Workforce and Culture Committee

Tue 20 September 2022, 09:30 - 11:30

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

📄 WC_Agenda_20Sept2022.pdf (2 pages)

1.1. Welcome and Apologies

Oral   Chair

1.2. Declarations of Interest

Oral   Chair

1.3. Minutes from the previous meeting held on 31 May 2022

Attached   Chair

📄 WC_Item_1.3_ W&C Minutes_31_MAY_22_UNCONFIRMED.pdf (9 pages)

1.4. Matters arising from the minutes of the previous meeting

Oral   Chair

1.5. Workforce and Culture Committee Action Log

Attached   Chair

📄 WC_Item_1.5_Action Log Sept 2022.pdf (2 pages)

09:30 - 09:30
0 min

2. ITEMS FOR ASSURANCE

2.1. Workforce Performance Report

Attached   Director of Workforce and OD

📄 WC_Item_2.1_Workforce Performance Report Q1 2022.pdf (14 pages)

2.2. Workforce Futures: Workforce Planning and Education and Training

Attached   Director of Workforce and OD

📄 WC_Item_2.2_Workforce Futures Report Sept 22.pdf (14 pages)

09:30 - 09:30
0 min

3. ITEMS FOR DISCUSSION

3.1. Annual Review of Committee Terms of Reference 2022/2023

Attached   Board Secretary

📄 WC_Item_3.1_Review of Committee Terms of Reference.pdf (3 pages)
📄 WC_Item_3.1a_ToR_Sept21_Final.pdf (11 pages)

09:30 - 09:30
0 min

4. ESCALATED ITEMS

There are no items for inclusion within this section

09:30 - 09:30
0 min

5. ITEMS FOR INFORMATION

There are no items for inclusion within this section

09:30 - 09:30
0 min

6. OTHER MATTERS

6.1. Corporate Risk Register - Risks overseen by this Committee

Attached　　　　*Board Secretary*

📄 WC_Item_6.1_Committee Risk Report_September2022.pdf (2 pages)
📄 WC_Item_6.1a_Appendix_A_W&C_RiskRegister_Sep22.pdf (11 pages)

6.2. Committee Work Programme

Attached　　　　*Board Secretary*

📄 WC_Item_6.2_Committee_Work Programme_2022-23_September 2022.pdf (5 pages)

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

Oral　　　　*Chair*

6.4. Any Other Urgent Business

Oral　　　　*Chair*

6.5. Date of the next Meeting: 13 December 2022, 09:30-11:30 via Microsoft Teams

Oral　　　　*Chair*

POWYS TEACHING HEALTH BOARD
WORKFORCE & CULTURE COMMITTEE
TUESDAY 20 SEPTEMBER 2022,
09:30 – 11:30
VIA MICROSOFT TEAMS

		AGENDA		
Time	**Item**	**Title**	**Attached/Oral**	**Presenter**
	1	**PRELIMINARY MATTERS**		
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 31 May 2022	Attached	Chair
	1.4	Matters arising from the minutes of the previous meeting	Oral	Chair
	1.5	Workforce and Culture Committee Action Log	Attached	Chair
	2	**ITEMS FOR ASSURANCE**		
09:40	2.1	Workforce Performance Report	Attached	Director of Workforce and OD
10:10	2.2	Workforce Futures: • Workforce Planning • Education and Training	Attached	Director of Workforce and OD
	3	**ITEMS FOR DISCUSSION**		
11:00	3.1	Annual Review of Committee Terms of Reference 2022/2023	Attached	Interim Board Secretary
	4	**ESCALATED ITEMS**		
		There are no items for inclusion within this section		
	5	**ITEMS FOR INFORMATION**		
		There are no items for inclusion within this section		
	6	**OTHER MATTERS**		
11:10	6.1	Corporate Risk Register – risks overseen by this Committee	Attached	Interim Board Secretary
11:20	6.2	Committee Work Programme	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: 13 December 2022, 09:30 – 11.30 Via Microsoft Teams		

Patterson Liz
16/09/2022 11:45:48

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

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

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

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

POWYS TEACHING HEALTH BOARD

UNCONFIRMED
WORKFORCE AND CULTURE COMMITTEE MEETING HELD ON
TUESDAY 31 MAY 2022, 14:00 – 16:00
VIA MICROSOFT TEAMS

Present:

Ian Phillips	Independent Member (Chair)
Ronnie Alexander	Independent Member
Cathie Poynton	Independent Member

In Attendance:

Carol Shillabeer	Chief Executive Officer
Hayley Thomas	Deputy Chief Executive and Director of Primary, Community Care and MH
Jamie Marchant	Director of Environment
Pete Hopgood	Director of Finance and IT
Stephen Powell	Director of Planning and Performance
Mark McIntyre	Assistant Director of Workforce and Organisational Development
Phil Jones	Audit Wales
Claire Powell	Community Health Council
Louise Richards	Workforce Planning Manager
Paula Walters	Associate Director Corporate Business
Adam Pearce	Service Improvement Manager – Welsh Language
Carl Cooper	Powys Association of Voluntary Organisations

Apologies for absence:

Matthew Dorrance	Independent Member
Claire Madsen	Director of Therapies & Health Science
Julie Rowles	Director of Workforce and Organisational Development
James Quance	Interim Board Secretary

Committee Support:

Liz Patterson	Interim Head of Corporate Governance

Patterson Liz
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Workforce & Culture Committee
Held: 31 May 2022
Status: Awaiting Approval

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PRELIMINARY MATTERS	
W&C/22/01	**WELCOME AND APOLOGIES FOR ABSENCE** The Chair welcomed everyone to the meeting and confirmed the meeting was quorate. Apologies for absence were noted as recorded above.
W&C/22/02	**DECLARATIONS OF INTEREST** No declarations of interest were received.
W&C/22/03	**MINUTES FROM THE PREVIOUS MEETING, HELD 15 MARCH 2022** The Committee APPROVED the minutes of the meeting held 15 March 2022.
W&C/22/04	**MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING** *Are there any problems with assimilation when recruiting overseas nurses, and are there any standards of equivalence?* The Assistant Director of Workforce advised that when the overseas colleagues first join the organisation they work at Band 4 for three months and complete an assessment. Arrangements are being made to support staff pastorally to make the transition successful. *Have the overseas nurses arrived?* It was confirmed that there had been a 4-week delay in obtaining visas but contact details of two individuals had been received. The Independent Member Trade Union advised that the trade unions were working with the Workforce team to ensure pastoral concerns would be addressed. *An update on joint appointments was requested.* The Chief Executive advised that the Workforce Futures Programme included a workstream examining different employment models. Roles were being deconstructed to identify competencies and a paper would be brought to the Committee on Workforce Planning. **Action: Director of Workforce and OD**

W&C/22/05	**WORKFORCE AND CULTURE COMMITTEE ACTION LOG**
	W&C/21/15 – Request for Single Point of Contact to be included on the work programme.
	The Director of Finance and IT advised that work was ongoing to identify a digital solution that fitted with a service solution. A report would be brought to the next meeting of the Committee.

ITEMS FOR ASSURANCE

W&C/22/06 and W&C/22/07	**WELSH LANGUAGE STANDARDS MONITORING REPORT** **EQUALITIES, DIVERSITY, AND INCLUSION MONITORING REPORT** The Associate Director of Corporate Business introduced the items outlining that both reports had been considered at the Executive Committee where a number of comments had been made. These, along with any comments from the Committee would be collated and addressed and the final reports would be considered at the July Board for approval. The Service Manager – Welsh Language presented the reported outlining that there had been limited progress where actions needed to be taken in a face-to-face context and focus had been on areas where remote working was possible. There had been a number of changes to staff, but an Equalities and Welsh Language Officer and Welsh translator were now in post. The Communications Team had supported the promotion of Welsh Language events. The team had participated in all Wales equality events, provided training on a variety of topics, and equality is now part of the Manager training programme. Easy read training has been rolled out to enable easy read documents to be produced inhouse. *The document states that opportunities will be taken to advertise posts as Welsh Essential. What impact will this have on recruitment?* The Service Manager – Welsh Language confirmed that over the last year three jobs had been advertised as Welsh Essential, all of which were in the Welsh Language team. It was known that there were recruitment problems in clinical specialties, and it was the intention that colleagues would approach the Welsh Language team asking that a post be advertised as Welsh Essential rather than the other way round.

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		The Assistant Director for Workforce added that the aim was to start to ask for Welsh Essential on roles that were not difficult to fill.

The Director of Primary, Community Care and MH noted it would be important to start where gaps had been identified, for example in administration or on the switchboard. It will take time to improve the position and Welsh Language training is available.

The targeting of Welsh Essential jobs was welcomed. Will the appointment panel include a Welsh speaker for Welsh Essential roles?
The Service Manager – Welsh Language confirmed that arrangements were in place to support applicants who chose to be interviewed through the medium of Welsh. The Welsh Language team can provide interview panel members if required.

The Committee NOTED the Welsh Language Standards Annual Report 2021-22 and the Equalities, Diversity and Inclusion Monitoring Report 2021-22 and RECOMMENDED both reports to Board for Approval subject to those amendments identified by the Executive Committee. |
| | W&C/22/08 | **WORKFORCE PERFORMANCE REPORT**

The Assistant Director of Workforce and OD presented the report which gave an update in relation to key performance indicators across the health board.

