those in Band 6-8a roles (approximately 600 staff).

An options appraisal has been developed and will be initially discussed with the Clinical and Medical Directors to clarify that the preferred option meets expectations. The intention will be to implement the approach to the first cohorts in Q1 of FY 2023/24, once winter pressures subside.

Critical to the above approach is the delivery resource for the programme. HEIW have committed to funding a part-time Clinical Leadership Facilitator role dedicated to PTHB to help develop and deliver the programme for 12 months. HEIW plan to advertise this role in Q3, and PTHB will support the selection process.

## **Clinical Leadership Development in Women's and Children's Services**

As a bespoke offer, Midwifery services and Community Children's Nursing have asked for support to develop Band 7 level clinicians to help improve the team working environment and their understanding of their leadership role. OD facilitators are working with these teams on a monthly basis to introduce leadership, coaching, action learning and other related topics.

## **Deputy and Assistant Director CDP development sessions.**

The DD and AD programme has been running throughout the past 12 months. Professor Michael West delivered a compassionate leadership session to commence the programme. The sessions, a mixture of specific topics and action learning have been facilitated by Pam Heneberry of USW and have been well attended. Each DD / AD undertook an individual SDI assessment and a facilitated session was held to discuss and reflect on the collective findings. Q3 /4 will see a reflective review of the programme and plans for activities during 2023 developed.

## **2. Intensive Learning Academy Update**

As stated above, PTHB (as the financial and host partner) and the Health and Care Academy School of Leadership on behalf of the RPB (as the regional partner) has entered into a collaborative arrangement with the University of South Wales to deliver an Intensive Learning Academy (ILA). This is a Welsh Government funded initiative aimed at improving leadership capability across health and social care. The **USW/Powys ILA in Leading Digital Transformation** is one of four ILAs in Wales and specifically supports Powys by providing funded leadership development and CPD opportunities such as the ILM, MSc and professional qualifications mentioned earlier, as well as providing

funding to secure digital technologies to help the workforce understand how innovation can be utilised to improve health and social care provision.

For Powys, the funding also provides two fixed-term staff members:

- 0.8 WTE Business Support Manager
- 1 WTE Senior Administrator/ICT Technician

The ILA is funded for 3 years with Financial Year 2022/23 being year 2. There is an expectation that the partner organisations make efforts to ensure a sustainable model for financial years 4 and 5 (2024-2026) when Welsh Government funding ceases.

In addition to the leadership and management course attendances listed above a range of Seminars and CPD events have also taken place e.g

- Agile Project management
- Design thinking
- Change management
- Leadership Data Science & Analytics

The ILA team has been meeting regularly to build the business strategy to remain sustainable in years 4 and 5 of the project and beyond. Notable achievements also include:

- ILA Business Support Manager position was successfully recruited (after 3 attempts) and started in September 2022
- Delivered the Digital Leadership Community Showcase Event at the Vale resort with PTHB CEO as a keynote speaker. The event attracted 130 attendees from across Wales
- Introduced a range of technologies into the Health and Care Academy, including:
  - Pepper Robot
  - HoloLens augmented reality headsets, which has included training workshops for ILA staff
  - Nurse Anne, medical simulation mannequin

In addition, the ILA will be introducing the Hydra-Minerva simulation technology into training rooms to enable immersive, crisis management simulations that are relevant to developing leadership capability- in health and social care settings.

A full suite of learning events and CPD activities for 2023 are currently being pulled into a course brochure/ Calander. March 2023 will see the 2<sup>nd</sup> Leading Digital Transformation Conference take place.

#### **NEXT STEPS:**

The Committee is asked to note the work to date.

Evaluation and monitoring of existing programmes to inform future delivery is taking place in Q3/4.

Work on developing a sustainable model for the ILA in financial years 4 and 5 (2024-26) will be further developed with USW.

Commence the roll out of Clinical and Compassionate leadership pending the securement of delivery resources.

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

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

Patterson Liz  
12/12/2022 08:45:33

<b>Workforce &amp; Culture Committee</b>		<b>Date of Meeting:</b> <b>13<sup>th</sup> December 2022</b>
<b>Subject:</b>	<b>Workforce Futures: Staff Wellbeing and Engagement Overview Report</b> (update report against Workforce Futures Strategic Priority 15) <ul style="list-style-type: none"> <li>• <b>Approach to assessing wellbeing and engagement, including staff survey update</b></li> <li>• <b>Occupational Health Performance</b></li> <li>• <b>Audit Wales Report 'Taking Care of the Carers' actions update</b></li> </ul>	
<b>Approved and Presented by:</b>	<b>Debra Wood-Lawson, Interim Director Workforce and OD</b>	
<b>Prepared by:</b>	<b>Sarah Powell, Assistant Director OD and Rhys Brown, Head of Organisational Development</b>	
<b>Other Committees and meetings considered at:</b>	Executive Committee, 29 <sup>th</sup> November 2022	

#### **PURPOSE:**

The purpose of this paper is to update the Workforce & Culture Committee on activity to support staff wellbeing and engagement.

#### **RECOMMENDATION(S):**

The Workforce & Culture Committee is asked to discuss and note the work undertaken to date, relating to Staff Wellbeing and Engagement activities.

The Workforce & Culture Committee is asked to note the mitigations being put in place to support the current recruitment difficulties and service pressures within the Occupational Health Service.

Approval/Ratification/Decision <sup>1</sup>	Discussion	Information
	x	✓/x

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

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

**EXECUTIVE SUMMARY:**

This report is to provide a progress update on activity within **Strategic Priority 15 – Staff Wellbeing and Engagement**. Specifically, the report updates progress against the approach to assessing wellbeing and engagement, Occupational Health activity and an update on the *Taking Care of Carers action plan*, as well as a brief summary of additional staff wellbeing activity.

The Committee is asked to note the current recruitment difficulties and service pressures within the Occupational Health Service and the mitigating actions being put in place.

**DETAILED BACKGROUND AND ASSESSMENT:**

**Workforce Futures: SP 15 - Staff Wellbeing and Engagement**

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



## **1. Approach to Assessing Wellbeing and Engagement and staff survey update.**

Previously the approach in PTHB to assess staff wellbeing and engagement has been through the National NHS Staff Survey, which has taken place biennially in 2016, 2018 and 2020. PTHB has generally had an excellent response to the survey, usually the highest percentage of uptake of the health boards in Wales and the highest Engagement Index score.

In addition, in **2020 and 2021 during the COVID pandemic a local staff wellbeing survey was undertaken** to assess the general level of wellbeing. This had limited responses in 2020 (279), but this improved in 2021 (525). Both local surveys showed higher than average levels of wellbeing, with staff reporting a score of 4.15 out of 6 for their general sense of wellbeing over a 6-week period.

For 2022, the intention was to utilise the National Staff Survey to provide the annual check of staff wellbeing. HEIW have been leading on the re-development of the survey with Prof Michael West, who was part of the development of the approach in NHS England, and the author of the Compassionate Leadership model adopted by NHS Wales. The launch of the **NHS staff survey** was anticipated to be in November 2022, but this has since been **delayed until spring 2023**.

It is important therefore to have an internal approach to assessing staff wellbeing in the absence of a national survey, this has begun with a pulse check as part of CEO briefing, which showed similar results to the 2021 staff wellbeing survey and the Engagement Index score of the 2018 and 2020 national surveys. 70 people responded and were of the demographic engaged in CEO monthly briefings. It is intended that this pulse survey approach will be undertake during future CEO briefings.

The approach will also be utilised within staff wellbeing roadshows which are due to be reinstated. Two roadshows have been planned in Bronllys and Llanidloes in December, with a range of services taking part to provide staff with wellbeing support and gain feedback on their needs, these include:

- Occupational Health
- Vivup
- Health Shield
- Dietetic services
- Communications and Engagement
- Organisational Development and the Health and Care Academy team
- Trade Union representatives
- Executive Directors

The Roadshows will include tablet computers where visitors can complete the pulse survey.

Additional roadshows will be planned at each hospital site in the new year, with options for outreach visits to the community teams and those in satellite buildings in the vicinity.

In addition to the above, the Organisational Development team has created a Team Climate survey which can be used directly with teams to understand what the experience is for team members within it. For targeted teams that are most in need of support, the information can be utilised within facilitated sessions to identify key actions that teams and their managers need to take, to improve the team working environment.

The data gained can be collated at a department, service or directorate level to give a wider picture of key themes and is recommended as an approach to undertake targeted work with whole directorates, to gain a better understanding of the culture.

### ***Additional Wellbeing Activity***

In September 2021 the Health Board's Wellbeing framework and action plan was approved.

### **The following provides an update against the Wellbeing Action Plan:**

- The Occupational Health department has been reviewed and a Service Improvement Business Manager has been in post since July 2022, to support the management of the service and undertake wider Wellbeing Activity.
- Staff Counselling Service re-tender has been awarded to Vivup, who also offer a range of employee wellbeing tools and benefits. Future work will be to explore salary sacrifice options, such as the Cycle to Work scheme, and white goods purchases.
- Three Mental Health First Aid level 2 courses have been organised for January and February with 10 participants currently booked on. 15 participants took advantage of the courses delivered earlier in the year.
- The Wellbeing SharePoint pages continue to be well utilised with over 29,000 visits since it was launched, 4,500 in the last 90 days and 1600 in the last month. Financial Wellbeing pages have been launched on the site with 138 views since it was launched at the end of September.
- The Co-Lead Team-Based working model is yet to be launched as planned. The intention was to gain funding from 'NHS Charities Together' to provide a part-time fixed-term resource to lead the project. The bid was submitted in February, but is yet to be announced, stalling the ability to trial and roll-out. The approach is now being used however as part of ad-hoc interventions whilst we wait for funding decisions. ***Note: since writing this paper, WG have declined the grant application on 23<sup>rd</sup> November.*** The impact of this will mean that it will not be rolled out organisationally, however teams will be provided access to the CO Lead resources to enable them to 'self serve' the tool kit and modules. Where appropriate the OD team will continue to use the resource when working with identified teams.

Patterson 12/12/2022 08:33

- The Wellbeing at Work Group will be formed as part of the Health and Safety Group.
- The Wellbeing at Work Group will undertake a task and finish exercise to review and re-establish the Chat2Change initiative, providing clarity around Chat2Change activity. The Chair of Chat2Change will be a member of the Wellbeing at Work Group.
- Work has begun on the desk top exercise for the Corporate Health Standard re-evaluation in February 2023.

## **2. Occupational Health Performance**

### **2.1 The Occupational Health service/team**

Following the approval of the OH business case, recruitment to the vacant posts have been underway. The Service Improvement Manager post has been filled, however the new 8b OH Consultant Nurse post has failed to attract any applicants and is out for recruitment for a third time. An extended recruitment campaign has been used, utilising OH and NMC journals with a closing date at the end of November. Alongside this the existing 1.4 WTE Band 6 OH Clinical Nurses will have left the organisation (1 to a private practice and 1 relocation). Despite two rounds of advertisements with no short listable applicants, we have on the third attempt recruited to the 0.4WTE role and they will start in December. Until the other posts can be filled it leaves the service in an extremely fragile position with only 1 day a week OH Consultant Physician and 1 day a month specialty OH doctor to undertake all referral and pre-employment checks (PECs).

In order to mitigate against longer waiting times the following has or is being put in place:

- Single Tender Waiver for additional OH Physician support 0.1 WTE per week until June 2023.
- 1 Bank staff member supporting PECs inducted and signed off to provide support in the north of the county clinics.
- Band 5 immuniser bank role has been created to undertake the **pre-employment** check aspects (6 existing bank staff interested to date)
- Band 6 WTE permanent role out to advert.
- Mentoring and clinical supervision support for new 0.4 starter in place.
- VIVUP – able to provide clinical support for management and staff referrals.

The fragility of the service is on the Directorate Risk Register and escalated to the Corporate Risk Register.

### **2.2 Occupational Health service provision**

The following table provides an overview of OH activity

Patterson  
12/12/2022 08:45:33

Year 2022	Apr	May	June	July	Aug	Sept	Oct	TOTAL
PEQ received	64	83	91	104	92	73	89	596
Management Referrals	24	23	16	21	23	21	30	158
Self Referrals	4	7	8	7	6	8	7	47
Nurse Apt Attended	145	118	92	89	117	98	105	764
Consultant Apt Attended	28	16	19	27	32	34	27	183
NOSS Counselling Sessions	80	84	72		29	19	8	292
VIVUP					2	23	25	50

The table above shows a steady flow of Pre Employment Questionnaires requiring action within the service, with an average of 85 per month for the last 7 months.

Management and self referrals are on a par with previous years and work is currently taking place with our Physiotherapy colleagues to offer those with MSK requests to be seen first by the Physio team.

Nurse appointments are averaging 109 per month which equates to approx 20 per week. During these Nurse appointments, the relevant immunisations are provided e.g Hepatitis b.

Current waiting times for management referrals requiring an OH Physician appointment are at 8 to 10 weeks compared to 8 weeks last year. Clinical Nurse appointments are up to 2-3 weeks. The Nurse appointments remaining at 2-3 weeks have been aided by the bi directional flow of ESR and Cohort – enabling data to be transferred from within Welsh Health Boards where it exists.