Attention was drawn to the increase in use of fixed term contracts, particularly in relation to mass vaccination, Test Trace and Protect and renewal activity.

In respect of retention, leavers and turnover rates is account taken of staff moving to different areas within the health board? It was confirmed that this solely related to those staff leaving the health board.

The Director of Finance and IT observed that whilst the rates of bank and agency staff used had levelled off these rates were still too high.

The Director of Workforce and OD confirmed that the establishment was under review in Community Wards and |

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	Mental Health with the intention of producing a sustainable model.

What is the position with overseas nurses?
The Director of Workforce advised that the health board had previously been successful attracting overseas nurses although not in the recent past. Support has been put in place for the two nurses who were joining the health board imminently. The health board had originally been allocated 7 overseas nurses but that had been reduced to 5 and 3 have subsequently withdrawn. The agency conducting the recruitment is responsible for filling the three remaining places.

The Director of Primary Community Care and MH noted that retention was a particular problem as people reviewed their work-life balance. The ability to offer flexible working patterns, fewer hours and retire and return was paramount.

Is the use of fixed term rather than substantive posts affecting the ability to recruit?
The Chief Executive noted that there was no single approach and different contracts would suit different employees.

The Workforce Performance Report was NOTED. |
| W&C/22/09 | **WORKFORCE FUTURES STRATEGIC UPDATE (CARERS AND VOLUNTEERS)**

The Workforce Planning Manager gave a presentation jointly prepared with the Chief Executive of Powys Association of Voluntary Organisations (PAVO) on the School of Volunteers and Carers in the Health and Care Academy.

During the pandemic over five hundred volunteers were deployed into the mass vaccination programme with over one hundred volunteers continuing to support this area.

In clinical and care settings volunteers are being reintroduced since the pandemic. A role description has been co-created, a recruitment campaign started with a full training programme offered. Risk assessments are undertaken to ensure there is no risk to the volunteer or patient. FE Health and Care students and community volunteers are being targeted. Six have been deployed with more to be onboarded. The potential to extend the programme to Care Homes is being investigated with two pilot sites identified. |

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	The time bank project 'Time for Us' is under development with nine Time Banks set up across the county. The aim of this programme is to improve social contact and cohesion, help mobilise families, neighbourhoods, communities, and assets in a beneficial way for health.

Reaching Wider has the aim of providing pathways for carers and care leavers to access Level 4 learning via Bangor University.

The Powys Balance Programme has commenced with the aim of enabling volunteers and carers to balance the needs of others, without losing the essence of themselves. This has included holding an April Retreat on the Bronllys Campus.

Is it possible to measure the discretionary contributions made by volunteers?
The Deputy Director of Workforce and OD noted that it was difficult to capture this information as volunteers do not complete timesheets, but conversations were taking place with the PAVO on quantifying the support provided by volunteers.

The programme provides an opportunity for students to gain experience of work prior to joining the health board and to provide those in work, retirees, and carers experience which could encourage them to apply to work in the health board. The Workforce Planning Manager advised that a skills matrix was under development which will include key performance indicators and that indicators were also part of the Powys Balance Programme.

The Committee welcomed the work described within the presentation. |
| **ITEMS FOR DISCUSSION** ||
| W&C/22/10 | **IMPLEMENTATION OF AGILE WORKING AND NEW WAYS OF WORKING**

The Director of Environment presented the report outlining that agile working could be categorised as 'mobile' (on the move), 'flexible' (work from a variety of locations) and 'fixed' (most of the time from a fixed location). It did not just mean working from home. Agile working related to the 'How and Where' of working whereas Flexible working related to the 'When.'

National Discussions on agile were taking place with the Assistant Director of Workforce and OD representing the health board on this group. |

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A survey was undertaken in September 2021 which found Administrative and Clerical staff were primarily working in an agile way. The positive and negative experiences of agile working were examined and one of the main issues identified was the need for good hotdesking facilities. This would be a particular challenge for the health board given the inflexible and aged estate.

How will the proposals affect clinical delivery models? For example, mobile workers like the opportunity to get together at lunchtime.
The Director of Environment advised that, for example District Nurses were mobile but traditionally came together for a team huddle and it would be necessary to examine the needs of the service, to ascertain who needed to be in the room rather than who wanted to be in the room.

Is there an intention to digitise records which would decrease the amount of storage that was required?
The Director of Environment confirmed that was an intention to digitise records but would not be a quick fix. It would, in time transform the amount of space required and the way people worked, in that staff would no longer be tethered to a site.

What consideration has been given to the self-declaration of the workstation assessment? Will the health board be open to potential musculoskeletal problems in the future if the workstation assessment is not completed correctly?
The Director for Environment confirmed that the workstation assessment had to be self-assessed and whilst it was easier for Managers to support this in an office-based scenario Managers still had a role in supporting the staff member in this regard.

As senior staff are more likely to have the space for a dedicated office than junior staff will access to flexible working be restricted to senior staff?
It was confirmed that access to agile working was not a reward, entitlement, favour, or reward but that there were genuine concerns regarding the workstation assessment and security of information.

What needs to be done physically to support staff to work most effectively (i.e. hot desks), what can be done to support a culture shift (for example not needing the physical team huddle), and what can be done to address the inability to print from home (an all-Wales issue)?
The Director of Environment noted that agile working was about culture and providing the environment where people can give

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	their best. Staff have enjoyed the opportunity of working from home and it is intended to create appropriate space including hot desks and breakout space. It will be necessary to make the most of the estate and limit travel which is both expensive in terms of time and fuel. **Action: Director of Environment to seek a response from Director of Finance and IT regarding the inability to print at home.** The Committee NOTED the agile working report.
W&C/22/11	**STAFF WELLBEING OVERVIEW (OCCUPATIONAL HEALTH AND UPDATE ON STAFF SURVEY)** The Deputy Director for Workforce and OD presented the report and drew attention to the increase in staff sickness which was part of a nationwide trend. The 2020 NHS Staff Survey had demonstrated high levels of staff engagement in the health board which were also the highest in Wales. The 2021 internal wellbeing survey had identified improvements in wellbeing. *When is the Corporate Health Standard due for reassessment?* The Gold Award for the Corporate Health Standard expires on 12 February 2023. *What are reasonable wait times for staff to see an Occupational Health Consultant or Specialist?* The Deputy Director of Workforce and Culture advised that it would be necessary to review which colleagues were assigned which work in this area which was overseen by the Assistant Director of Workforce and OD. **Action: The Assistant Director Workforce and OD to respond to this question.** The Committee NOTED the Staff Wellbeing Overview.
ESCALATED ITEMS	
W&C/22/12	There were no items for inclusion in this section.
ITEMS FOR INFORMATION	
W&C/22/13	There were no items for inclusion in this section.
OTHER MATTERS	

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W&C/22/14	**CORPORATE RISK REGISTER – RISKS OVERSEEN BY THIS COMMITTEE**
	The Chief Executive advised that the Risk Register was currently under review and that it may look different when the process had been completed.
	The Committee NOTED the Committee Risk Register.
W&C/22/15	**COMMITTEE WORK PROGRAMME 2022-23**
	A request was made for Agile Working to be brought back to the Committee as the project progresses.
W&C/22/16	**ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES**
	There were no items identified under this section.
W&C/22/17	**ANY OTHER URGENT BUSINESS**
	There was no urgent business.
W&C/22/18	**DATE OF THE NEXT MEETING:** 20 September 2022, via Microsoft Teams.

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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	Unfortunately it has not been possible to produce this paper for the September meeting. It is now scheduled for the December 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/22/04	31 May 2022	A paper on Workforce Planning to be brought to Committee	Director of Workforce and OD	This item to be brought to Committee in September 2022.	

W&C/22/10	31 May 2022	Investigate why is it not possible to print at home and inform the Committee	Director of Environment (from Director of Finance and IT)	Individuals can connect to own printers and print from home now. There are no firewall restrictions in place	
W&C/22/11	31 May 2022	Investigate what is a reasonable wait time to see an Occupational Health Consultant/Specialist and inform the Committee	Assistant Director Workforce and OD		

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Powys Teaching Health Board
Workforce Performance Report
Q1 2022/23