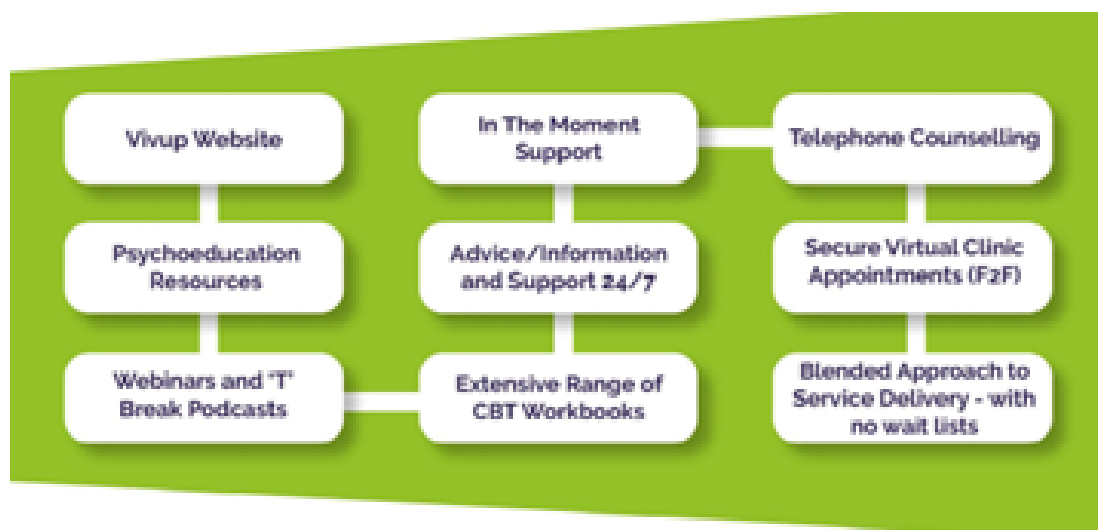
Health Surveillance (HS): Following the Shared Services Audit recommendations to ensure the Health Board has a process in place to understand the roles that require Health surveillance, the Assistant Director for Support Services and the Assistant Director for OD have been gathering the Health Surveillance requirements for services areas. The proforma takes a risk-based approach / assessment against areas such as : Noise, Vibration, COSHH, Radiation. Returns have been received from : Estates, Dental, Support Services, Maternity, Theatres. Proforma yet to be returned from Podiatry. Radiography have existing monitoring arrangements in place via RPS Cardiff. The returns will be used to collate a data base of roles that require HS and re assessment timeframes. To date Estates have identified 32 post holders with a HS assessment and all of those will require on going monitoring through annual assessments arrange through the OH team.

**Counselling:** The Noss Counselling sessions up to the end of May are on par with the pandemic demands of 80 + per month. The month of July was the re-tender award. During August to date, Noss have continued to provide the follow up sessions for those already receiving counselling prior to July. This will cease from mid November.

Unlike Noss, VIVUP operate a 24/7 - 365 day employee assistance programme. Numbers of staff accessing direct counselling appears to be a lot lower than with Noss. The reason for this could be; it's a new online/telephone referral system, VIVUP triage the calls and not everyone requires a counselling session – but do require signposting.

The following flow chart shows the various routes staff can take when requiring some support:

The Sharepoint wellbeing pages of which VIVUP have a link which has had 4,666 visits in the last 90 days with the financial well being pages being viewed 135 times.



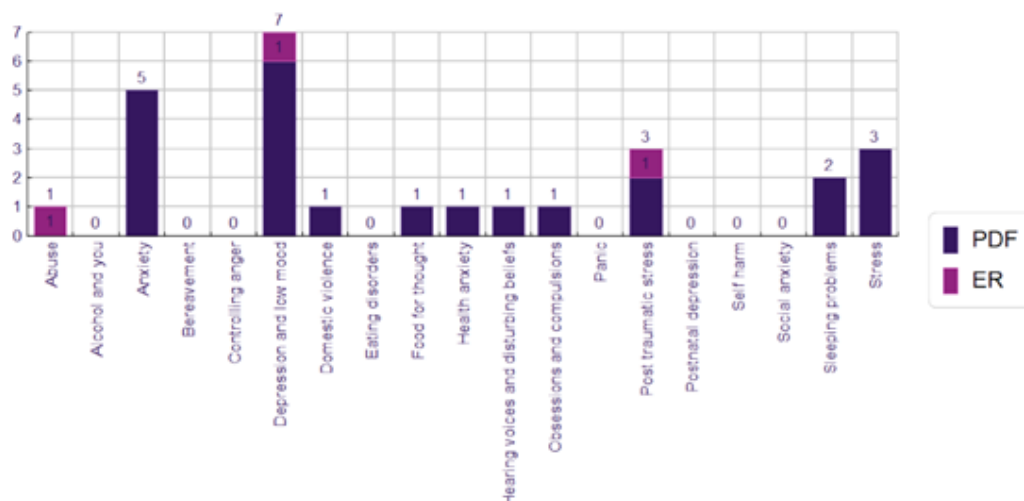
Self help workbooks have also been popular with the most views being: Depression and low mood followed by anxiety and stress.



### Self-help Workbooks

We understand that not everyone feels comfortable discussing their issues or concerns with another person. We offer your employees access to explore a wide range of self-help CBT workbooks that offer advice and guidance on a range of topics

Powys Teaching Health Board  
Self Help Downloads



\*PDF= Full readable document

\*ER = Easy read version

Over the coming months as the service embeds, VIVUP will be able to provide PTHB with usage data and dashboards that will provide more details on themes and referral access. This will also be compared with themes and trends from other VIVUP client groups. A 6 month (February 2023) review and evaluation of the VIVUP offer will be undertaken.

### **Other Occupational Health activities relating to wellbeing :**

- Wellbeing at Work Roadshows reinstated
- Exploring Menopause Friendly Workplace accreditation
- Presence at Corporate Induction with OH and Wellbeing information
- Information shared on Powys Announcements:-
  - PEC- new process information for appointing managers of clinical roles
  - Leading wellbeing for managers training – HEIW free sessions
  - Menopause and Pensions Presentation from MAPS
  - Peer Flu Vaccination requests and updates
  - Staff Flu Vaccination clinics coordination

### **3. Audit Wales Report “Taking Care of the Carers” Actions Update**

Patterson, Liz  
12/12/2022 08:45:33

Audit Wales (AW) published the Taking Care of Carers report in October 2021 and provided a number of recommendations for NHS bodies to ensure that there remains a focus on staff well-being. Alongside the report was the requirement to produce an organisational management response against each of the recommendations, as well as a Board checklist to maintain assurance of the cost and effectiveness of activities. A response was submitted to Audit Wales detailing the activity being undertaken in PTHB in November 2021.

The 6 AW recommendations below each have a management response. For the 6 areas they are all either completed, or on track – apart from 2 areas of activity which have been delayed; the co-lead pilot and the NHS staff Survey

- Retaining a strong focus on staff wellbeing
- Considering workforce issues in recovery plans
- Evaluating the effectiveness and impact of the staff wellbeing offer
- Enhancing collaborative approaches to supporting staff wellbeing
- Providing continued assurance to boards and committees
- Building on local and national staff engagement arrangements

A detailed update to this response is attached at Appendix A.

#### NEXT STEPS:

The Workforce & Culture Committee is asked to note the work to date relating to Staff Wellbeing and Engagement.

Recruitment into Occupational Health service vacancies is critical to service delivery. In the event that recruitment to vacant post proves unsuccessful further consideration of the model and collaborative arrangements will need to be considered.

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age				
Disability				
Gender reassignment				
Pregnancy and maternity				
<p style="text-align: center;"><b>Statement</b></p> <p><i><b>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</b></i></p>				

<b>Race</b>					
<b>Religion/ Belief</b>					
<b>Sex</b>					
<b>Sexual Orientation</b>					
<b>Marriage and civil partnership</b>					
<b>Welsh Language</b>					
<b>Risk Assessment:</b>					
	<b>Level of risk identified</b>				<p align="center"><b>Statement</b></p> <p align="center"><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p>
	<b>None</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	
<b>Clinical</b>					
<b>Financial</b>					
<b>Corporate</b>					
<b>Operational</b>					
<b>Reputational</b>					

Patterson, Liz  
12/12/2022 08:45:33



## Management Response – Taking Care of the Carers?

### APPENDIX A

Health Body: Powys Teaching Health Board

Completion Date: Nov 2021

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer	Update November '22
R1	<p><b>Retaining a strong focus on staff wellbeing</b></p> <p>NHS bodies should continue to maintain a strong focus on staff wellbeing as they begin to emerge from the pandemic and start to focus on recovering their services. This includes maintaining a strong focus on staff at higher risk from COVID-19. Despite the success of the vaccination programme in Wales, the virus (and variations thereof) continues to circulate in the general population. All NHS bodies, therefore, should</p>	<p>Staff well-being continues to be a of high importance as an enabler of the Renewal Priorities and plan. A specific staff well-being plan has been agreed by the Executive Team that delivers well-being activity over the as a core objective.</p> <p>PTHB prioritises the development of a compassionate culture and environment where staff experience excellence in leadership and team working as a</p>	<p>Ongoing</p> <p>Pilot Co lead – Q4 2021- Full roll out 2022-2023</p>	<p>Executive Director Workforce and OD</p>	<p>Wellbeing framework signed off Sept '21</p> <p>Pilot Delayed due to awaiting Charities2gether grant submitted Feb'22 for resources to deliver</p> <p>Role evaluated and awaiting advertising</p>

<p>Patterson Liz 12/12/2022 08:45:33</p>	<p>continue to roll-out the Risk Assessment Tool to ensure all staff have been risk assessed, and appropriate action is taken to safeguard and support staff identified as being at higher risk from COVID-19.</p>	<p>fundamental aspect of their well-being. This is developed through a range of leadership programmes and the roll-out of the Co-Lead team-based working tools. The Covid-19 risk assessment tool continues to be promoted to all staff with a current completion rate of 74% (1830) have undertaken the tool, and 61% (1499) have uploaded the competence to ESR.</p> <p>HR Business Partners and Advisors supported by Occupational Health have regular reviews and conversations with service managers about individual cases and what adjustments need to be in place in order to maintain the safety of those deemed vulnerable. This includes those returning to work following sickness absence due to Covid-19, and are still experiencing the long-term after effects. Staff categorised as having Long-Covid are referred to the Long-Covid service through Occupational Health.</p> <p>Frontline staff have had priority access to both Covid-19 and Flu vaccines, including</p>	<p>Ongoing</p> <p>Ongoing core business processes</p> <p>Ongoing in line with National programme targets and dates</p> <p>Ongoing</p>	<p>Executive Director Workforce</p>	<p>As at Nov '22: 75% have completed with 69% having uploaded the competence to ESR</p> <p>The restrictions around the working environment have returned to pre pandemic 'normal' Therefore staff that were deemed high risk have now returned to work. An internal ICP group regularly monitor current COVID status and provide guidance on where and when masks and appropriate PEE are worn in clinical areas / and non-patient facing areas.</p> <p>From October '22 the Covid and Flu vacs have been co administered via the Mass Vacs programme for all PTHB staff.</p>
--	--	---	---	-------------------------------------	---

<p>Patterson, Liz 12/12/2022 08:45:33</p>	<p>boosters. Reflected in the successful vaccination figures of Powys as a whole. IPC guidelines and provision of relevant PPE remain in place for all staff, with the continued direction to work at home where possible. For many this will become the norm under the development and implementation of the new Agile working policy and approach.</p> <p>A Nosocomial group has been established to investigate outbreaks of Covid-19 in the workplace. Any cases deemed RIDDOR reportable are sent through to the HSE.</p> <p>Mental health and well-being remains a priority with the continuation of Counselling support through the Network of Staff Supporters Ltd (NOSS) as our contracted provider, and the future roll out of Mental Health First Aid courses across the organisation. Staff also continue to be encouraged to take their 15-minute well-being breaks.</p>	<p>Weekly / monthly ongoing</p> <p>Ongoing core business</p> <p>Q4 2021/ 22 then ongoing</p> <p>Pilot Q4 2021 then roll out 2022-23</p>	<p>This group met weekly and then fortnight over the past year. As at 7/9/22: a total of 269 RIDDOR reportable cases for staff have been submitted to HSE following the nosocomial panel recommendations. Group now stood down. No further cases have been reported to HSE. Counselling provision contract awarded to VIVUP in Sept '22. Staff can access the service 24/7: 365 days</p> <p>Agile policy was reviewed and approved Nov 21. Survey on Agile working undertaken to understand the requirements from those working in an agile way. Director Environment lead for Agile. Focus groups have taken place during Oct'22 to inform plan.</p>
---	---	---	---

		<b>Action:</b> <ul style="list-style-type: none"> <li>• <b>Develop and Implement the Agile working policy</b></li> <li>• <b>Trial and roll out the Co-Lead Team-Based Working model</b></li> </ul>			Co-lead pilot delayed pending funding award.
R2	<p><b>Considering workforce issues in recovery plans</b></p> <p>NHS bodies should ensure their recovery plans are based on a full and thorough consideration of all relevant workforce implications to ensure there is adequate capacity and capability in place to address the challenges and opportunities associated with recovering services. NHS bodies should also ensure they consider the wider legacy issues around staff wellbeing associated with the pandemic response to ensure they have sufficient capacity and capability to maintain safe, effective, and high-quality healthcare in the medium to long term.</p>	<p>The Workforce &amp; OD team have actively and continue to, support services to review staffing supply and workforce requirements. To support renewal activity and winter resilience, the workforce &amp; OD team provide support to recruitment, redeployment and temporary staffing and training activity to support services to ensure there is sufficient capacity.</p> <p>Work has included increasing the staffing capacity to support mass vaccination and the TTP programme through recruiting Health Care Support Workers, and redeploying staff to critical areas.</p> <p>Alternative recruitment methodologies have been developed and implemented, including:</p>	<p>Ongoing core business as part of planning cycles</p> <p>Ongoing based on demand</p> <p>Commence 4-year prog Q4 2021.</p>	Executive Director Workforce and OD	<p>2021/22 - 12 externally recruited to new training roles- plus 5 through normal internal route.</p>

Patterson, Liz  
12/12/2022 08:45:33

<p>Patterson Liz 12/12/2022 08:45:33</p>	<ul style="list-style-type: none"> <li>the introduction of an aspiring nurse programme, which has recruited 15 new staff who will become qualified nurses in 4 years.</li> <li>An apprentice Healthcare Support Worker programme which has seen the recruitment of 15 apprentices, 8 of which have now completed and secured full-time roles.</li> <li>Kickstart project to support 16-24 on paid work placements with the intend to motivate participants in a future health career.</li> </ul> <p><b>Action</b></p> <ul style="list-style-type: none"> <li><b>Review Ward based establishments</b></li> <li><b>Explore National overseas recruitment</b></li> </ul>	<p>New Intake every year.</p> <p>New cohort every year</p> <p>DWP / Gov.uk programme ends March 2022</p> <p>Ongoing</p> <p>Ongoing</p>	<p>cohort 4 commenced Sept '22 with 6 HCSWs currently 5 as 1 dropped out.</p> <p>Scheme ended – PTHB seen as an exemplar by DWP</p> <p>20 placements offered</p> <p>15 completed placements</p> <p>1 x secured substantive admin role in PTHB</p> <p>1 x secured a HCSW apprentice role with current cohort PTHB</p> <p>3 x secured external jobs</p> <p>Review of Ward establishment undertaken by Director of Nursing</p> <p>7 Overseas nurses commissioned through the Once for Wales approach. 2 arrived with PTHB in '22 – further 5 due spring '23.</p>
--	---	--	---

R3	<p><b>Evaluating the effectiveness and impact of the staff wellbeing offer</b></p> <p>NHS bodies should seek to reflect on their experiences of supporting staff wellbeing during the pandemic by evaluating fully the effectiveness and impact of their local packages of support in order to: (a) consider what worked well and what did not work so well; (b) understand its impact on staff wellbeing; (c) identify what they would do differently during another crisis; and, (d) establish which services, programmes, initiatives, and approaches introduced during the pandemic should be retained or reshaped to ensure staff continue to be supported throughout the recovery period and beyond. NHS bodies should ensure that staff are fully engaged and involved in the evaluation process.</p>	<p>Staff well-being and well-being initiatives are monitored and evaluated through:</p> <ul style="list-style-type: none"> <li>• Workforce KPIs such as sickness absence trends</li> <li>• National staff survey data</li> <li>• Local annual Agile working and well-being survey</li> <li>• OH referrals through to the NOSS counselling service</li> <li>• Engagement with the well-being website, Facebook pages and attendance at CEO briefings</li> <li>• Engagement with the Certificate of Appreciation</li> </ul> <p>Some well-being activities created within the pandemic such as the delivery of stress management workshops and well-being</p>	Ongoing through 1/4ly workforce assurance reports	Executive Director Workforce and OD	Reported through to Exec's and Workforce and Culture committee via workforce performance reports.