Patterson,Liz
16/09/2022 11:45:48

Workforce Profile

Assignment Category

Fixed Term
286

Permanent
2,098

Employee Gender

Male
350

Female
1,973

Employee Category

Full Time
1,084

Part Time
1,300

Age Profile

Hedcount

30 yrs & Under | 31-40 yrs | 41-50 yrs | 51-55 yrs | 56 yrs & Over
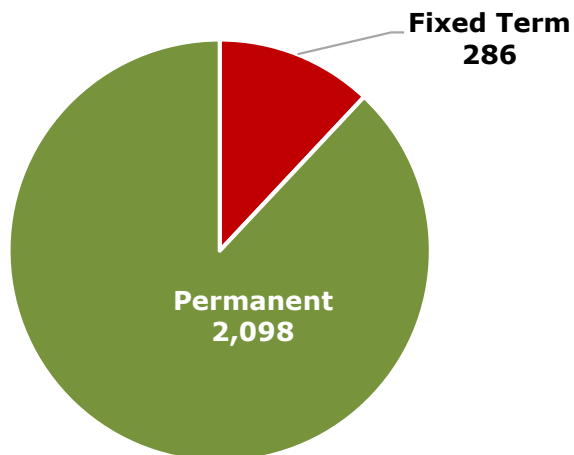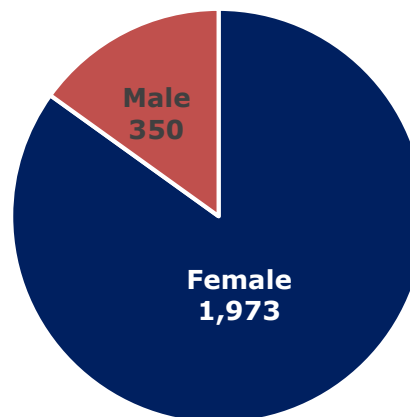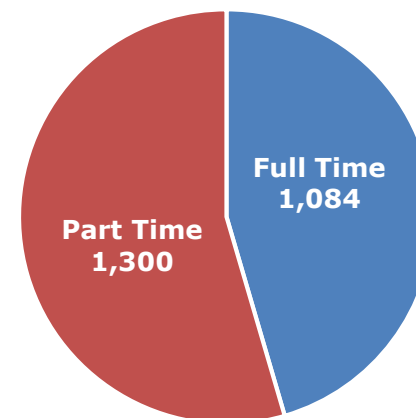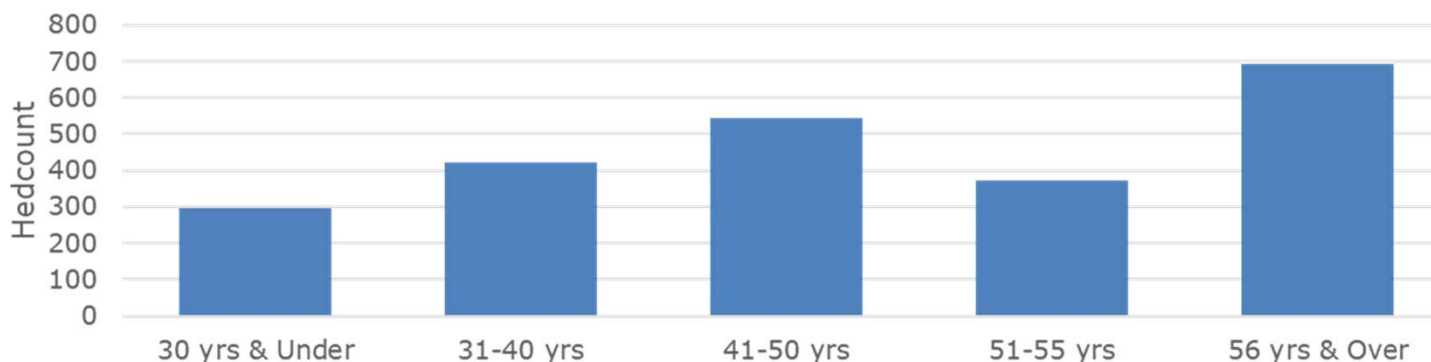
Summary

The workforce profile for Powys Teaching Health Board at the end of Q1 22/23 shows that the workforce is predominantly made up of permanent contracts with a greater number of female employees than male. The employees of PTHB are mainly full-time employees, however, there are a large percentage of part time contracts. The organisation has an ageing workforce with a large number of employees being 56 years & over. Organisationally there is a risk that a high number of employees are in a position to retire in the coming years.

PADR Compliance

PADR Compliance chart showing Compliance % and Target % from Jun-19 to Jun-22
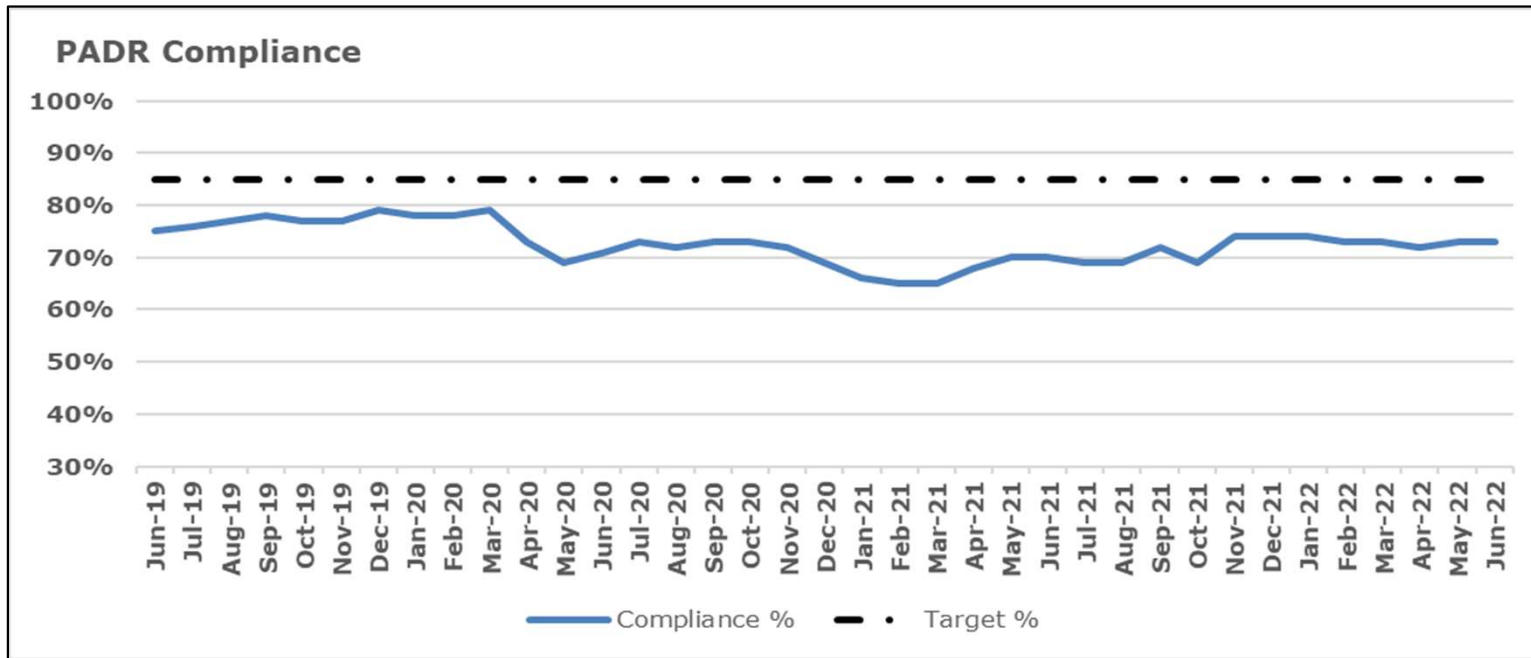
Actual Performance		
Jun-22	**Jun-19**	**All Wales Benchmark**
73%	**75%**	57% (Mar-22)
Target		
85%		

Directorate	Assignment Count Jun-22	Qtr 1 2022/23		
		Apr-22	May-22	Jun-22
Chief Executive Office	22	57%	61%	27%
Community Care & Therapies	932	72%	70%	71%
Community Dental Service	41	51%	48%	54%
Corporate Governance	11	91%	82%	70%
COVID 19 Prevention and Response	34	41%	19%	82%
Environment Directorate	257	82%	87%	93%
FID Finance Directorate	73	74%	76%	77%
MED Medical Directorate	9	56%	100%	89%
Medicines Management	33	63%	64%	76%
MHD Mental Health	394	65%	69%	67%
NUD Nursing Directorate	31	79%	80%	84%
PHD Public Health Directorate	95	81%	85%	85%
PLD Planning Directorate	35	86%	89%	94%
Primary Care	31	71%	65%	52%
THD Therapies & Health Sciences Directorate	7	86%	86%	86%
WOD Directorate	49	76%	74%	71%
Women and Children Directorate	217	77%	78%	78%
Grand Total	2,271	72%	73%	73%
Medical & Dental Compliance	43	65%	64%	67%
Grand Total	2,314	72%	72%	72%

What the chart tells us	Areas of Concern	Actions/Mitigations
PTHB PADR performance reported at 73% at the end of Q1 22/23 which is below the pre pandemic compliance at 75%. The health board benchmarks positively against the All Wales position. Out of 17 directorates, there are 5 that are above the 85% target for compliance at the end of Q1 22/23. The top three directorates for compliance are: • Planning Directorate, assignment count 35. (94%) • Environment (93%) • Medical Directorate (89%)	The bottom three directorates for compliance at the end of Q1 22/23 are: Chief Executive Office – headcount 24 (27%) current level is 67% completed with reviews booked in for September. Primary Care – headcount 33 (52%) One manager's reviews have been completed, in process of resolving ESR issues. Community Dental Service - headcount 54 (54%) Community Dental: current level is 78%. Outstanding PADRS are in progress having had sickness & workload issues. Evidence provided of completed reviews but not showing on report.	• WOD HR Business Partners are discussing PADR compliance at senior management groups within services. • Focus on managers to develop a recovery plan in performance needs to be agreed by the appropriate director. • Monthly detailed analysis of compliance is shared via Assistant Directors. • Ongoing performance relating to PADR compliance will be addressed with directorates via directorate performance review meetings. • Work is under way to rectify incorrect reports in ESR with directorates. • Regular reminders from WOD to managers who are non compliant including, proving guidance documents for recording in ESR • Managers are having regular conversations with staff relating to wellbeing. • Meaningful appraisal training is offered regularly by WOD. • Dental - Manager has reminded staff of the importance to complete and an improvement has been seen.

Patterson,Liz
16/09/2022 11:45:48

Mandatory & Statutory Training Compliance
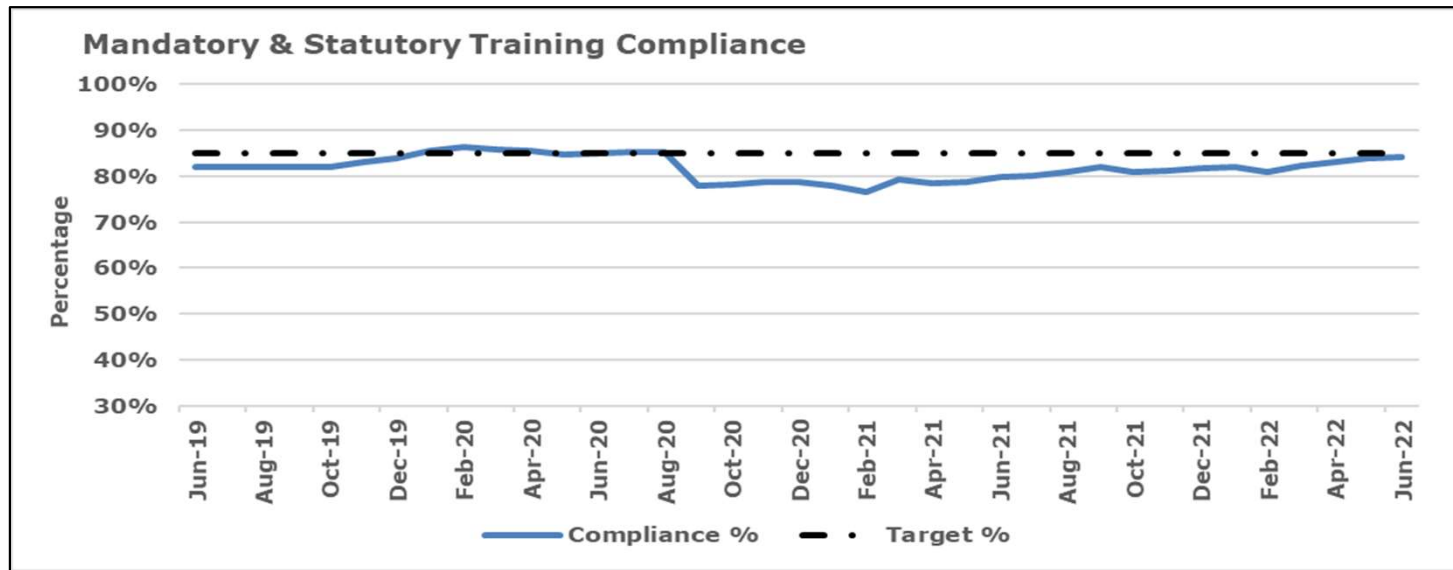
Actual Performance		
Jun-22	**Jun-19**	**All Wales Benchmark**
84%	**82%**	79% (Mar-22)
Target		
85%		

Directorate	Assignment Count Jun-22	Qtr 1 2022/23		
		Apr-22	May-22	Jun-22
Chief Executive Office	24	57%	56%	54%
Community Care & Therapies	975	82%	83%	83%
Community Dental Service	59	83%	82%	83%
Corporate Governance	11	94%	95%	90%
COVID 19 Prevention and Response	37	89%	90%	90%
Environment Directorate	259	89%	90%	89%
FID Finance Directorate	75	91%	92%	93%
MED Medical Directorate	15	63%	60%	56%
Medicines Management	35	93%	94%	93%
MHD Mental Health	411	78%	79%	80%
NUD Nursing Directorate	31	83%	84%	87%
PHD Public Health Directorate	96	90%	93%	94%
PLD Planning Directorate	38	94%	95%	95%
Primary Care	33	87%	86%	87%
THD Therapies & Health Sciences Directorate	7	87%	90%	89%
WOD Directorate	55	81%	81%	86%
Women and Children Directorate	223	84%	85%	85%
Grand Total	2,384	83%	84%	84%

What the chart tells us	Areas of Concern	Actions/Mitigations
Performance at the end of Q1 22/23 was reported as 84% which is above average since the COVID-19 pandemic started and also above the pre-pandemic compliance figures. Out of 17 directorates, there are 12 that are above the 85% target for compliance at the end of Q1 22/23. The top directorates for compliance are: • Planning Directorate (95%) • Public Health Directorate (94%) • Medicines Management (93%) / Finance Directorate (93%)	The bottom three directorates for compliance at the end of Q1 22/23 are: Mental Health – headcount 404 (80%). Compliance in Mental Health has been trending upwards since December '21. At the end of Q1 22/23 it is at the highest point since August 2020. The main area of concern is time to be able to undertake statutory and mandatory training due to service pressures combined with absence and vacancies. Medical Directorate – headcount 13 (56%) Chief Executive Office - headcount 24 (54%)	• WOD HR Business Partners are discussing mandatory compliance at senior management groups within services. • Focus on managers to develop a recovery plan in performance needs to be agreed by the appropriate director. • Ongoing performance relating to statutory & mandatory training compliance will be addressed with directorates via directorate performance review meetings. • Services have been asked to prioritise staff groups to undertake essential training relevant to role. • CEO will remind the Exec team of the importance of completing S&M as a priority. • Managers in medical directorate will be reminded of importance of completion in directorate meeting.

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Staff Absence

Sickness Absence Rate

Legend: Total Actual Sickness — Rolling Sickness % — Short Term Absence FTE % — Long Term Absence FTE %
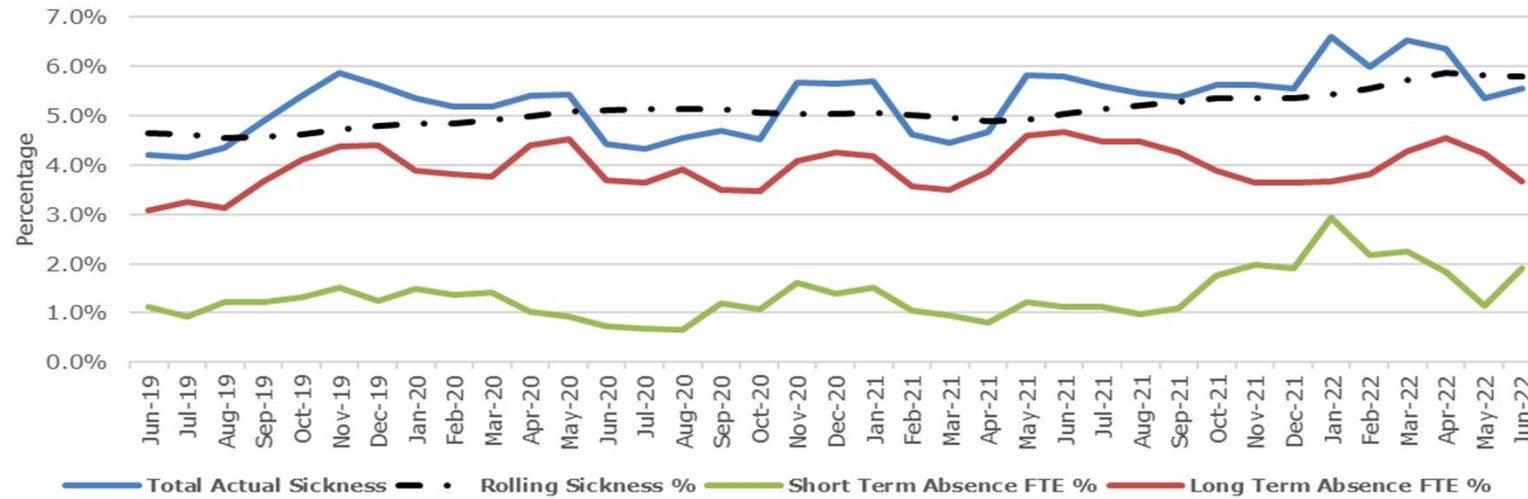
Actual Performance		
Jun-22	**Jun-19**	**All Wales Benchmark**
5.8%	**4.6%**	**6.9% (Mar-22)**
Target		
Nil		

Directorate	Headcount Jun-22	Qtr 1 2022/23					
		Apr-22		**May-22**		**Jun-22**	
		Actual	Rolling	Actual	Rolling	Actual	Rolling
Chief Executive Office	24	4.74%	**2.72%**	7.30%	**3.33%**	8.18%	**4.01%**
Community Care & Therapies	953	6.82%	**6.42%**	5.70%	**6.35%**	6.17%	**6.31%**
Community Dental Service	54	3.54%	**7.19%**	2.23%	**6.94%**	1.05%	**6.57%**
Corporate Governance	11	3.44%	**0.42%**	0.00%	**0.42%**	0.00%	**0.42%**
COVID 19 Prevention and Response	33	3.77%	**2.51%**	3.28%	**2.72%**	6.77%	**3.20%**
Environment Directorate	257	9.11%	**7.79%**	9.80%	**7.82%**	10.57%	**8.04%**
FID Finance Directorate	75	3.71%	**3.29%**	3.22%	**3.43%**	3.34%	**3.41%**
MED Medical Directorate	13	0.76%	**0.06%**	0.37%	**0.09%**	2.83%	**0.33%**
Medicines Management	35	7.67%	**5.16%**	5.99%	**5.18%**	3.79%	**5.34%**
MHD Mental Health	404	5.17%	**5.75%**	4.17%	**5.63%**	4.70%	**5.54%**
NUD Nursing Directorate	31	6.67%	**6.54%**	3.67%	**6.43%**	0.55%	**6.18%**
PHD Public Health Directorate	87	3.91%	**3.80%**	3.21%	**3.82%**	2.55%	**3.75%**
PLD Planning Directorate	37	3.04%	**3.70%**	2.48%	**3.31%**	2.41%	**3.18%**
Primary Care	33	4.10%	**4.79%**	3.79%	**4.71%**	4.33%	**4.71%**
THD Therapies & Health Sciences Directorate	6	0.00%	**0.43%**	0.00%	**0.43%**	0.32%	**0.46%**
WOD Directorate	54	6.00%	**3.47%**	4.57%	**3.66%**	2.53%	**3.63%**
Women and Children Directorate	216	8.54%	**5.87%**	5.88%	**5.91%**	4.97%	**5.85%**
Grand Total	**2,323**	**6.37%**	**5.86%**	**5.37%**	**5.82%**	**5.56%**	**5.80%**