<p>Patterson Liz 12/12/2022 08:45:33</p>	<p>hubs are due to finish and will therefore be evaluated.</p> <p>The activity within the well-being plan will be evaluated as required and will be monitored through the well-being at work group.</p> <p>As part of the staff well-being survey, 80 respondents volunteered to be part of focus groups to help shape and feedback on well-being activity</p> <p><b>Action</b></p> <ol style="list-style-type: none"> <li><b>1. Hold staff focus groups</b></li> <li><b>2. Evaluate Stress Management Workshops</b></li> <li><b>3. Evaluate the impact of the Well-being Hubs</b></li> <li><b>4. Evaluate rollout of the Manager's Programme</b></li> <li><b>5. Evaluate impact of the roll out of the Respect and Resolution Policy awareness training</b></li> </ol>	<p>2022/23</p>	<p>Executive Director Workforce and OD</p>	<ul style="list-style-type: none"> <li>• Staff focus group held x 3 on Agile working</li> <li>• Positive feedback from the stress for mgr and stress for staff workshops</li> <li>• Wellbeing hub – funding ceased in June 22.</li> <li>• Mgr programme currently being evaluated Q3 '22</li> </ul>
--	---	----------------	--	---

					<ul style="list-style-type: none"> <li>R&amp;R training rolled out – BPs supporting R&amp;R facilitated conversations</li> </ul>
R4	<p><b>Enhancing collaborative approaches to supporting staff wellbeing</b></p> <p>NHS bodies should, through the National Health and Wellbeing Network and/or other relevant national groups and fora, continue to collaborate to ensure there is adequate capacity and expertise to support specific staff wellbeing requirements in specialist areas, such as psychotherapy, as well as to maximise opportunities to share learning and resources in respect of more general approaches to staff wellbeing.</p>	<p>WOD team members with responsibility for staff well-being attend the National Health and Well-being Network events, as well as the OD and L national group.</p> <p>The well-being plan includes the re-formation of the Well-Being at Work Group, which will have key clinicians and professionals to monitor and guide the well-being activity. This includes specialist support from Psychology Services and others.</p> <p>A business case is currently in development to increase the capacity and capability within Occupational Health Services to support the ongoing needs of staff.</p>	<p>1/4 ly ongoing</p> <p>Q4 2021/22</p> <p>Q4 2021/22</p> <p>Q4 2021/22</p>	<p>Executive Director Workforce and OD</p>	<p>OH business case approved</p> <p>Proposed that the Wellbeing at Work Group will become a subgroup of the health</p>

Patterson Liz  
12/12/2022 08:45:33



		<b>Action</b> <ul style="list-style-type: none"> <li>Reform the Well-Being at Work Group</li> </ul>			and Safety Group and operate as a task and finish group
R5	<b>Providing continued assurance to boards and committees</b> NHS bodies should continue to provide regular and ongoing assurance to their Boards and relevant committees on all applicable matters relating to staff wellbeing. In doing so, NHS bodies should avoid only providing a general description of the programmes, services, initiatives, and approaches they have in place to support staff wellbeing. They should also provide assurance that these programmes, services, initiatives, and approaches are having the desired effect on staff wellbeing and deliver value for money. Furthermore, all NHS bodies should ensure their Boards maintain effective oversight of key workforce performance indicators – this does not happen in all organisations at present.	Staff well-being activity and impact is regularly reported to and scrutinised by a number of governance groups including Board and Executive Committee, Local Partnership Forum, Workforce and Culture Committee and the Health and Safety Group. This includes key workforce performance data and analysis.	Ongoing core reporting	Executive Director Workforce and OD	Reports on Wellbeing and OH activities form part of workforce performance and OD updates to Exec's H& safety group and Workforce and Culture Committee

<p>R6</p>	<p><b>Building on local and national staff engagement arrangements</b></p> <p>NHS bodies should seek to build on existing local and national workforce engagement arrangements to ensure staff have continued opportunities to highlight their needs and share their views, particularly on issues relating to recovering, restarting, and resetting services. NHS bodies should ensure these arrangements support meaningful engagement with underrepresented staff groups, such as ethnic minority staff.</p>	<p>Locally, the following arrangements are in place to provide staff with well-being information and also maintain feedback about the current well-being 'climate':</p> <ul style="list-style-type: none"> <li>• Daily Powys Announcements e-newsletter</li> <li>• Staff Well-being SharePoint Pages (2000 hits in the last 90-days)</li> <li>• Staff private Facebook group (over 1300 members)</li> <li>• Quarterly CEO virtual briefings</li> <li>• Staff intranet</li> <li>• Local staff well-being survey</li> <li>• Chat2Change group</li> <li>• Fortnightly WOD/Trade Union Meetings</li> <li>• Staff focus groups</li> <li>• Showcase Events for teams</li> </ul> <p>The above mechanisms provide the links to the national initiatives such as the HEIW well-being pages, Health for Health Professionals, SilverCloud etc.</p>	<p>Ongoing core activities</p>	<ul style="list-style-type: none"> <li>• Daily announcements are now part of the Sharepoint staff messaging. The staywell sharepoint pages received 29,000 visits since going live in Dec '20</li> <li>• Staff face book pages are still active and well used.</li> <li>• CEO briefings continue to be well attended circ 90-110 attendees per session.</li> <li>• Staff intranet has moved over to sharepoint pages</li> <li>• WOD / TU fortnightly meetings have been stood down, but WOD HR team meet regularly with TU colleagues</li> <li>• Service areas have showcased their work at</li> </ul>
-----------	---	--	--------------------------------	--

Patterson Liz  
12/12/2022 08:45:33

		<p>The staff intranet will be migrated to a new SharePoint site by March 2022 and will provide greater engagement opportunity.</p> <p><b>Action</b>  <b>As part of the Well-Being at Work Group set up, the Chat2Change group will be refreshed to provide local staff voice for well-being initiatives</b></p>	<p>March 2022</p> <p>Q4 2021/22</p>	<p>Executive Director Workforce and OD</p>	<p>the staff appreciation events</p> <p>Chat2change refresh and membership was promoted via CEO briefing (Oct '22) – Further work on refreshing C2C will take place Q3/4</p>
--	--	---	-------------------------------------	--	--

**Please indicate below how the Board Members Checklist will be used to inform debate within your organisation**

The Staff Well-being Action Plan will be monitored and evaluated through the governance routes described in R5. Reports delivered to governance groups will be written to reflect the areas in the checklist :

1. What the current wellbeing offer is to staff
2. The cost of provision

3. Accessibility
4. The effectiveness of the offer
5. Short, medium and Long term plans
6. The delivery of the offer
7. Engagement with staff
8. Assurance

Patterson Liz  
12/12/2022 08:45:33

**Agenda item: 3.1**

<b>WORKFORCE AND CULTURE COMMITTEE</b>		<b>Date of Meeting: 13 December 2022</b>
<b>Subject :</b>	<b>Engagement and Communication Team Month 6 Delivery Assurance Report</b>	
<b>Approved and Presented by:</b>	<b>James Quance, Board Secretary</b>	
<b>Prepared by:</b>	<b>Adrian Osborne, Assistant Director (Engagement and Communication)</b>	
<b>Other Committees and meetings considered at:</b>	<b>Executive Committee (29 November 2022)</b>	

**PURPOSE:**

The attached report provides a Month 6 update on delivery and progress by the Engagement and Communication Team and sets out priorities for Q3 and Q4.

**RECOMMENDATION(S):**

The Workforce and Culture Committee is asked to:

- **NOTE and DISCUSS the Engagement and Communication Month 6 Delivery Assurance Report**

<b>Approval/Ratification/Decision</b>	<b>Discussion</b>	<b>Information</b>
	✓	

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

<b>Strategic Objectives:</b>	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 health board's engagement and communication team provides a vital role to connect the organisation with the public, our staff, and our wider stakeholders. This includes:

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

The attached report provides an overview of the team's delivery during Q1 and Q2, and a forward look to priorities for Q3 and Q4:

- Q1 and Q2 Highlights (slides 3-8)
- Q1 and Q2 Programme Delivery (slides 9-15) – *note that as this is the first report in this format all trajectories are = but trends will be included in future quarterly reports*
- Forward Look to Q3 and Q4 (slides 16-20)
- High Level Plan of Q3 and Q4 Campaigns (slides 21-22)
- Resource and Governance overview (slides 23-26)
- Special focus on internal communications (slides 27-30)

Looking further ahead to 2023/24, a significant element of current staffing is either fixed term ending by spring 2023 or ring-fenced to specific funded

programmes (e.g. SilverCloud). Further discussions will be needed on resourcing and priorities for 2023/24.

#### NEXT STEPS:

- Continued delivery of programme
- Planning for 2023/24
- Q3 and Q4 reporting to Executive Committee

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age				
Disability				
Gender reassignment				
Pregnancy and maternity				
Race				
Religion/ Belief				
Sex				
Sexual Orientation				
Marriage and civil partnership				
Welsh Language				
<b>Statement</b>				
The work of the Engagement and Communication Team supports the health board to deliver mitigation actions arising from impact assessments to address potential downside risks for different equality groups, to provide targeted information and communication for different equality groups, and to gather insights as part of engagement programmes to inform decisions.				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical				
Financial				
Corporate				
Operational				
Reputational				
<b>Statement</b>				
A summary of high level risks is included in the paper.				

Patterson Liz  
12/12/2022 08:45:32



# PTHB Engagement and Communication Team Month 6 Delivery Assurance Report

Last Updated 29 November 2022

Adrian Osborne, Assistant Director (Engagement and Communication) - [adrian.osborne@wales.nhs.uk](mailto:adrian.osborne@wales.nhs.uk)

Patterson, Liz  
12/12/2022 08:45:33

# Introduction and Overview

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

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

This document provides an overview of the team's delivery during Q1 and Q2, and a forward look to priorities for Q3 and Q4:

- Q1 and Q2 Highlights (slides 3-8)
- Q1 and Q2 Programme Delivery (slides 9-14) – note that as this is the first report in this format all trajectories are =
- Forward Look to Q3 and Q4 (slides 15-19)
- High Level Plan of Q3 and Q4 Campaigns (slides 20-21)
- Governance and Resources overview (slides 22-27)
- Special focus on internal communications (slides 28-31)

We welcome any comments and feedback on this document, which can be directed to Adrian Osborne, Assistant Director (Engagement and Communication) at [adrian.osborne@wales.nhs.uk](mailto:adrian.osborne@wales.nhs.uk)

# Q1 and Q2 Highlights

The first section of this report provides highlights from Engagement and Communication programme delivery during Q1 and Q2 2022/23

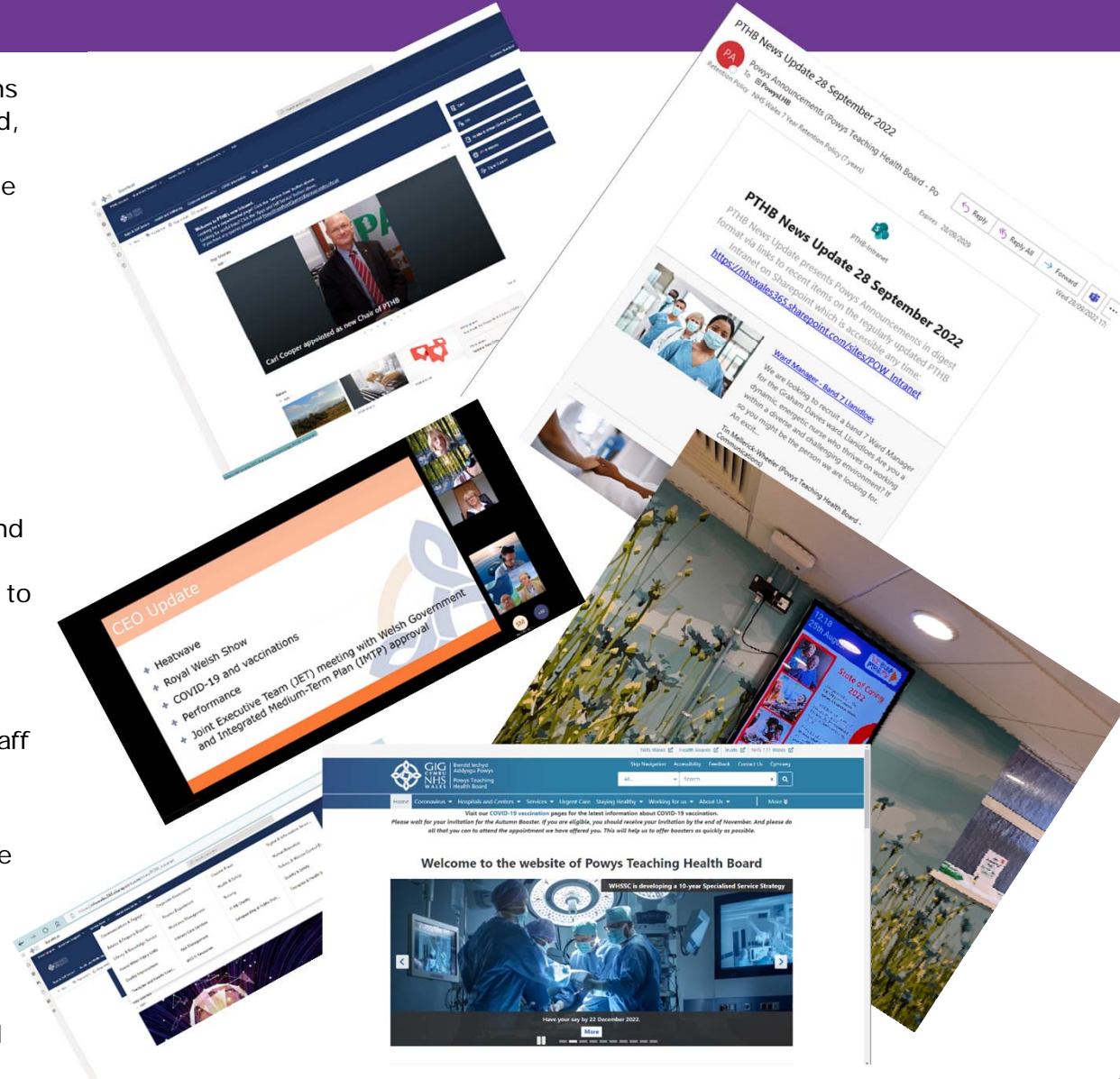
Patterson, Liz  
12/12/2022 08:45:33

# Q1 and Q2 Highlights: Channels

The Engagement and Communication Team develops and maintains a wide range of internal and external channels for the health board, including website, social media, SharePoint intranet, newsletters and digital screens. Developments in our channels have been made possible through fixed term funding ending in May 2023.

Headline activity delivered during Q1 and Q2 2022/23 includes:

- We have successfully launched the new SharePoint intranet site and worked with departments to develop 22 live Service Area communications hub sites, with a further 17 already in development. All of these are accessible from both work and personal devices via a registered health board email address.
- We have refreshed and redeveloped our approach to the Powys Announcements eNewsletters, building on staff-side feedback and new capabilities in SharePoint. These newsletters now offer a digest of the latest activity posted via SharePoint, driving traffic to our upgraded SharePoint intranet site.
- We delivered a wide range of virtual meetings, and these have included the virtual AGM, four staff briefings, three public briefings and four MS/MP briefings, as well as supporting two staff appreciation/long service events.
- Our public facing digital screens network continues to expand and, following investment via the Living Well programme, we are now working with Estates to install an additional 18 new public display screens across our hospital sites in Powys.
- We have refreshed PTHB website homepage and supported the business to deliver new and/or updated content for COVID Autumn Booster vaccinations, Community Dentistry, Nosocomial COVID-19 Infections and others.



# Q1 and Q2 Highlights: Campaigns and PR

The Engagement and Communication Team delivers a programme of campaigns and PR activity for the health board. Headline activity delivered during Q1 and Q2 2022/23:

- Continued delivery of COVID-19 vaccination, booster and Spring Booster communications campaigns across multiple earned and owned channels
- Management of ongoing staff communications on COVID-19 restrictions (testing, social distancing, masks) and advice
- Successful bid to Welsh Government, in partnership with Pharmacy, to run a carbon neutral prescribing campaign for delivery this financial year
- Supported national NHS and local health campaigns, including: Help Us Help You, sexual health (Frisky Wales STI testing), Nutrition Skills for Life, Welsh Blood donor appeals, 111 launch, #LiveFearFree, #CallOutOnly, FAST stroke messaging, Diabetes Week, Powys RPB's *Improving Cancer Journey*, Powys Suicide Forum, Dieticians' Week, Cervical Screening, Silver Cloud, HPV, Powys PRIDE, Summer Safety
- Reaction and coordination of response to the death of the HM The Queen
- Managed media and stakeholder issues on behalf of PTHB including the Ockenden Report, extreme weather (heat), COVID-19 self-isolation and testing, WG approval of OBC for North Powys Wellbeing Programme, managing service pressures, employment tribunal, National Healthcare Estates and Facilities day, COVID-19 visiting restrictions





# Q1 and Q2 Highlights: Corporate and Internal

The Engagement and Communication Team delivers a wide-ranging programme of corporate and internal communication, and provides support to the Workforce and OD directorate on staff engagement. Headline activity delivered during Q1 and Q2 2022/23 includes:

- We are supporting WOD with options appraisal for staff recruitment campaign and continued support across digital channels for staff recruitment activity (nursing, HCSWs and OTs)
- We are collaborating with WOD on development of a new Employee Engagement and Communications Strategy, to support Workforce Futures
- We are in advanced planning for continued digital development of accessible staff channels, to include a proposal to roll-out the Yammer platform
- Extensive planning and preparation was undertaken for the proposed Diolch Powys staff thank you event in September, although this was subsequently cancelled due to the period of national mourning.
- We are planning for the official opening of the Powys Health and Care Academy on 13 October by the Minister for Health and Social Services.
- Our social media channels continue to be a key avenue for recruitment advertising for roles across the health board and in addition we have supported targeted advertising campaigns for recruitment open days in Welshpool, Newtown, Machynlleth, Knighton and Llanidloes, and created a dedicated microsite for head of midwifery recruitment
- We have supported the recruitment promotion and the announcements of key appointments to the Board, including the new Chair, IM appointments and Director appointments.



# Q1 and Q2 Highlights: Engagement, Service Development and Service Change

A key focus during Q1 and Q2 has continued to be the North Powys Wellbeing Programme, with a dedicated Engagement and Communication Specialist hosted within the team. This period sees the transition from PBC/SOC to the start of engagement on development of the OBC. Face-to-face activities have begun to resume following the necessary restrictions of the COVID pandemic, with a strong presence for the programme at a range of community events culminating with the Newtown Kindness Fest in September (which was sponsored by the Programme).

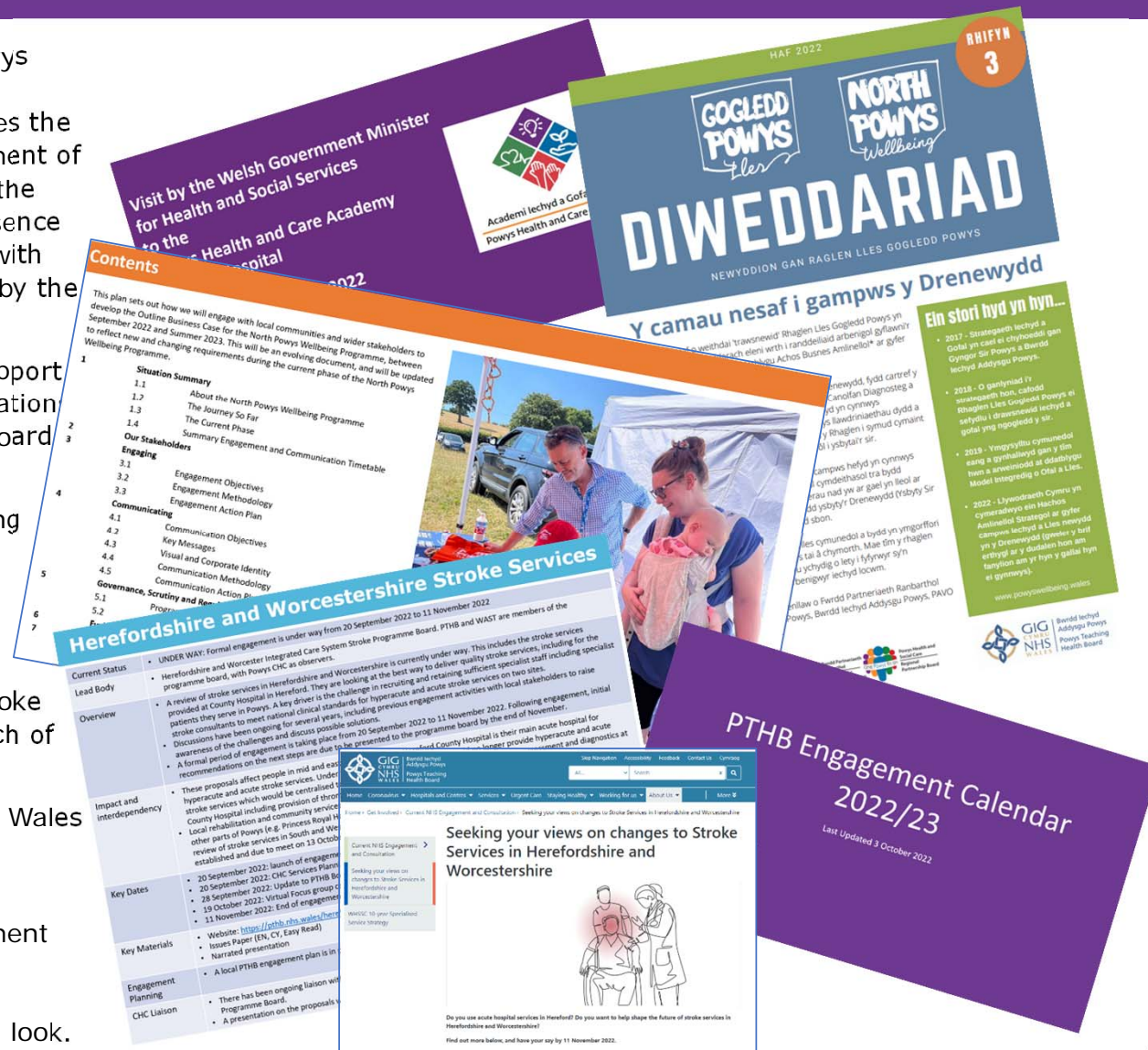
The next few months will see an intensive period of activity in support of OBC development, and a detailed Engagement and Communication Plan has been developed and was approved by the Programme Board at the end of Q2.

This work will also align with the whole system plans for refreshing the Area Plan (RPB) and Well-being Plan (PSB).

PTHB operates in a complex commissioning environment, which means that the team has a key role in localising and promoting engagement and consultation activities in neighbouring areas. A key priority during this period has been the reconfiguration of stroke services in Herefordshire and Worcestershire, as well as the launch of engagement to develop the 10 year strategy for WHSSC.

Initial planning is also under way ahead of engagement on South Wales Cochlear Implant and BCHI services, and the team has also been involved in initial work on EMRTS / WAA services.

Ongoing liaison with the CHC remains a vital part of our engagement activity, and as part of this the team has supported the re-establishment of the health board's service change log. We also maintain an engagement calendar to support us with our forward look.





## Q1 and Q2 Highlights: Design and Print

Through fixed term funding for COVID response and other sources we have been able to recruit a Graphic Design and Print Officer to the end of March 2023. This step change in capacity and expertise is visible across the health board both in our physical and virtual environment. Key design and print activities in Q1 and Q2 2022/23 include:

- COVID-19: design, print production and installation of posters, large formal displays, banners, leaflets, floor graphics, vaccination centre banners, external and internal signage, pull-up banner displays and creation and supply of social media graphics
- Reports: design and typesetter of the Pocket IMTP, Welsh Language Standards Annual Monitoring Report, and the Equality Diversity and Inclusion Annual Report
- Large format graphic design and installations: Physio department design and wrap at Brecon War Memorial Hospital; Bronllys Canteen large format graphic panels; training room wall designs and application; Health and Care Academy door frosting/branding; IT Department wall and door graphics; manual handling room graphics; estates signage (various); Felindre Ward signage; Day Surgery Endoscopy A1 wipeable panels; X-Ray signage; Workforce and Organisational Development backdrop design
- Design and print: Local Care leaflet; My Life My Wishes document and guidance; North Powys Wellbeing Programme celebration document, questionnaire and bulletin; do not disturb door hangers; Parking Permit design; Gender Services leaflet; Patient Story leaflet; Paediatric Continence Sheets; Cancer posters; WHO Surgical Checklist; Certificate design
- Events: Suicide event card design, conference materials and large format printing; Diolch Powys event graphics and supporting materials; North Powys Wellbeing Programme events gazebo, flags and banners; Flu selfie frame
- Digital: recruitment design for dental, apprentice, Care Fellow, Health and Social Care and Nursing adverts; Silvercloud Wales adverts, banners and social graphics; WAST / Primary Care escalation level email graphics; HM The Queen mourning graphics and Teams backgrounds; PTHB PC screen designs; Virtual Visiting iPad screen designs; Digital Notice Board design; SharePoint migration promotion and desktop backgrounds





# Q1 and Q2 Programme Delivery

The second section of this report summarises our progress against our priority objectives in support of the health board's corporate objectives.  
As this is the first report in this format, trajectory information is not yet available.