What the chart tells us	Areas of Concern	Actions/Mitigations
The rolling 12-month performance is reported as 5.8% for June with monthly actual being 5.56% which consists of 1.90% short term and 3.66% long term. Current sickness absence is above pre pandemic figures although benchmarks well against NHS Wales figures. The three directorates with the lowest rolling sickness absence rates are: • Medical Directorate (0.33%) • Corporate Governance (0.42%) • Therapies & Health Science Directorate (0.46%)	The three directorates with the highest level of rolling sickness absence rates are: Environment – headcount 257 (8.04%). The directorate currently have a high level of long-term sickness caused by high levels of Musculoskeletal, injury or fracture issues. This may be caused by a generally older workforce profile within the directorate. Community Dental Service – headcount 54 (6.57%). The directorate had a high level of short term sickness absence with the main reason being Infectious disease - Covid 19. All staff have returned to work. Community Care & Therapies – headcount 953 (6.31%). The top 3 reasons for absence in the directorate are Anxiety, Infectious disease – Covid 19 and Other known reason – not elsewhere classified. 6 staff currently remain absent due to long covid.	• Absence is monitored by managers and HR Business Partners in line with All Wales Managing Attendance at Work policy. • Well being action plan now approved. • A retender of the counselling services has also been undertaken. • Targeted sessions on the managing attendance at work policy to be delivered by WOD team. • All staff can access Online Cognitive Behavioural Therapy via SilverCloud. • The provision of stress management workshops for both individuals and specific workshops for managers to support staff • The development and support of wellbeing hubs and the promotion of 15-minute wellbeing breaks to encourage staff to take time out. • The development of the Stay Well SharePoint Wellbeing pages, to provide a single place for staff to go to for wellbeing information. • There are several cases in the Environment Directorate being taken to hearing which will bring down the percentage of absence. • There are several ill health retirement cases being supported within the Environment Directorate.

Employee Relations Cases Q1 22/23

Area	2019/2020	2020/2021	2021/2022	Q1 2022/23
Disciplinary Cases	20	7	19	Below 5
Formal Grievance/Formal Resolutions	Below 5	8	Below 5	Below 5
Informal Facilitated Discussions or referrals for Mediation	NA	NA	6	Below 5
Formal Capability	Below 5	5	5	Below 5
Raising Concerns Investigations	NA	NA	Below 5	Below 5
Listed Employment tribunal cases (Active and Closed)	NA	NA	2	1

What the chart tells us	Areas of Concern	Actions/Mitigations
At the end of Q1 22/23, there are a smaller number of ongoing disciplinary cases (below 5) across the Health Board. In Q1 one we saw a low number of formal requests for resolution. The 1 ET case went was heard by the Tribunal in July 2022 and all claims against the Health Board were dismissed.	• Respect and Resolution and approach for health working relationships still requires time to embed into the organisation. • There are a low number of trained investigating officers in the health board currently. • Concerns have been raised nationally regarding the effectiveness of the Respect & Resolution policy.	• All employee relations activity continues to be monitored by the Employee Relations team with the HR Business Partners on a weekly basis. • The introduction of the Healthy Working Relationships policy now encourages an informal approach to resolution using a range of informal tools to aid discussions. Many of these discussions will happen at a local level and therefore would not be escalated as an employee relations issue. • More awareness sessions to be run with regards to the respect and resolution policy. • Identify further investigating officers in the organisation and arrange training with legal and risk services. • Toolkits to be developed for the policies in order to support managers in their application.

Turnover/Stability Index

Turnover - Percentage of Turnover of staff, starters and leavers.

% Rolling Turnover

Legend: — Turnover Inc. Fixed Term Contracts — Turnover Exc. Fixed Term Contracts
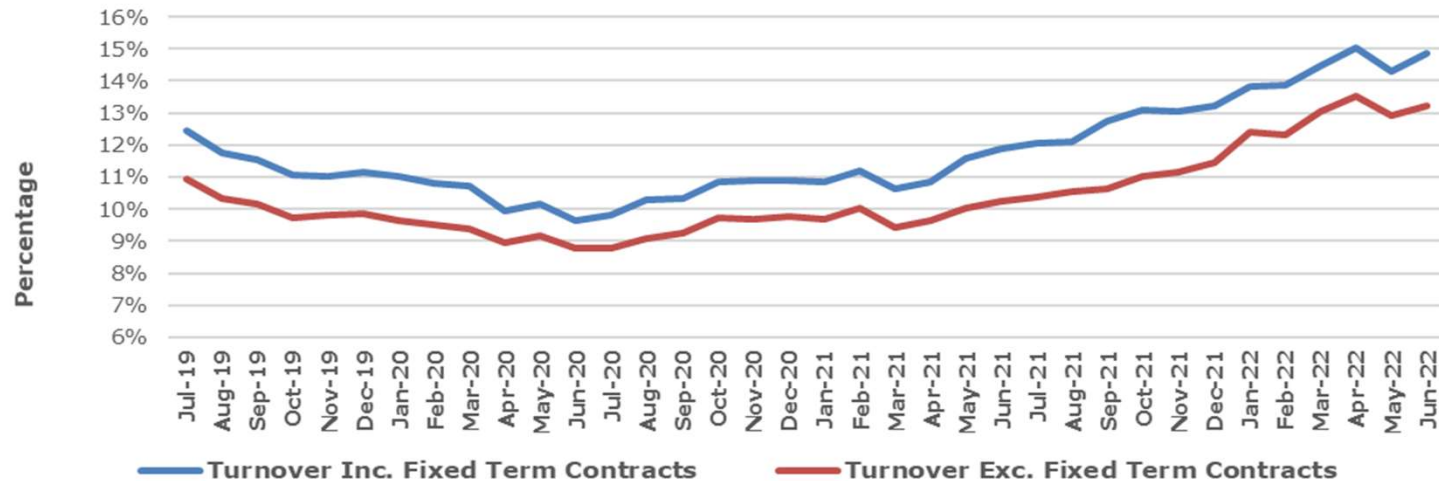
Actual Performance		
Jun-22	**Jun-19**	**All Wales Benchmark**
14.5%	**12.5%**	**9.3% (Mar-22)**
Q1 22/23 average turnover rate		14.6 %

Starters & Leavers

Legend: ■ Starters WTE ■ Leavers WTE
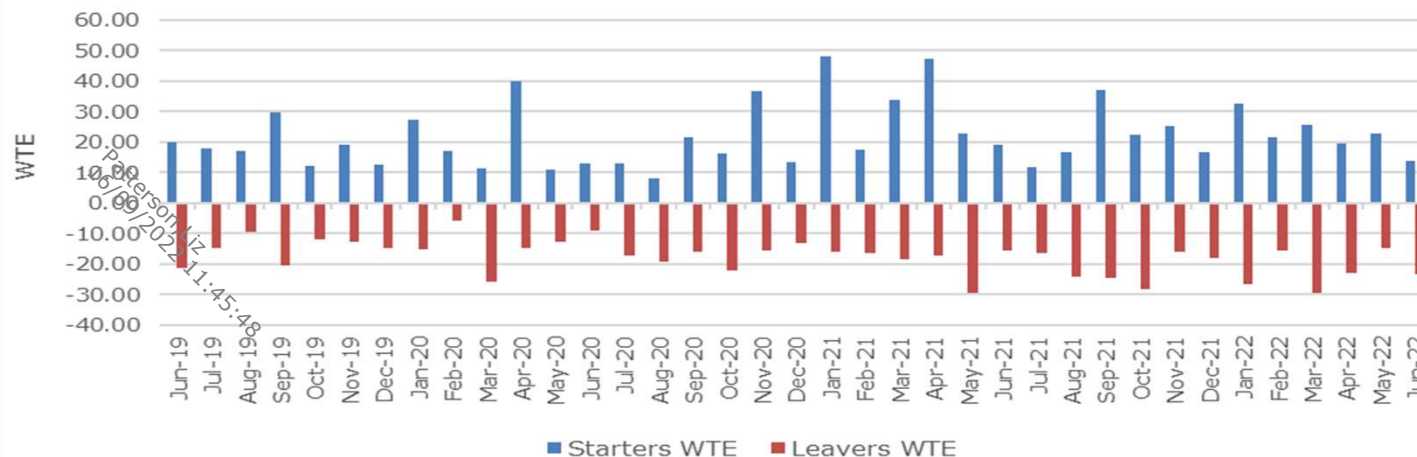
	Stability Index											
	Jul-19 to Jun-20				Jul-20 to Jun-21				Jul-21 to Jun-22			
	Start	End	Remain	Index	Start	End	Remain	Index	Start	End	Remain	Index
Assignment Count	2,015	2,166	1,823	**90.47%**	2,163	2,328	1,911	**88.35%**	2,326	2,328	1,974	**84.87%**
Headcount	2,061	2,221	1,845	**89.52%**	2,218	2,392	1,932	**87.11%**	2,389	2,380	1,986	**83.13%**