Rating		Trajectory	
Green	On track with no escalations	↑	Improving position
Yellow	Some escalations but do not present significant risk to programme	=	Maintaining position
Amber	Concerns that present risk to programme delivery	↓	Declining position
Red	Significant issues requiring resolution to ensure programme delivery	New	New issue since last report
Blue	Closed / Complete		

# Q1 & Q2 Priorities

Work Area	Q2 Priorities	Status	Current Position	Next Steps
Focus on Wellbeing	Continue COVID-19 first, second and booster and Spring Booster dose communications	=	<ul style="list-style-type: none"> <li>BAU: continuing messaging as planned – web content completely rebuilt for Spring Boosters and updated weekly to reflect current messaging; weekly bilingual news releases also shared through social media channels publicising drop-in offer</li> </ul>	<ul style="list-style-type: none"> <li>Continue messaging and refine for key segments to match national winter vaccines campaign launch on 27/09</li> </ul>
	Plan for winter vaccines campaign (flu and COVID-19 booster)	=	<ul style="list-style-type: none"> <li>Have outline national plan; preparing PTHB supporting web pages, although require update and clarity on call to action (will differ from national due to local circumstances/delivery model)</li> </ul>	<ul style="list-style-type: none"> <li>Develop PTHB website and supporting narrative for go-live on 27/09</li> <li>Coordinate/share PHW national assets</li> </ul>
	Support for national campaigns: Summer Safety; MMR/MenACWY national campaigns (Aug-Sept)	=	<ul style="list-style-type: none"> <li>Shared 'Summer Safety' campaign resources on owned digital channels</li> <li>Have outline plan from PHW for MMR/MenACWY</li> </ul>	<ul style="list-style-type: none"> <li>Flag MMR and MenACWY to Primary Care to plan for 01/09 launch and share across earned and owned channels.</li> </ul>
	Support DPH to prepare communications to support LPHT TUPE transfer to PTHB	=	<ul style="list-style-type: none"> <li>Have outline plan from PHW.</li> </ul>	<ul style="list-style-type: none"> <li>To refine and develop matching PTHB plan for Local Public Health Team staff for 01/10 transfer</li> </ul>
Early Help and Support	Dental services recovery: manage reactive media and FOI messaging to responses	=	<ul style="list-style-type: none"> <li>Managing reactive lines with team</li> </ul>	<ul style="list-style-type: none"> <li>Continue to monitor and response as required, ahead of Q3-4 plans</li> </ul>
	'The Eyes Open' routine sight tests communication campaign	Carry Forward	<ul style="list-style-type: none"> <li>Monitor requirements/plan once delivery timeframe established by Optometry team</li> </ul>	<ul style="list-style-type: none"> <li>Confirm planning timelines with Optometry team</li> </ul>
	Carbon Neutral prescribing campaign	=	<ul style="list-style-type: none"> <li>Bid for WG funding approved</li> <li>Contractor appointed</li> </ul>	<ul style="list-style-type: none"> <li>Contractor briefing 04/10</li> <li>Plan for implementation Q3-4</li> </ul>
	Local support for Designed to Smile national campaign	Carry Forward	<ul style="list-style-type: none"> <li>No activity yet on Wales level</li> </ul>	<ul style="list-style-type: none"> <li>Continue to monitor through Q3-4 and share existing campaign materials</li> </ul>

Patterson Liz  
12/12/2022 08:45:33

# Q1 & Q2 Priorities

Work Area	Q2 Priorities	Status	Current Position	Next Steps
Tackling the Big Four	SilverCloud national communications campaign and service [hosted project]	=	<ul style="list-style-type: none"> <li>Management of ongoing SilverCloud online programmes through dedicated digital channel; recruitment of fixed-term Communications Officer to develop and drive forward the campaign</li> </ul>	<ul style="list-style-type: none"> <li>Develop communications delivery plan and execute through to end of financial year (and beyond)</li> </ul>
Joined Up Care	Continued support for communications and engagement activity for North Powys Wellbeing Programme (NPWP) [hosted project]	=	<ul style="list-style-type: none"> <li>Full programme of engagement and communication re-established following restrictions of COVID pandemic</li> <li>Updated communications and engagement plan developed and approved by Programme Board at end of Q2</li> </ul>	<ul style="list-style-type: none"> <li>Delivery in line with Q3 and Q4 priorities</li> </ul>
	Establish joint working arrangements with Powys County Council and PAVO in support of Delivery Coordination Group (DCG) priorities	=	<ul style="list-style-type: none"> <li>BAU to coordinate health and care communications activity to maximise shared and owned channel reach</li> <li>Weekly briefing meetings with PCC comms lead</li> <li>Powys Engagement and Insight Network established to support joint working across RPB partners</li> </ul>	<ul style="list-style-type: none"> <li>Weekly coordination with PAVO comms lead (resumed October 2022 onwards ahead of winter pressures)</li> </ul>
	Support the design and delivery of the frailty and community model for Powys, with a particular focus on the model for East Radnorshire	=	<ul style="list-style-type: none"> <li>Publicity and promotion for recruitment activities including presence at Knighton Carnival (27 August) and hospital open day (TBC 3 September) – multimedia marketing campaign put in place to raise awareness and drive attendance</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment position remains challenging (particularly nurse registrant workforce) so work under way on next steps.</li> </ul>

Patterson Liz  
12/12/2022 08:45:33

# Q1 & Q2 Priorities

Work Area	Q2 Indicative Priorities	Status	Current Position	Next Steps
Workforce Futures	Support the delivery of engaging recruitment campaigns	=	<ul style="list-style-type: none"> <li>Working with WOD to develop an updated recruitment campaign and support across PTHB's earned and owned digital channels to maximise opportunities to see PTHB job adverts, and to support specific nurse, HCSWs, and scarce roles.</li> <li>Support for WOD recruitment events, including the Knighton Hospital open day, Knighton show and others in Q2.</li> </ul>	<ul style="list-style-type: none"> <li>Finalise proposal and funding bid for an integrated recruitment campaign</li> <li>Support the development of WOD's own digital channels (recruitment/career Facebook, Instagram and LinkedIn channels)</li> </ul>
	Support the development of the Health and Care Academy	=	<ul style="list-style-type: none"> <li>Supporting the development and promotion of training and development roles offered through the Health and Care Academy, to include HCSWs, Occupational Therapists and related activity.</li> <li>Developing proposals for the official launch of the HCA on 13/10</li> </ul>	<ul style="list-style-type: none"> <li>Deliver HCA launch event and supporting communications and engagement work (to include design and print)</li> </ul>
	Plan and deliver staff celebration event on 16 September and follow-up local visits to sites across Powys	=	<ul style="list-style-type: none"> <li>Event on Friday 16 September 2022 was cancelled due to the period of national mourning following the death of Her Majesty Queen Elizabeth II.</li> </ul>	<ul style="list-style-type: none"> <li>Work under way on replacement activities</li> </ul>
	Work in partnership with WOD to develop a refreshed Employee Engagement and Communications Strategy	=	<ul style="list-style-type: none"> <li>Outline document created and to be refined (see Special Focus at the end of this document)</li> </ul>	<ul style="list-style-type: none"> <li>Review aspirations with incoming interim Director of WOD</li> </ul>

Patterson, Liz  
12/12/2022 08:45:33

# Q1 & Q2 Priorities

Work Area	Q2 Indicative Priorities	Status	Current Position	Next Steps
Digital First	Delivery of the SharePoint project and staff digital channels	=	<ul style="list-style-type: none"> <li>Developed and delivered the revised SharePoint intranet site and supporting Comms Hub sites; provided training and support to Directorates and Divisions on migration and development of service area content; managed the close down, identification and migration of relevant data from the old intranet</li> <li>Improving accessibility and format for the Powys Announcements newsletter</li> <li>Developing the outline proposal for Yammer, which was approved by the Digital Programme Board in July 2022</li> </ul>	<ul style="list-style-type: none"> <li>Continue the delivery of Service Area Communications Hub sites; digital consultancy to Directorates and Teams to improve the user journey and build a sustainable and user-focused intranet site</li> <li>Finalise paper for Executive sign-off for Yammer and begin implementation</li> </ul>
	Support for the Healthcare Communications workstream	=	<ul style="list-style-type: none"> <li>Development and QA of messaging and processes in order to embed the SMS messaging pilot and to prepare for roll-out (to August 2022).</li> </ul>	<ul style="list-style-type: none"> <li>Strategic advice on the pilot, evaluation and roll-out of the full SMS patient offer</li> </ul>
	Ongoing development of the PTHB website	=	<ul style="list-style-type: none"> <li>Review/QA of PTHB web pages, providing strategic advice and operational support to updating and refreshing service web pages</li> <li>Update to website landing page to focus on BAU</li> </ul>	<ul style="list-style-type: none"> <li>Continue BAU development and trouble-shooting to improve customer experience and develop a broader service offering via the PTHB website (in line with business needs)</li> </ul>
	Support the development and population of Community Training Platform (With Digital Transformation team) [hosted project]	=	<ul style="list-style-type: none"> <li>Joint plan developed and recruitment of B4 fixed-term (offer made) to upload content, embedded within Engagement and Communications team and supported by Digital Communications Officer.</li> </ul>	<ul style="list-style-type: none"> <li>Complete content development/upload and testing for the portal during Q3-4, in partnership with Digital Transformation team</li> </ul>

Patterson Liz  
12/12/2022 08:45:33

# Q1 & Q2 Priorities

Work Area	Q2 Indicative Priorities	Status	Current Position	Next Steps
Innovative Environments	Successful bid for WG funding to develop carbon aware prescribing and to tackle prescriptions medicines waste, in support of the Decarbonisation and Biodiversity Delivery Plans	=	<ul style="list-style-type: none"> <li>Successful bid developed and awarded by WG; ITQ issued and contractor appointed</li> </ul>	<ul style="list-style-type: none"> <li>Delivery and evaluation of campaign in Q3-4</li> </ul>
Transforming in Partnership	Support Governance Work Plan	=	<ul style="list-style-type: none"> <li>Design/delivery of the Pocket IMTP</li> <li>Support for the recruitment to key Board positions (Chair and 3rd Sector IMs) and Board appointment announcements</li> </ul>	<ul style="list-style-type: none"> <li>Comms around Chair's arrival on 17 October</li> </ul>
	Annual General Meeting	=	<ul style="list-style-type: none"> <li>Delivery of the AGM event, in partnership with Corporate Governance team</li> </ul>	<ul style="list-style-type: none"> <li>Lessons learned and planning for next AGM</li> </ul>

Patterson, Liz  
12/12/2022 08:45:33

# Political and Strategic Engagement (last updated 29 November 2022)

Based on our strategic priorities and principal risks, the following areas currently represent our political and strategic engagement priorities, for active management by the Corporate Governance Senior Management Team:

Tier 1	Tier 2	Tier 3
East Radnorshire Project (including Panpwnton Ward)	County-wide site development plan (i.e. plans for each community hospital including Bronllys, Ystradgynlais, Llanidloes)	
North Powys Wellbeing	Next steps on integration with PCC	
Strategic Review of Mental Health Services (including Crug Ward)	Maternity including SaTH and CTM pathways	
Living within our means (organisation) and overall impact on service delivery and pathways	Cost of living impact on our patients (impact on self care, maintaining independence, carer support, cost of access to services etc.) and our staff (impact on recruitment & retention, morale, discretionary effort)	
Overall Public Perception of the NHS (including NHS75)	NHS Dentistry, 24 hour urgent primary care model (111, MIU, Shropdoc etc.) and GP Access	
Review of EMRTS / WAA and other potential high impact/sensitivity service changes TBC	High impact / sensitivity neighbouring service change (NHS Future Fit, H&W Stroke, All-Wales Stroke, HDUHB site location / paedts)	Lower impact / sensitivity neighbouring service change (Cochlear/BCHI etc.)
Industrial Action impact		

# Q3 and Q4 Forward Look

This section sets out current priorities for the Engagement and Communication Team for Q3 and Q4. Executive Directors are asked to identify other principal priorities for consideration during team priority setting.

Patterson, Liz  
12/12/2022 08:45:33



## Q3 Priorities and forward look to Q4

Work Area	Q3/Q4 Priorities	Status	Current Position	Lead
Focus on Wellbeing	1.1 Implement winter respiratory vaccination campaign (COVID, Flu) to encourage uptake, overcome barriers to uptake and reduce inequalities		<ul style="list-style-type: none"> <li>Local delivery plan for COVID and Flu immunisation in autumn 2022 is being developed</li> <li>National campaign materials being developed by PHW</li> </ul>	<ul style="list-style-type: none"> <li>Director of Public Health (Programme Director)</li> </ul>
	1.2 Continue to implement “Protect” agenda to warn and inform the public about COVID-related risks subject to changing public health conditions		<ul style="list-style-type: none"> <li>Remain alert for “COVID urgent” requirements</li> <li>Awaiting further national guidance on TTP requirements for the winter</li> </ul>	<ul style="list-style-type: none"> <li>Director of Public Health / Prevention &amp; Response Strategic Oversight Group (Programme Director)</li> </ul>
	1.3 Support amplification and delivery of national wellbeing campaigns that support local PTHB priorities (e.g. Healthy Weight Healthy Wales, Help Me Quit, Childhood Immunisation)		<ul style="list-style-type: none"> <li>Forward planner in place</li> <li>Delivery, utilising WG and PHW provided materials to amplify across PTHB's earned and owned channels</li> </ul>	<ul style="list-style-type: none"> <li>Director of Public Health (as proxy for PHW and WG national activity)</li> </ul>
	1.4 Promote support for Cost of Living		<ul style="list-style-type: none"> <li>Activity in place through channels to raise awareness</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>
Early Help and Support	2.1 Promote alternatives to primary care dentistry (e.g. self-care), support activities to manage demand and capacity (e.g. DNAs) and build confidence in the steps the health board is taking to address availability of NHS dentistry		<ul style="list-style-type: none"> <li>Planning under way to support Designed To Smile campaign</li> <li>Continued publicity of Dental Helpline and how to access emergency dentistry</li> <li>Reactive media support</li> </ul>	<ul style="list-style-type: none"> <li>Director of Primary Care, Community and Mental Health Services (AD Primary Care / Clinical Director)</li> </ul>
	2.2 Support the sustainability of GP primary care services		<ul style="list-style-type: none"> <li>e.g. Caereinion Medical Practice capital development, next steps on Presteigne</li> </ul>	<ul style="list-style-type: none"> <li>Director of Primary Care, Community and Mental Health Services (AD Primary Care)</li> </ul>
	2.3 Deliver national Help Us Help You (winter) campaign locally in Powys to support & enable appropriate access to treatment in right place right time		<ul style="list-style-type: none"> <li>Local implementation of national campaign materials developed by WG</li> </ul>	<ul style="list-style-type: none"> <li>Director of Primary Care, Community and Mental Health Services (AD Primary Care / AD Community Services)</li> </ul>
	2.4 Support timely access to planned care including expectations management (Patient Training Portal)		<ul style="list-style-type: none"> <li>Recruit fixed-term B4 support to manage upload and testing of Portal content</li> <li>Implement Patient Training Portal - Upload, test and develop site content</li> </ul>	<ul style="list-style-type: none"> <li>Director of Planning and Performance (AD Transformation and Value) / Director of Finance and ICT (AD Digital Transformation)</li> </ul>
	See also 7.2			