What the chart tells us	Areas of Concern	Actions/Mitigations
Turnover for June has been reported at 14.5%. Excluding fixed term contracts the organisational turnover rate is just over 13%. This is higher than that the pre pandemic turnover rate and sits higher than the All Wales rate. In addition, the stability index is also lower than pre pandemic figures. The three directorates with the lowest levels of rolling turnover at the end of Q1 22/23 are: • Planning Directorate (6.25%) • Finance Directorate (7.19%) • Corporate Governance (9.09%) Over a 12-month period, organisationally there were a higher number of new starters than there were leavers.	The directorates with the highest levels of rolling turnover at the end of Q1 22/23 are: • WOD Directorate (44.66%) • Public Health Directorate (23.3%) • Nursing Directorate (22.58%) Leavers from WOD Directorate were mostly due to promotional opportunities. At present, we do not have accurate data available via ESR to understand all the reasons that staff chose to leave the organisation. The reason that was most selected for leaving was : 'other reason/not known.	• Targeted work on understanding why staff leaving the organisation/departments. • Development of a distinctive attraction offer. • WOD Business partners working with services to understand vacancy levels against budget. • WOD BP team are implementing a new tool to monitor staff in post against budget for teams across the organisation.

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Variable Pay
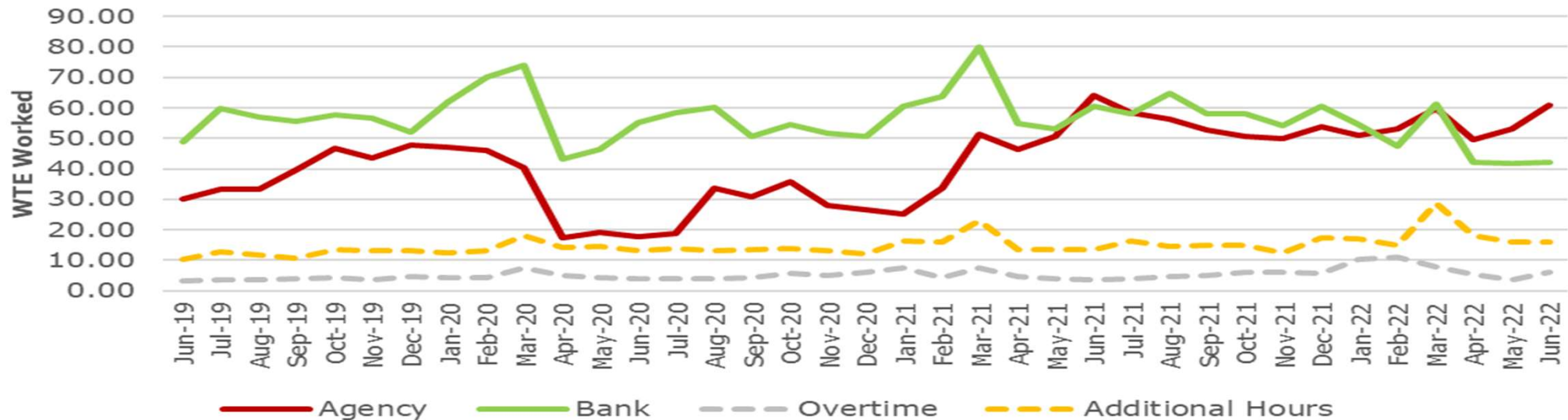
What the chart tells us	Areas of Concern	Actions/Mitigations
The chart highlights a spike in the usage of variable pay at the end of each financial year between the months of January and March. Data identifies that high levels of annual leave are taken between this period. This suggest poor management of annual leave during the financial year and may lead to service pressures in a cyclical pattern. Agency usage from February 2022 onwards has become higher than bank usage.	• Bank usage has traditionally remained higher than agency usage, however, reliance on agency workers has increased. • Exploring drop down to payroll has commenced and has highlighted several areas of non-compliance for roster finalisation.	• Workforce team have supported ongoing daily staffing huddles to identify staffing requirements linked to vacancies, covid related isolation and sickness etc. • During 21/22 in response to vacancy levels, the Health Board has advertised around 674 job advertisements and made 233 appointments to clinical roles and 140 appointments to non-clinical. • We have seen a 20% increase in the headcount of bank workers engaged by the health board. • Workforce Systems Team flagging areas of roster non-compliance to service managers and are offering additional training. • Nursing establishments currently under review by the service. • Authorisation for agency is now held by Head of Nursing.

Focus on Maternity Services

Age Band	Headcount	%	FTE
21-25	6	11.54	5.80
26-30	6	11.54	5.10
31-35	10	19.23	7.34
36-40	8	15.38	6.90
41-45	7	13.46	6.30
46-50	6	11.54	5.10
51-55	5	9.62	4.00
56-60	2	3.85	1.00
61-65	2	3.85	0.79
Grand Total	52	100.00	42.33

Vacancy	Location	WTE
Head of Midwifery & Sexual Health	Pan Powys	1
Band 7	Newtown	0.6
Band 7	Llanidloes/Machynlleth	0.8

Leaving Reason	Leavers
Retirement Age	4
Voluntary Resignation - Other/Not Known	2
Voluntary Resignation - Relocation	1
Voluntary Resignation - Work Life Balance	1
Grand Total	8

Midwifery Rolling Turnover

What the charts tells us	Areas of Concern	Actions/Mitigations
12 month Rolling turnover rate is at 17.39% at the end of Q1 22/23. In total, there have been 8 leavers in 12 months with 50% being due to retirement.

The current age range in maternity services is well distributed and does not highlight high risk of retirements in the near future.

There are a low number of vacancies across the service with 1.4WTE Band 7. An interim appointment has been made through secondment for the Head of Midwifery & Sexual Health (HoM&SH) vacancy and the substantive vacancy advertised. | • Head of Midwifery & Sexual Health currently vacant.
• Capacity within Maternity associated with implementing workforce related recommendations from the Ockenden report I.e., development of JDs, leadership programme.
• Specialist & Management roles still to be agreed nationally.
• Implementation of Birthrate Plus Establishments not yet confirmed. Option 1 clinical establishment is compliant with current establishment. Option 2 would create vacancies due to increase in clinical midwifery hours. | • Student streamlining numbers may support vacancies.
• Service currently in local escalation.
• Development and monitoring of maternity/neonatal assessment assurance and exception reporting tool.
• Multidisciplinary internal round table assessment undertaken and reported nationally.
• Roll out of Digital Maternity Cymru.
• Robust cover plan in place for period of vacant HoM&SH.
• Arrangements for interim cover for HoM&SH in process.
• Advertisement for substantive HoM&SH to run concurrently with a publication in the RCM magazine and dedicated intranet page.
• Midwifery services currently compliant with Birthrate Plus establishment.
• HEIW funded practice education facilitator role has been approved on a recurring basis. |

Focus on Maternity Services ...Continued
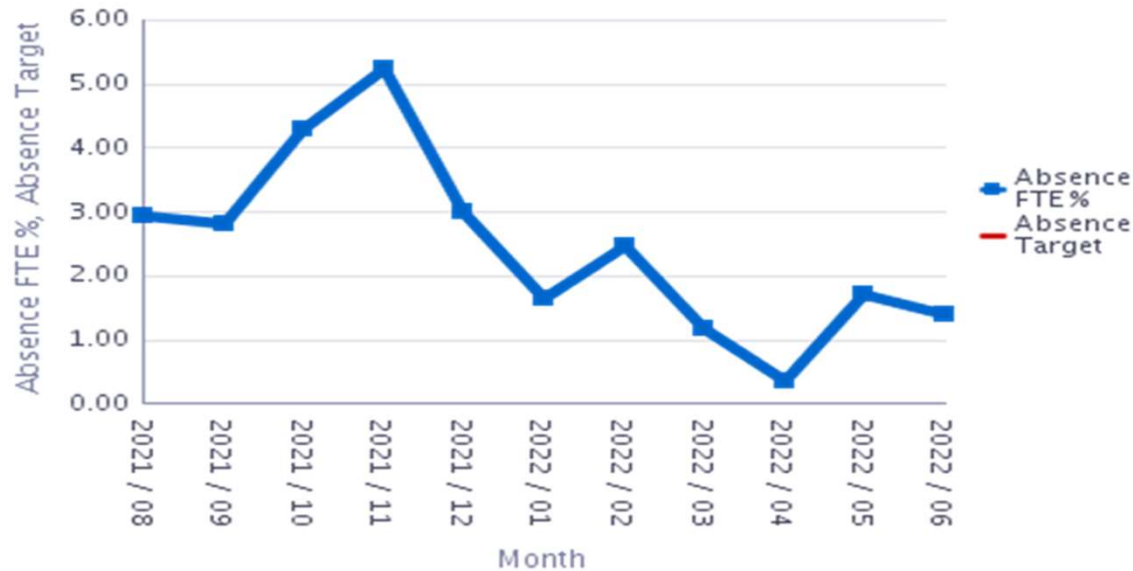
	Apr-22	May-22	June-22
Statutory and mandatory Compliance %	82.93%	83.94%	79.11%

Appraisal Reviews

What the charts tells us	Areas of Concern	Actions/Mitigations
Rolling absence for maternity services is at 2.47% at the end of Q1 22/23. This figure benchmarks well when compared organisationally (5.79%). PADR (73.47%) and Statutory & Mandatory training (79.11%) compliance both below 85% target at the end of Q1 22/23.	• Absences within maternity services are predominantly long term.	• Managers continue to manage and support staff who are absent due to sickness via the managing attendance at work policy. • Monitoring of compliance at W&C SMT meetings

Workforce and Culture Committee	Date of Meeting: 20 September 2022
Subject:	**Workforce Futures: Strategic Priorities 13 & 16**
Approved and Presented by:	**Mark McIntyre, Deputy Director WOD** **Sarah Powell, Assistant Director OD**
Prepared by:	**Katelyn Falvey, Head of Organisational Design & Workforce Transformation** **Rhys Brown, Head of Organisational Development** **Sara Alford, Senior Business Partner Resourcing** **Helen Farmer, Head of Clinical Education**
Other Committees and meetings considered at:	

PURPOSE:
The report provides an update on delivery and progress against the Workforce Futures strategic priority 13: Design, develop and implement a comprehensive approach to workforce planning, and strategic priority 16: Enhanced access to high quality education and training.
RECOMMENDATION(S):
The Workforce and Culture Committee notes the progress against the delivery of IMTP Strategic Priorities 13 and 16.

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

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

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

EXECUTIVE SUMMARY:

The report provides the Workforce and Culture Committee with an update against the IMTP Delivery Plan 2022-23 for strategic priority 13: Design, develop and implement a comprehensive approach to workforce planning (focussing on attracting/securing workforce for targeted services) and strategic priority 16: Enhance access to high quality education and training.

The paper is focussed on providing an update specifically against the milestones for quarters 1 and 2 and includes:

- The organisational approach to workforce planning and sustainable workforce models and implementation of the All-Wales Workforce Planning Toolkit
- Recruitment Programmes
- Accelerated Learning Routes and Grow Our Own Model Progress
- Advanced Practitioner Framework Progress

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

- Enhance Continued Professional Development (CPD) for Clinical staff

DETAILED BACKGROUND AND ASSESSMENT:

The health board's recent publication of our Integrated Medium-Term Plan (IMTP) 2022-25 sets out our organisational priorities for the next 3 years. Strategic Priority 13 within the enabling 'Workforce Futures' section is to '*design, develop and implement a comprehensive approach to workforce planning, focusing on attracting/securing workforce for targeted services and Strategic Priority 16 is focused on enhancing access to high quality education and training, across all disciplines, specifically focusing on 'grow our own' and apprentices.*

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

- Organisational approach to workforce planning and sustainable workforce models and implementation of the All-Wales Workforce Planning Toolkit
- Recruitment Programmes and activity
- Accelerated Learning Routes and Grow Our Own Model Progress
- Advanced Practitioner Framework Progress
- Continued Professional Development for Clinical staff

1. **Organisational approach to workforce planning, sustainable workforce models and implementation of the All–Wales Workforce Planning Toolkit (SP13)**

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

Our proposed organisational approach to workforce planning can be used for short term, medium term, and long-term planning and is based on six clear steps:
1. Define the Plan
2. Map the service change
3. Define the workforce
4. Understand workforce supply
5. Define required actions
6. Implement and monitor

In addition to the very clear step-by-step process that will support service leads to develop and produce well-informed workforce plans, the Powys approach will have an additional focus on key areas which will include:

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

Update against Quarters 1-2

Progress has been made against the milestones in Quarters 1 & 2 and include:

- Key members of the Workforce and OD team attended and completed a nationally delivered 'Train the Trainer' training programme. This programme equips the learners with the skill set to teach others in our organisation how to successfully utilise the workforce planning toolkit to enable the development of workforce plans.
- A training programme has been developed based on the proposed approach. The training will take the learners through all six steps of the workforce planning toolkit and will provide managers with the support and skill set required to develop their service level workforce plans.
- Workforce planning already undertaken at an organisational level with HEIW which has delivered positive changes in Q1-2 in relation to our 'Grow our Own' Agenda by way of recruitment into Aspiring Therapist roles (which is covered later in the report - see section Accelerated Learning Routes and Grow our Own Model).
- Workforce support given to all renewal programs, particularly focussed on Respiratory and Mental Health, using elements of the workforce planning approach to support the workforce modelling and planning.
- 'Introduction to Workforce Planning' training provided to Transformation and Value Programme Leads.
- High level 10-year workforce projections have been scoped for Nursing and Midwifery across all fields. This has provided the organisation with an overview and insight into our future workforce challenges.

Plans for Quarters 3-4

- Roll-out of Workforce Planning training will commence from quarter 3 onwards with follow up support offered by the Business Partnering Team.
- Workforce planning support will continue to be provided to all key areas and/or programmes of work such as Renewal (in particular, Mental Health, Respiratory and Cardiology) and North Powys Wellbeing Programme (NPWP) in line with their individual program timescales.

- Full training in the use of the Workforce Planning toolkit will be offered to key stakeholders, equipping them with the skills and competencies to develop the necessary workforce plans within these key areas/programs of work, with follow up consultancy and support to help refine and produce comprehensive workforce plans across the short, medium, and long term.
- A review of Ward Nursing Establishments led by the Director of Nursing is underway. Following this review, further support will be offered to train the key clinical leads in the workforce planning approach, supporting them with WFP training and follow up consultancy to develop sustainable multi-disciplinary workforce plans across all adult in-patient wards.
- Additional workforce modelling activity is underway scoping the workforce projections for the coming years ahead. Work planned for quarters 3-4 include more detailed workforce projections, focusing on the individual fields within nursing and midwifery. In addition to this, the same projection modelling activity will be undertaken across the wider clinical workforce such as Allied Health Professions, Healthcare Science, Medical workforce and Medicines Management.

2. **Recruitment Programmes and Activity (SP 13)**

There are two key Recruitment objectives within the IMTP.

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

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

Update against Quarters 1-2

International Recruitment
- Initially seven International Nurses were targeted to arrive by the end of Q1. The recruitment agencies engaged in the process experienced issues with recruitment and the target was revised accordingly. In early July, two International Nurses arrived.
- Recruitment for a further five International Nurses is planned to commence from September.
- Finding suitable on-site accommodation for the International Nurses has proved problematic. Our Estates team have recently put some short-, mid- and long-term plans in place to support the delivery of the International Nurse Programme moving forward.

Student Streamlining

- Vacancies for all student streamlining groups are expected to be live by 12th September.
- Some key recruitment events at Welsh Universities will take place in Q2 (Swansea University – 21st & 22nd September).

In addition, there are several planned recruitment events taking place at various hospital sites across Powys towards the end of Q2.

- Knighton (8th September)
- Machynlleth (13th September)
- Llanidloes (15th September)
- Welshpool (28th September)

Further planned events:
- Healthcare Jobs Fair in Birmingham on 24th September.
- A recruitment event organised by the DWP in Ystradgynlais, 29th September.

Plans for Quarters 3-4

- **International Recruitment -** Pending the outcome of a business case outlining need for additional resource to deliver the OSCE programme, the planned recruitment for the 5 remaining International Nurses will commence with the expectation for their arrival at varying times in Q4.

- **Student Streamlining -** To plan and oversee the recruitment campaign for this year's qualifying students in line with HEIW matching scheme and the number of PTHB student vacancies.

- Develop **attraction strategies** designed to increase student awareness and engagement with PTHB, seeking to widen our reach, to attract students from across the UK.

- **Widening the Apprenticeship Offer -** Pending the outcome of Welsh Government UK Sharded Prosperity Funding application there are plans to work with the Workforce Futures' Widening Access Officer to attract and recruit to healthcare apprenticeship roles set against gaps in workforce establishment.

In addition

Scoping PTHB Recruitment Pipelines – This is a significant project which seeks to locate and understand the workforce resourcing merits, and cost implications of each qualified pipeline. Each pipeline requires a specific tailored approach to attraction to reach a target audience. Current pipelines include:

- Substantive (volume & non-volume)

- Bank
- Return to Nursing - (Applicant response suggest this is substantial pipeline)
- Retire & Return
- International Nurses - (Response rates suggest this is an extremely active pipeline with potential for high yield)
- Student Streamlining
- Aspiring Nurses
- School & College Leavers
- Apprentices

Talent Pools - A further project to segment PTHB roles will help to identify the level of impact each role has within PTHB and how scarce the skill set is within the external marketplace. Roles with the greatest impact and skill scarcity will require some form of talent management. Pools could include:

- Lift & Shift – Unsuccessful shortlisted candidates
- Bank Staff
- Aspirant Workforce (Executive, Aspiring, Returns, Apprentices, School & College leavers).