# Q3 Priorities and forward look to Q4

Work Area	Q3/Q4 Priorities	Status	Current Position	Lead
Tackling the Big Four	3.1 Support strategic engagement and communication of the Strategic Review of Mental Health Services		<ul style="list-style-type: none"> <li>Activities TBC</li> </ul>	<ul style="list-style-type: none"> <li>Director of Primary Care, Community and Mental Health Services (AD Mental Health and Learning Disabilities)</li> </ul>
	3.2 Continue leadership of communication and marketing activity for national implementation and deployment of SilverCloud		<ul style="list-style-type: none"> <li>Launch activities for CYP modules under way in M7</li> <li>Activities to support brand disambiguation under way and development of targeted collateral for Wales</li> </ul>	<ul style="list-style-type: none"> <li>Director of Primary Care, Community and Mental Health Services (AD Mental Health and Learning Disabilities)</li> </ul>
	3.3. Support for engagement and communication on Herefordshire & Worcestershire Stroke Services and wider national stroke review in Wales		<ul style="list-style-type: none"> <li>Engagement completed on Herefordshire and Worcestershire stroke services</li> <li>National stroke board due to be established in Wales from M7</li> </ul>	<ul style="list-style-type: none"> <li>Director of Therapies and Health Science</li> </ul>
	3.4 Support the implementation of ChatHealth platform for school nursing for yp emotional health		<ul style="list-style-type: none"> <li>Marketing collateral developed during Q3 ready for implementation</li> </ul>	<ul style="list-style-type: none"> <li>Director of Primary Care, Community and Mental Health Services (AD Women &amp; Children's)</li> </ul>
Joined Up Care	4.1 Support the design and delivery of the frailty and community model for Powys, with a particular focus on the model for East Radnorshire		<ul style="list-style-type: none"> <li>Development and delivery of engagement approach for East Radnorshire Community Model</li> </ul>	<ul style="list-style-type: none"> <li>Director of Primary Care, Community and Mental Health Services (AD Community Services)</li> </ul>
	4.2 Working in partnership to support Powys residents to address impacts from cost of living on personal agency and health choices		<ul style="list-style-type: none"> <li>Web presence established</li> <li>Initial discussions under way with PCC</li> <li>National campaign materials expected for local use</li> </ul>	<ul style="list-style-type: none"> <li>TBC</li> </ul>
	4.3 Support engagement on WHSSC developments and priorities		<ul style="list-style-type: none"> <li>Engagement under way on WHSSC 10 year strategy</li> <li>Planning in place for engagement on cochlear / BCHU</li> </ul>	<ul style="list-style-type: none"> <li>Director of Planning &amp; Performance</li> </ul>
	4.4 Support for wider delivery of urgent & emergency care including six goals and 24-7 urgent primary care model		<ul style="list-style-type: none"> <li>Initial work under way in relation to future model of EMRTS / WAA</li> </ul>	<ul style="list-style-type: none"> <li>Director of Planning &amp; Performance</li> </ul>
	See also 2.2 "Help Us Help You" activity			

## Q3 Priorities and forward look to Q4

Work Area	Q3/Q4 Priorities	Status	Current Position	Lead
Workforce Futures	5.1 Plan and deliver replacement activities for Diolch Powys event		<ul style="list-style-type: none"> <li>Event on 16 September was cancelled due to period of national mourning. Work under way on HWB roadshows – see special focus</li> </ul>	<ul style="list-style-type: none"> <li>Director of Corporate Governance (Associate Director of Corporate Business / Assistant Director of Engagement and Communication)</li> </ul>
	5.2 Work with WOD on the recruitment offer to further utilise digital and social media		<ul style="list-style-type: none"> <li>Promote recruitment events.</li> <li>Working with WOD to develop an updated recruitment campaign and support across PTHB's earned and owned digital channels to maximise opportunities to see PTHB job adverts, and to support specific nurse, HCSWs, and scarce roles.</li> </ul>	<ul style="list-style-type: none"> <li>Director of Workforce and Organisational Development (Deputy Director of Workforce and Organisational Development)</li> </ul>
	5.3 Promote the development and delivery of the Health and Care Academy including through an official opening and/or open day		<ul style="list-style-type: none"> <li>Official opening is taking place on Thursday 13 October 2022</li> <li>Work under way to plan for wider open day activities later in the year</li> </ul>	<ul style="list-style-type: none"> <li>Director of Workforce and Organisational Development (Deputy Director of Workforce and Organisational Development)</li> </ul>
	5.4 Work in partnership with WOD to develop a refreshed Employee Engagement and Communications Strategy		<ul style="list-style-type: none"> <li>Development meeting has taken place in M7</li> <li>Further work planned following discussions with incoming interim DWOD</li> </ul>	<ul style="list-style-type: none"> <li>Director of Workforce and Organisational Development (Deputy Director of Workforce and Organisational Development)</li> </ul>
	5.5 Identify and deliver priority actions in relation to staff financial wellbeing and industrial action		<ul style="list-style-type: none"> <li>Financial wellbeing pages in place on intranet and work in place in partnership with WOD for active promotion</li> <li>Silver BCP group in place for industrial action, comms plan in place</li> </ul>	<ul style="list-style-type: none"> <li>Director of Workforce and Organisational Development (Deputy Director of Workforce and Organisational Development)</li> </ul>
Digital First	6.1 Continue implementation of SharePoint intranet and staff digital channels		<ul style="list-style-type: none"> <li>Continue the delivery of Service Area Communications Hub sites; digital consultancy to Directorates and Teams to improve the user journey and build a sustainable and user-focused intranet site</li> </ul>	<ul style="list-style-type: none"> <li>Director of Finance and ICT (Assistant Director of Engagement and Communication)</li> </ul>
	6.2 Continue implementation of Healthcare Communications programme		<ul style="list-style-type: none"> <li>Continue roll-out of SMS/IVR project</li> <li>Support implementation of digital print review</li> </ul>	<ul style="list-style-type: none"> <li>Director of Finance and ICT (Assistant Director of Digital Transformation and Information)</li> </ul>
	6.3 Implement Yammer as a tool to support staff communication and engagement		<ul style="list-style-type: none"> <li>Plan to implement Yammer across the organisation by end of Q3, with initial focus on health &amp; wellbeing (including financial wellbeing) and sustainability</li> </ul>	<ul style="list-style-type: none"> <li>Director of Corporate Governance (Associate Director of Corporate Business / Assistant Director of Engagement and Communication)</li> </ul>
	6.4 Continue implementation of Community Training Platform		<ul style="list-style-type: none"> <li>Complete content development/upload and testing for the portal during Q3-4, in partnership with Digital Transformation team</li> </ul>	<ul style="list-style-type: none"> <li>Director of Finance and ICT (Assistant Director of Digital Transformation / Assistant Director of E &amp; C)</li> </ul>
	6.5 Implement GovDelivery e-comms solution		<ul style="list-style-type: none"> <li>Platform approved through Digital Governance Board with implementation plan in development</li> </ul>	<ul style="list-style-type: none"> <li>Director of Corporate Governance (Assistant Director of Engagement and Communication)</li> </ul>

## Q3 Priorities and forward look to Q4

Work Area	Q3/Q4 Priorities	Status	Current Position	Lead
Innovative Environments	7.1 Provide communication and engagement support to principal capital programmes as appropriate		<ul style="list-style-type: none"> <li>Indicative priorities: Machynlleth, Brecon Car Park, BJC for Llandrindod Wells Phase 2, Llanfair Caereinion Primary Care Centre</li> </ul>	<ul style="list-style-type: none"> <li>Director of Environment (Assistant Director of Capital and Estates)</li> </ul>
	7.2 Support agreed priorities in relation to decarbonisation (carbon neutral prescribing project)		<ul style="list-style-type: none"> <li>Funding secured for carbon-neutral prescribing campaign</li> <li>Provider has been procured</li> <li>Detailed planning &amp; design under way for launch in M11</li> </ul>	<ul style="list-style-type: none"> <li>Director of Environment (Chief Pharmacist)</li> </ul>
Transforming in Partnership	8.1 Develop options for the re-establishment of continuous engagement mechanisms (e.g. local health forums)		<ul style="list-style-type: none"> <li>Initial meeting planned for M7</li> <li>Implement consultation certification for wider pool of staff through Consultation Institute and strengthen awareness/use of Engagement HQ across the health board</li> </ul>	<ul style="list-style-type: none"> <li>Director of Corporate Governance (Assistant Director Engagement and Communication)</li> </ul>
	8.2 Delivery of Q3 plan for North Powys Wellbeing Programme		<ul style="list-style-type: none"> <li>Engagement and Communication Plan for OBC approved by Programme Board at end of M6</li> </ul>	<ul style="list-style-type: none"> <li>Director of Primary Care, Community and Mental Health Services (Programme Lead)</li> </ul>
	8.3 Support whole system engagement in the development of the Area Plan and Well-being Plan		<ul style="list-style-type: none"> <li>Initial planning under way</li> <li>Powys Engagement and Involvement Network established to support joint working</li> </ul>	<ul style="list-style-type: none"> <li>Director of Planning &amp; Performance (AD Engagement and Communication / AD Planning)</li> </ul>
	8.4 Support ongoing engagement and/or consultation in relation to strategic change programmes within and outside Powys		<ul style="list-style-type: none"> <li>Strategic Change report updated and approved by T&amp;V, including escalation and highlight reports on engagement &amp; consultation priorities, with plan in place for routine reporting to CHC SPC</li> <li>Initial work under way on accelerated service model</li> <li>Planning for engagement/consultation on South Wales Cochlear/BCHI and HDUHB new site location &amp; paed.</li> </ul>	<ul style="list-style-type: none"> <li>Director of Planning &amp; Performance (AD Engagement and Communication / AD Planning)</li> </ul>
	8.5 Support engagement and communication in relation to key governance priorities		<ul style="list-style-type: none"> <li>Announcement of appointment of Chair in place.</li> <li>Work under way on Chair induction and positioning</li> </ul>	<ul style="list-style-type: none"> <li>Director of Corporate Governance (Assistant Director Engagement and Communication)</li> </ul>
	8.6 Conclude next phase of work on digital screen implementation		<ul style="list-style-type: none"> <li>Public facing screen implementation under way</li> <li>Pursue funding sources for further expansion</li> </ul>	<ul style="list-style-type: none"> <li>Director of Corporate Governance (AD Director Engagement and Communication)</li> </ul>
	8.7 Support organisational messaging on financial position		<ul style="list-style-type: none"> <li>Work with Finance Team on organisational messaging for financial position</li> </ul>	<ul style="list-style-type: none"> <li>Director of Finance and ICT (Deputy Director of Finance)</li> </ul>

# High level plan of Q3 & Q4 campaigns

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

Patterson, Liz  
12/12/2022 08:45:33

# National and local campaigns plan: PTHB Q2 to Q4 2022/23

FDP SDLJQ	Dxjxvw				Vhswp ehv				R fwrehu				Qryhp ehv				Ghfhp ehv				Mdqxdv				Iheuxdv				P dufk			
SWKE • FRYIG 04< iluw2vhfrqg grvh . errvwhuv +dæ d vrq,																																
Vxp p huVdihw  Fdp sdljq																																
P P U2P hqDFZ \																																
Khos P h T x lw +skdvh L,																																
Idæv Suhyhqwlrq Z hhn																																
Q dwlrqdo. SWKE • Dxwvp q FRYIG 2iox ydfflqdwlrqv																																
Khdoæ   Z h l j k w Khdoæ   \rx +gdwhv WEF,																																
Erz hoVfuhhq lqj R swp lvdwlrq																																
V sklv dgg Jrqrurkrhd																																
SWKE • Fduerq Uhgxfwlrq fdp sdljq																																
Kdsxv																																
Dqwlq lfureldouhvlwdqfh dz duhghvv																																
SWKE • uhfuxlw hqw fdp sdljq +gdwhv WEF, dgg KFD wdlq lqj riihu +æxqfk hyhqw 46243 -,																																
Khos P h T x lw +skdvh L,																																
Xqghuwdqg lqj Vfuhhq lqj +gdwhv WEF T 7,																																
Vfuhhq lqj iruwdqv dgg j hqghu qlhuwh +gdwhv WEF T 7,																																

# Resource and Governance

This section sets out current team resources and risk management.

Patterson, Liz  
12/12/2022 08:45:33

# Team development

In order to meet the needs of the business, over the past six months the team has continued to develop close working relationships with the Digital Transformation and Informatics team, the RIIC Hub, Silvercloud (Wales) and the Director of Environment. Collaboration and partnership working has created new fixed-term contract and funding opportunities to help support the development of key strategic projects and increase the skills and capacity of the team.

Activities during Q1 and Q2 include:

- Hosting the new Digital Apprentice, who splits her time between the RIIC Hub and the Engagement and Communications team (to end academic year 2024)
- Recruiting an experienced communicator into the team to develop and deliver the Silvercloud programme communications within Wales (to end December 2024)
- Extending the contract of our fixed-term designer to help support the demands of the Silvercloud rebranding and development of new campaigns materials (part time to end March 2023)
- Collaborating with the Digital Transformation and Informatics team to extend the funding for our fixed-term Digital Communications Officer, to continue to manage and develop our digital and social media channels, SharePoint intranet deployment and oversee the communications aspects of the deployment of the Patient Training Portal (currently to mid-May 2023).
- Recruitment on a fixed-term basis of support to manage the content upload and site management of the Patient Training Portal (until end March 2023)
- Supporting a secondment on promotion of a team member to the RIIC Hub both as ILA Business Manager (0.8 to end March 2023) and as the Digital Fellow (0.2 to end July 2023)
- Agreed continued secondment of North Powys Wellbeing Programme communications lead from Powys County Council (to end March 2023)
- Bidding for and winning Welsh Government funding to deliver a Carbon Reduction Prescribing campaign, which includes contracting in support from a small agency, Brandrock, to model a delivery method that is replicable for NHS Wales in-house communications team (to end March 2023)
- Extension of the secondment of the Head of Engagement and Communication from Public Health Wales to Powys Teaching Health Board (until end March 2023)
- Return of the Assistant Director (Engagement and Communication) in August 2022 from a one year secondment as Programme Director (COVID Vaccination and TTP)



# Resources

The PTHB Engagement and Communication currently has 2.0wte staff members in permanent contracts. 2.0wte other roles are currently vacant (e.g. secondment) and the remaining posts are fixed term with most ending by spring 2023.

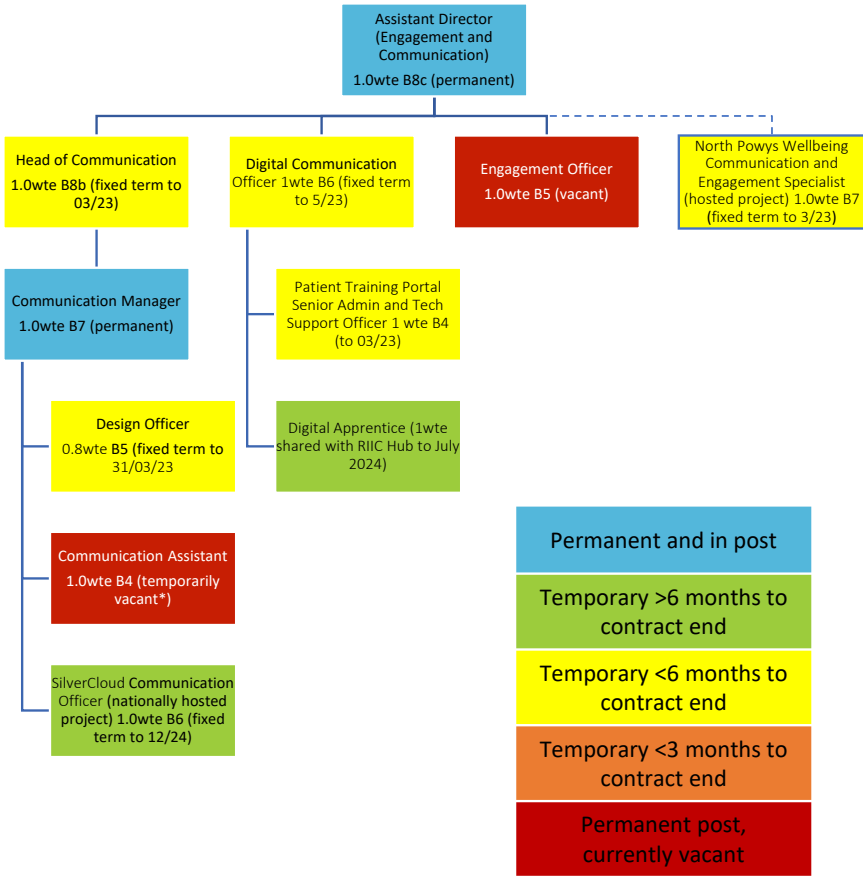
## Corporate Engagement and Communication Team

- 2.0wte permanent members of staff (Assistant Director and Communications Manager – AD returned to post in August following 1 year secondment to COVID response)
- 2.0wte vacancies:
  - Communication Assistant on secondment as ILA Business Manager (0.8wte) to 3/23 and as Digital Fellow (0.2wte) to 7/23
  - Engagement Officer vacant pending review of engagement requirements
- 2.8wte fixed term members of staff (all fixed term contracts end by 5/23)
  - Graphic Design Officer (part time) to 31/03/23
  - Head of Communication to 31/03/23
  - Digital Communication Manager to 05/23

## Hosted Posts

- 3.5wte fixed term posts with funding linked to specific programmes:
  - 1.0wte SilverCloud (to 12/24)
  - 1.0wte North Powys Wellbeing (to 03/23) – hosted in North Powys Wellbeing Team
  - 1.0wte Patient Training Portal (to 03/23)
  - 0.5wte Digital Marketing Apprentice (other 0.5wte in RIIC Hub)

The engagement and communication team does not have a local non-pay budget for discretionary use on programme activities. Programme activities are funded by the relevant lead department.



# Internal Assessment of Compliance and Assurance

Theme	Line of enquiry	Status	Examples	Further actions to be considered
STRATEGY	Does the health board have an agreed strategic programme of engagement and communication activity in place that supports the organisation to achieve its strategic objectives and manage its principal risks?	OK	This report sets out the key activities and programmes for the Engagement and Communication Team aligned to the Annual Plan delivery priorities for the health board. It is kept under review including at Executive Committee (most recently on 29 November 2022).	Continue to review and update the engagement and communication programme at least quarterly. The 2022/23 plan has benefited from additional short-term funding (e.g. COVID-related) but will need to be reviewed from 2023/24 to reflect the end of fixed term funding.
ENGAGE	Are capacity, capability, systems and processes in place to support compliance with relevant legislation and guidance on engagement & consultation on service change?	Some gaps	The health board has an experienced senior lead in engagement & consultation to provide advice and expertise. Recent engagement/consultation activities have adequately addressed legislation and guidance. Engagement HQ ( <a href="http://www.haveyoursaypowys.wales">www.haveyoursaypowys.wales</a> ) has been established as an integrated engagement platform across RPB partners and the next step will see the implementation of govDelivery to strengthen direct delivery of information to our stakeholders.	Develop options for the re-establishment of continuous engagement mechanisms (e.g. local health forums) [See 8.1]
CAMPAIGNS	Are plans and campaigns developed using appropriate models such as COM-B and OASIS?	Further work	Historically the pace of work requirements combined with relatively small team capacity has meant that the planning approach has often been quite dynamic and responsive. COM-B is increasingly being used as a framework for planning, and core tools are in place for engagement/consultation (workbook) and communications (plan on a page).	Continue to maintain and strengthen use of planning tools
AUDIENCES and CHANNELS	Does the health board have a range of channels in place to reach different audiences?	Some gaps	The engagement and communication team manages a wide range of internal channels (including the new SharePoint intranet, Powys Announcements, staff digital screens) and external channels (including website, Facebook, Twitter, Instagram, NextDoor, patient screens, Engagement HQ). Implementation of Yammer (internal), GovDelivery (external) and Community Training Platform is under way. In addition, hosted posts (SilverCloud, North Powys Wellbeing) manage channels relevant to their programmes.	Some rationalisation will be needed in 2023/24 to ensure that our channel strategy is achievable within available resources.
EQUALITY and INCLUSION	Is the health board's approach to engagement and communication meeting statutory requirements and best practice in relation to Welsh Language, Equality Act, Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018 etc?	Some gaps	Core legislative requirements are being met (e.g. CY and EN website, CY and EN social media channels, website platform developed to fulfil Accessibility Regulations) but resource constraints place limitations on our ability to meet best practice standards (e.g. multiple formats & languages) and a risk-based approach needs to be taken.	Continue to keep under review based on organisational priorities, risks and resources.
STAFFING	Is an appropriate staffing model in place with plans to support the development of the skills and capabilities of the team?	Some gaps	PADR and statutory & mandatory training remains a key focus on team meetings and 1:1s although there are currently some areas of non-compliance exacerbated by staff turnover, secondments and short/fixed term nature of contracts. Key areas of development include current hosting of administrator for Community Training Platform and joint support for Apprentice with RIIC.	Currently considering options for staff development programmes focused on (a) engagement and consultation and (b) graphic design.
PARTNERSHIP	Does the team make effective use of partnerships to maximise benefit for the people of Powys?	Some gaps	The team leads or participates in a wide range of partnerships including: All-Wales NHS Comms Directors, WG Heads of Comms group, All-Wales Engagement Leads, RPB Engagement and Insight Network, PTHB-PCC Comms Collaborative, MURA Service Implementation Board. Members of the team also take on national lead roles (e.g. Duty of Candour/Quality)	Continue to take advantage of opportunities to strengthen local partnerships
EVALUATION	Is evaluation and insight embedded in the work of the team to inform future planning and priorities?	Further work	Evaluation and review of engagement/consultation processes is reasonably well-developed but formal evaluation is less-well established within communication programmes	Consider options for prudent evaluation,

# Management of Principal Risks

The key risks to the team are summarised below. These represent risks to the delivery of the overall communications programme rather than corporate risks to the organisation. Team and programme risks are consolidated for the corporate risk register to reflect overall risk to the organisation. The risk register is still under development following the return of the Assistant Director from secondment in August 2022.

Risk Description	Initial Score	Actions under way	Mitigated Score	Further actions to be considered	Risk Appetite
Communications activity to support delivery of strategic objectives and management of risk will significantly reduce from Q1 2023/24 when current fixed term contracts end unless action is taken to extend contracts.	4x3=12	Work is under way to review resource requirements for 2023/24 to ensure sufficient resources to deliver a prioritised work programme.	4x3=12	Need to develop updated resource proposal by end November 2022.	
Insufficient continuous engagement activity to meet statutory requirements on engagement and consultation due to lack of dedicated engagement capacity and resource.	4x4=16	Options for re-establishing continuous engagement mechanisms that were paused during COVID are under consideration. In the meantime, a Have Your Say Powys digital platform has been established.	4x3=12	Finalise and agree proposals for 2023/24 by end November 2022.	
Sub-optimal out-of-hours and major incident communications response due to insufficient permanent specialist communications resource to enable 7-day on call rota and therefore reliance on discretionary support and goodwill.	3x4=12	Major incidents in Powys requiring significant out of hours support are rare but a circumstance may arise where a significant issue arises and on-call expertise is not available. AD (engagement and communication) has undertaken Gold Command training to strengthen personal skills and awareness and is part of on-call rota	3x3=9	Organisational response continues to rely on an element of goodwill and discretionary effort. Further work required to understand risk tolerance and mitigation options.	
Risk that channels and delivery are non-compliant with increasingly complex compliance requirements (e.g. Welsh language, accessibility) and or delivery/productivity does not match organisational expectations due to compliance requirements	4x3=12	Short term investment in additional digital capacity has supported the organisation in relation to Welsh Language compliance although some non-compliances have been identified and addressed. Accessibility compliance remains sub-optimal.	3x3=9	Review resource requirements and/or key decisions needed in relation to channel prioritisation (e.g. reduce number of health board channels to ensure manageability)	

Patterson Liz  
12/12/2022 08:45:33

# Special Focus

Strengthening internal communications and reviewing staff engagement channels

Patterson, Liz  
12/12/2022 08:45:33

# Overview

The COVID-19 pandemic response, and subsequent recovery and renewal phase, has presented a period of unprecedented disruption for PTHB staff and the organisation as a whole.

Driven by necessity digital systems advanced rapidly, bringing benefits to desk-based staff and making engagement with them easier. However, patient-facing staff have not enjoyed the same opportunities due to a lack of easy IT access.

This disruption, combined with senior level changes in the Board and Executive team, presents a challenge and an opportunity – also with the added UK-wide context of financial uncertainty. Alongside our recovery and renewal programmes, our focus on delivery of A Healthy Caring Powys remains firmly in place and is supported by the Workforce Futures Strategic Framework.

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

A Staff Engagement touchpoint group has been established, comprising the Assistant Director (Engagement and Communication), Assistant Director (Workforce and Organisational Development), interim Head of Communications, Head of Organisational Development, Occupational Health and Wellbeing Service Improvement Manager and Workforce Development Facilitator. This group has identified a range of issues for action or exploration to support Workforce Futures, and specifically to:

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



# Internal Communication and Staff Engagement Work Plan

Theme	Work Focus	Status	Current Position	Next Steps
Leadership	Maintain and develop CEO briefings		<ul style="list-style-type: none"> <li>Regular CEO briefings have continued to take place during Q1 and Q2 with over 100 people attending the most recent session, and videos shared via intranet and staff Facebook group to expand reach.</li> </ul>	<ul style="list-style-type: none"> <li>Next steps include increasing the number of Director-led briefings as well as including relevant service and policy leads in CEO briefings to showcase their activities.</li> </ul>
Leadership	Establish fortnightly “message from ..” CEO and Directors		<ul style="list-style-type: none"> <li>This is a priority area of focus for Q3/Q4</li> </ul>	<ul style="list-style-type: none"> <li>This is a priority area of focus for Q3/Q4</li> </ul>
Leadership	Re-establish executive visits and “back to the floor”		<ul style="list-style-type: none"> <li>This is a priority area of focus for Q3/Q4</li> </ul>	<ul style="list-style-type: none"> <li>Whilst the Diolch Powys kick-off event needed to be cancelled, planning is now under way for a series of roadshow events across the county</li> </ul>
Recognition & Voice	Develop and deliver Diolch Powys thank you event and roadshows		<ul style="list-style-type: none"> <li>Detailed planning and preparation had been undertaken for a Diolch Powys event on 16 September but this was cancelled on 9 September following the news of the death of Her Majesty Queen Elizabeth II</li> </ul>	<ul style="list-style-type: none"> <li>See above and also Health &amp; Wellbeing Roadshows</li> </ul>
Recognition & Voice	Work with WOD to support refresh of the Chat to Change format including clearer corporate reporting routes		<ul style="list-style-type: none"> <li>This is a priority area of focus for Q3/Q4</li> </ul>	<ul style="list-style-type: none"> <li>This is a priority area of focus for Q3/Q4. Membership is currently being reviewed and refresh &amp; re-launch activities are planned during Q3.</li> </ul>
Recognition & Voice	Support and strengthen appreciation events		<ul style="list-style-type: none"> <li>Certificate of Appreciation events have continued through Q1 and Q2</li> </ul>	<ul style="list-style-type: none"> <li>Reintroduce “spotlight on” elements to the appreciation events to help showcase the work of individual services</li> </ul>
Recognition & Voice	Review and develop options for reintroducing staff awards		<ul style="list-style-type: none"> <li>Key focus during Q1 and Q2 has been on certificate of appreciation events</li> </ul>	<ul style="list-style-type: none"> <li>Develop options for future awards arrangements, potentially to re-establish by Spring 2023</li> </ul>
Recognition & Voice	Establish “pulse” survey process between NHS Wales Staff Surveys		<ul style="list-style-type: none"> <li>This is a priority area of focus for Q3/Q4</li> </ul>	<ul style="list-style-type: none"> <li>Draft Pulse Survey developed for piloting during Q3</li> </ul>
Recognition & Voice	Plan and deliver NHS Wales Staff Survey		<ul style="list-style-type: none"> <li>National implementation has been deferred</li> </ul>	<ul style="list-style-type: none"> <li>Currently expected in Q4</li> </ul>
Recognition & Voice	Engage with staff to develop options for celebrating NHS75 during 2023		<ul style="list-style-type: none"> <li>This is a priority area of focus for Q3/Q4</li> </ul>	<ul style="list-style-type: none"> <li>This is a priority area of focus for Q3/Q4</li> </ul>

# Internal Communication and Staff Engagement Work Plan

Theme	Work Focus	Status	Current Position	Next Steps
Wellbeing	Re-establish staff health and wellbeing roadshows		<ul style="list-style-type: none"> <li>This is a priority area of focus for Q3/Q4</li> </ul>	<ul style="list-style-type: none"> <li>Work is under way to re-establish staff health and wellbeing roadshows from Q3, which will also incorporate executive visits to sites across the county</li> </ul>
Wellbeing	Deliver programme of health and wellbeing campaigns through internal channels		<ul style="list-style-type: none"> <li>This is a priority area of focus for Q3/Q4</li> </ul>	<ul style="list-style-type: none"> <li>During Q3 the Staff Engagement Touchpoint group will identify a programme of priority health and wellbeing campaigns, with information and support available through health board channels</li> </ul>
Wellbeing	Launch new VIVUP staff wellbeing offer		<ul style="list-style-type: none"> <li>This is a priority area of focus for Q3/Q4</li> </ul>	<ul style="list-style-type: none"> <li>VIVUP have been awarded the contract for a range of staff support services, and a programme of events and activities to launch the new service is under way</li> </ul>
Channels	Establish new SharePoint based intranet with interactive presence for individual services and departments		<ul style="list-style-type: none"> <li>We have successfully launch the new SharePoint intranet site, and worked with departments to develop 22 live Service Area communications hub sites with a further 17 already in development. All of these are accessible from work and personal devices via a registered health board email address.</li> </ul>	<ul style="list-style-type: none"> <li>We will conclude the on-boarding of the 17 sites currently in development and continue to on-board further departments to the SharePoint intranet.</li> <li>A six month review meeting is being planned to gather feedback on the progress so far, and priorities for the next steps.</li> </ul>
Channels	Review and update Powys Announcements format		<ul style="list-style-type: none"> <li>Powys Announcements are now issued as a news digest of SharePoint intranet articles, which also means that staff can access from home and via a personal device through the NHS login</li> </ul>	<ul style="list-style-type: none"> <li>A six month review meeting is being planned to gather feedback on the progress so far, and priorities for the next steps.</li> </ul>
Channels	Assess options for introducing Yammer as a staff engagement platform		<ul style="list-style-type: none"> <li>A business case for Yammer implementation has been developed.</li> </ul>	<ul style="list-style-type: none"> <li>Yammer is due to be soft-launched as a staff engagement platform across the organisation during Q3, with a initial focus on refresh and re-launch of Chat to Change</li> </ul>
Channels	Support staff-side to create SharePoint hub site		<ul style="list-style-type: none"> <li>This is a priority area of focus for Q3/Q4</li> </ul>	<ul style="list-style-type: none"> <li>This is a priority area of focus for Q3/Q4</li> </ul>

Patricia  
12/12/2022 08:45:33

<b>WORKFORCE AND CULTURE COMMITTEE</b>		<b>Date of Meeting: 13 December 2022</b>
<b>Subject:</b>	<b>COMMITTEE BASED RISKS ON THE CORPORATE RISK REGISTER</b>	
<b>Approved by:</b>	Interim Board Secretary/	
<b>Presented by:</b>	Director of Workforce and OD	
<b>Prepared by:</b>	Interim Corporate Governance Manager	
<b>Other Committees and meetings considered at:</b>	n/a	

#### **PURPOSE:**

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

#### **RECOMMENDATION(S):**

It is recommended that the Committee CONSIDERS the December 2022 version of the Committee Based Risk Register, which reflects the risks identified as requiring oversight by this Lead Committee. This iteration of the Committee Risk Register is based upon on the Corporate Risk Register (CRR) considered by the Board on 30 November 2022.

The Committee is asked to NOTE that a fundamental review of the Corporate Risk Register was undertaken in Q2 of 2022-23 in order to align the CRR to the priorities identified within the Integrated Medium-Term Plan 2022-25 and include the emergent risks arising from the risk identification sessions held with the Board and Executive Committee in June 2022.

The revised CRR was approved by the Board on 28 September 2022, and the risks identified as requiring oversight by this Lead Committee constitute the revised Committee Based Risk Register attached as **Appendix A**.

<b>Approval/Ratification/Decision</b>	<b>Discussion</b>	<b>Information</b>
---------------------------------------	-------------------	--------------------



x	✓	✓
---	---	---

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

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

**EXECUTIVE SUMMARY:**

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

**BACKGROUND AND ASSESSMENT:**

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

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

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

**NEXT STEPS:**

The Risk and Assurance Group will continue to lead the ongoing development of the CRR, escalating any organisational risks for proposal to the CRR, for

consideration by the Executive Committee.

Patterson Liz  
12/12/2022 08:45:19



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

# **Workforce and Culture Committee Based Risk Register December 2022**

## CORPORATE RISK HEAT MAP: December 2022

There is a risk that...

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

## CORPORATE RISK DASHBOARD – December 2022

Risk Lead	Risk ID	Main Risk Type	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 & Safety of Services	Failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services	4 x 4 = 16	Low	8	✗	Workforce and Culture Committee	Organisational Priorities Underpinning all WBOs

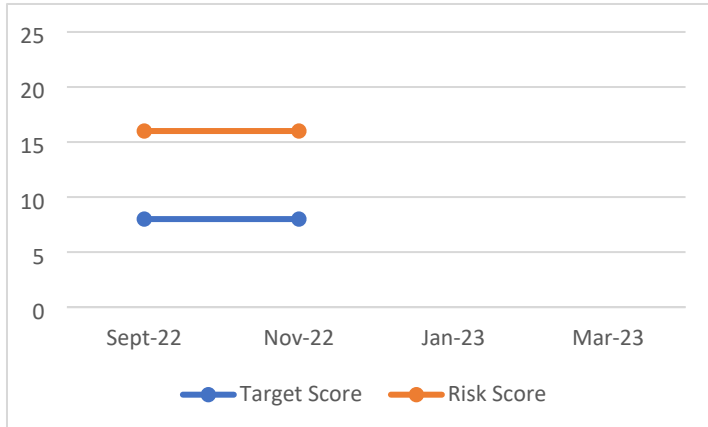
LIKELIHOOD	IMPACT				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost Certain 5	5	10	15	20	25
Likely 4	4	8	12	16	20
Possible 3	3	6	9	12	15
Unlikely 2	2	4	6	8	10
Rare 1	1	2	3	4	5

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

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

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

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

<b>CRR 006</b> <b>Risk that:</b> failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services		<b>Executive Lead:</b> Director of Workforce and Organisational Development  <b>Assuring Committee:</b> Workforce and Culture													
<b>Risk Impacts on:</b> Organisational Priorities underpinning all WBOs		<b>Date last reviewed:</b> October 2022													
<b>Risk Rating</b>  (likelihood x impact): Inherent: 4 x 4 = 16 <b>Current: 4 x 4 = 16</b> Target: 2 x 4 = 8	 <table><caption>Risk Rating Data</caption><thead><tr><th>Score Type</th><th>Value</th></tr></thead><tbody><tr><td>Current Risk Score</td><td>16</td></tr><tr><td>Target Score</td><td>8</td></tr></tbody></table>	Score Type	Value	Current Risk Score	16	Target Score	8	<b>Rationale for current score:</b> <ul style="list-style-type: none"><li>• The Temporary Staffing Unit is continuing to provide support to meet the health board staffing deficits. However, this has resulted in a significant and increasing reliance on agency staffing-to meet this demand. For the month of September 2022, RN bank was 7.40WTE and 21.07WTE from agency. For Bank HCSW it was 6.82WTE and 22.45WTE from agency.</li><li>• The health board currently has 13.5 WTE medical vacancies, of which 11 WTE are being covered via Locums.</li><li>• The health board continue to experience a particularly challenging position in respect of registered nurse vacancies (based on current establishment which are under review), with an overall vacancy deficit of 30%. This is more of an acute issue in 2 wards, where there is a deficit of 46% or over. Although this is a slight improvement on previously reported figures by 2% and 3% respectively the position is largely unchanged.</li></ul>							
Score Type	Value														
Current Risk Score	16														
Target Score	8														
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>▪ Recruitment events have been held in Knighton, Llanidloes, Welshpool and Machynlleth during September. The Health Board has also attended a national recruitment Fayre in Birmingham and student streamlining events in Swansea University.</li><li>▪ WOD are working with services to ensure all key vacant posts are being processed in a timely manner.</li><li>▪ A task and finish group has been set up to identify actions to mitigate variable pay and a review is being undertaken into the establishments for community wards.</li><li>▪ The first 2 overseas nurses have been inducted and support in their preparation to sit the OSCE exams. 1 has passed and just been awarded their PIN from the NMC.</li></ul>		<b>Mitigating actions (What more will we do?)</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td rowspan="2"><ul style="list-style-type: none"><li>• A review of further recruitment pipelines.</li><li>• A business case has been developed to be reviewed by the Executive Committee to support further overseas nurse recruitment and return to practice.</li></ul></td><td>DDWOD</td><td>Q3/4</td></tr><tr><td>DDWOD</td><td>Q3/4</td></tr><tr><td><ul style="list-style-type: none"><li>• Additionally, preparations are underway to review the viability to take a further 5 overseas nurses in early 2023.</li></ul></td><td>DDWOD</td><td>Q3/4</td></tr></tbody></table>			Action	Lead	Deadline	<ul style="list-style-type: none"><li>• A review of further recruitment pipelines.</li><li>• A business case has been developed to be reviewed by the Executive Committee to support further overseas nurse recruitment and return to practice.</li></ul>	DDWOD	Q3/4	DDWOD	Q3/4	<ul style="list-style-type: none"><li>• Additionally, preparations are underway to review the viability to take a further 5 overseas nurses in early 2023.</li></ul>	DDWOD	Q3/4
Action	Lead	Deadline													
<ul style="list-style-type: none"><li>• A review of further recruitment pipelines.</li><li>• A business case has been developed to be reviewed by the Executive Committee to support further overseas nurse recruitment and return to practice.</li></ul>	DDWOD	Q3/4													
	DDWOD	Q3/4													
<ul style="list-style-type: none"><li>• Additionally, preparations are underway to review the viability to take a further 5 overseas nurses in early 2023.</li></ul>	DDWOD	Q3/4													

<ul style="list-style-type: none"> <li>Weekly reports on temporary staffing are produced and shared with Community Service Managers and reviewed mid-week to ensure optimum cover options are explored.</li> </ul>	<ul style="list-style-type: none"> <li>A proposal for a systematic approach to workforce planning has been developed for consideration by Executive Committee</li> </ul>		
<b>Current Risk Rating</b>	<b>Update including impact of actions to date on current risk score</b>		
<b>4 x 4 = 16</b>	A Workforce Programme Board has been established to review the existing and future targeted actions aligned to the strategic priorities set out within the IMTP. The group is scheduled to meet in November.		



## **WORKFORCE AND CULTURE COMMITTEE PROGRAMME OF BUSINESS 2022-23**


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

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

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

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

	Item populated into Agenda
	Items requested to be added or following an Action
	Item brought forward

 Item deferred and tracked

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

MATTER TO BE CONSIDERED BY COMMITTEE		EXEC LEAD	SCHEDULED COMMITTEE DATES 2022-23			
			31 May	20 Sept	13 Dec	14 Mar
SP15	Workforce Futures: Staff Wellbeing and Engagement Overview Report - Approach to Assessing Wellbeing and Engagement - Occupational Health Performance - Staff survey - Audit Wales Report "Taking Care of the Carers" Actions Update	DWOD	✓		✓	
SP16	Workforce Futures: Education and Training Overview Report - Grow Our Own Model Progress - Advanced Practitioner Framework Progress - Development of Continuing Professional Development for Clinicians	DWOD		✓		
SP17	Workforce Futures Strategic Update (Carers and Volunteers)	DWOD	✓			
SP17	Workforce Futures: Partnership and Citizenship Highlight Report - Joint Health and Care Induction Framework - School of Volunteers and Carers Progress	DWOD				✓
SP21	Implementation of Agile Working & New Ways of Working	DE	✓			
SP23	Communication and Engagement	ADCB			✓	✓

MATTER TO BE CONSIDERED BY COMMITTEE		EXEC LEAD	SCHEDULED COMMITTEE DATES 2022-23			
			31 May	20 Sept	13 Dec	14 Mar
	- Annual Plan - Delivery Assurance Report					
SP25	Organisational Development Framework - Draft Framework - Approach to Assessment of Culture - Delivery Assurance Report	Workstream Leads				✓
	Safe Working Environments Assurance Report	DE			X reporting to D&P	
	Medical Job Planning Annual Report	MD				✓
<b>Governance Reports</b>						
	Committee Risk Register	BS	✓	✓	✓	✓
	Policies Delegated from the Board for Review and Approval	<b>As and when identified</b>				
	Review of Committee Programme of Business	BS		✓	✓	
<b>Committee Requirements as set out in Standing Orders</b>						
	Development of Committee Annual Programme Business	BS	✓ (22-23)			✓ (23-24)
	Annual Review of Committee Terms of Reference 2022/23	BS		✓		
	Annual Self-assessment of Committee effectiveness 2022/23	BS				✓
	<b>Total Number of Agenda Items</b>		<b>8</b>	<b>7</b>	<b>7</b>	<b>9</b>

## Action Log request

MATTER TO BE CONSIDERED BY COMMITTEE		EXEC LEAD	SCHEDULED COMMITTEE DATES 2022-23			
			31 May	20 Sept	13 Dec	14 Mar
	Single Point of Contact	DFIT				✓

*\*The items below have been agreed by Committee Chair to be presented at a future meeting. Timeframe to be agreed at agenda setting*

Additional/Deferred Items agreed at Committee	Date due	Comments
Implementation of Organisational Development Strategic Framework - DWOD	TBA	Deferred from 31/5/2022. CEO agreed Exec Lead is DWOD. Further work to be implemented.

KEY:

CEO: Chief Executive

DPP: Director of Planning and Performance

DFI&IT: Director of Finance, Information and IT

DPCCMH: Director of Primary, Community Care and Mental Health

MD: Medical Director

DoNM: Director of Nursing and Midwifery

DoTHS: Director of Therapies and Health Sciences

DWOD: Director of Workforce & OD

DPH: Director of Public Health

BS: Board Secretary

DE: Director of Environment

ADCB: Associate Director of Corporate Business