Develop a proposition that positions PTHB as an Employer of Choice - Challenges posed by the current passive candidate market require, in the short to mid-term, a fresh and creative approach to attraction. PTHB's ability to target and appeal to a candidate market that is not actively seeking employment can be hindered by internal processing and speed to hire. To endure this candidate shortage, an internal agility is required along with a strong external presence with a clear futures narrative and packaging of benefits. The development of an employer brand which positions PTHB as employer of choice would only grow the external awareness of PTHB's employment proposition in an increasingly competitive market that is unlikely to change.

3. <u>Accelerated Learning Routes and Grow our Own Model (SP13 & 16)</u>

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

<u>Update against Quarters 1-2</u>
Apprentices
- A PTHB funded, traditional apprentice programme is in place to introduce new Nursing Healthcare Support Workers into the organisation. After 3 cohorts totalling 15 apprentices, 11 have secured substantive HCSW positions with two being successful in joining the Aspiring Nurse programme. Six apprentices have been recruited to cohort 4 and will start in September 2022.

- Three apprentice Business Administration officers have completed their training in the Workforce department and have secured full-time roles in PTHB. There is a further apprentice working within the WOD administration team undertaking their training.
- Our first Digital Marketing apprentice has been recruited into the Research, Innovation and Improvement team.
- Institute of Leadership and Management programmes at levels 3, 4 and 5 have also been funded through the apprenticeship route, with 56 staff currently engaged in courses and another 12 due to start in September.

Education Commissioning

There are ongoing discussions with our Education Commissioners, HEIW, in relation to education commissioning for PTHB. There are many aspects to the national process that, if adjusted for Powys, could result in more favourable outcomes in terms of clinical recruitment post-registration. An improvement action plan has been developed in Q1, in partnership with HEIW with key actions that will address:

- Universities allocating PTHB student placements aligned with the All-Wales placement plan.
- Alignment of students to PTHB, in line with commissioning numbers (as per process for other Health Boards). This will be supported by a postcode analysis of applicants to help inform who can be easily aligned to PTHB.
- Allocation of commissioned places for the new part-time Physiotherapy and OT degree programmes, supported by a financial package aligned to the Nursing part-time offer.

Aspiring Registrants Programmes

- **Nursing** - 2021-22 saw the pilot of the Aspiring Nurse Programme, whereby Aspiring Nurses were externally recruited to a part-time nursing degree training program. With the academic program starting in Feb 2022, all 17 trainees are now 6-7 months into their degree program, with a 100% retention rate to date. In total, there are 31 HCSWs across all years and cohorts that are undertaking the nursing degree program with a further cohort starting in Sept 22.
- **Physiotherapy** - A new internal recruitment process has been undertaken, seeking to offer our existing workforce a funded part–time physiotherapy degree place with University South Wales. The successful internal applicant went on to secure a place on the degree course, having gone through the University recruitment and selection process. They commence the course September 2022.
- **OT** - Following an unsuccessful internal recruitment process, an external recruitment process has been undertaken, in partnership with Glyndwr University, seeking to recruit to a newly created fixed-term OT training post. This post will see the successful applicant working as a rehabilitation support worker, whilst undertaking the OT degree part-time with Glyndwr University, commencing Jan 2023. The training post has been created in mid Powys (Llandrindod/Knighton), one of our 'hard to recruit to' areas. This will support our ability to provide a sustainable workforce in this area in the medium term.
- **Radiography** – HEIW have offered financial support for salary costs and university fees through a bespoke Aspiring Radiographer program for PTHB. An internal applicant has been identified and is currently undertaking the University recruitment and selection process.

- **Level 4 Nursing** - In order to widen the access and streamline the pathway from support worker to registrant, there has been work undertaken to develop the offer of Level 4 education, supporting staff with a steppingstone into a degree program. A new partnership arrangement with FE provider LLandrillo College has been developed to pilot a new distance learning Level 4 programme for Nursing HCSWs, delivered over 1 year. This course equates to stage 1 of the nursing degree programme and commences in September. Previously this course has been delivered over 2 years, so this new initiative will reduce the pathway timeline from HCSW to RN.
- **Level 4 Therapies -** In addition to this, PTHB are working with a South Wales collaborative group, working towards the roll out of the Level 4 Therapy Assistant Practitioner qualification. Work is underway nationally to explore how this course can be mapped across to the AHP degree qualifications, further enhancing and streamlining the pathway. The aim is for the first cohort to start the program in Sept/October 2022.
- **Annex 21** – support has been provided to other clinical service areas that are experiencing difficulties recruiting to vacant clinical posts. Work is ongoing with both Psychology services and Respiratory Physiology services to consider alternative approaches through the 'Grow Our Own lens'. Options being explored include the effective utilisation of Annex 21 (Agenda for Change) to recruit a trainee to existing roles or the development of new training roles that would require additional funding through a business case. This work in ongoing.

Plans for Quarters 3-4
- The review and outcome of the pre-registration education tendering process last year saw the introduction of a new 'dispersed learning' nursing degree programme delivered by Bangor University. This programme is due to commence in September 2023 and has protected places (33%) that are specifically available and ring-fenced for residents living in the geographical area of North Powys.
- With the HEIW improvement plan, we should achieve more favourable outcomes in terms of student throughput and post-registration recruitment through student streamlining. Close monitoring of the agreed terms within the improvement plan will be ongoing.
- There will be an emphasis towards the part-time degree routes in our annual Education Commissioning submissions going forward to further strengthen our ability to 'grow our own' from within Powys.
- Work with stakeholders to identify potential funding opportunities to enable us to offer further Aspiring Nurse Program opportunities to external candidates.

4. **Advanced Practitioner Framework Progress (SP16)**

As part of our commitment to career pathway development and growing our own highly skilled workforce, we committed to supporting the organisation with a refresh and relaunch of the Advanced Practitioner Framework.

The end of 2021-22 saw the re-launch of the Multi-Professional Advanced Practitioner (AP) Forum within PTHB following a pause for the duration of the

COVID-19 pandemic. Scoping activity was undertaken (led by the Chair of the group) to understand who within the organisation was working as either: i) an Advanced Practitioner (protected title) ii) an Advanced/Extended Clinical Practitioner iii) a Specialist Practitioner with extended skills iv) an aspiring Advanced Practitioner. Following this scoping activity, all identified individuals were invited to join the forum. The purpose of the forum is to:

- review and consolidate the governance arrangements for Advanced Practitioners;
- provide peer support for APs in the health board; and
- review and progress the AP agenda in the health board.

Update against Quarters 1-2

- WOD support and attendance at the AP Forum meetings.
- Attendance and active contribution to the national workstream that is reviewing the national development and governance arrangements for Advanced Practitioners. This dovetails with a secondary workstream focussed on the development of an All-Wales Multi-professional framework that is focussed on the enhanced, advanced and consultant roles.
- A review and refresh of our internal process document and governance arrangements that support the development of new and existing Advanced Practitioners is underway and a draft shared for inter-professional consultation Sept 2022.

Plans for Quarter 3-4

- Draft process document and governance arrangements signed off and agreed in order to support the current APs in post and the development of new APs within services.
- This will support the organisation with the development of the AP agenda and will provide senior leaders a clear process to follow when considering AP roles within their clinical service models as part of workforce planning and service redesign.

5. Continued Professional Development for clinical staff (SP16)

As part of Strategic Priority 16 – to Enhance Access to High Quality Education and Training, we will provide CPD training and development opportunities in four key areas, these are:

- Preceptorship programme for newly qualified registrants.
- Development and delivery of inter-professional learning experiences utilising a simulation environment to improve clinical, team working and leadership skills. This will utilise the technology within the Health and Care Academy.
- The opportunity to access a range of leadership development opportunities, including the development of a Clinical Leadership programme.
- Training and development programmes which underpin MDT working within Primary Care.

Update against Quarters 1-2

- The Preceptorship programme and associated competency documentation is in development. Engagement with clinical managers is scheduled to encompass their requirements as far as possible into the programme along with national guidance.
- Simulation equipment training has been provided to Clinical Education Team and Health & Care Academy Team members.
- Simulation-based scenarios are in development for use in the interprofessional simulation learning sessions planned for Q3 onwards. These will continue to be developed following evaluations from sessions.
- First training session has been provided to staff on the use of the 'diamond debrief model' for post simulation sessions. Debrief is used to enhance the simulation-based learning experience via shared feedback.
- Training has been provided to international nurses undertaking an 8-week programme of education, preparing them to sit the Nursing and Midwifery Council (NMC) UK nursing registration test, commonly known as the 'OSCE'. The initial cohort was widened to a local international nurse, increasing the initial cohort from 2 to 3. Simulation-based learning has been regularly utilised in the cohort, preparing them for their UK NMC registration tests which are due in September 2022.
- Refurbishment of the Magpies Bungalow has been completed with the technology in place to run simulated training, including 2 x 'Nurse Annes'. The bungalow is linked to Basil Webb to allow observation of activity.
- Additional technology in Basil Webb will be in place by the end of Q2 including Pepper Robot and Holo Lens.
- Training rooms 1 and 2 in Bronllys have been refurbished to provide a better learning environment.
- The Intensive Learning Academy (ILA) has been delivering a range of CPD courses including, project management, design thinking, digital awareness and leadership, with 60 staff undertaking programmes from across health and social care.
- 5 Staff from across Powys have started the MSc in Leading Digital Transformation. Cohort 2 will start in September 2022.
- Approximately 56 staff are currently engaged in ILM leadership programmes with two programmes starting in each quarter.
- Work has been undertaken to design and develop a Clinical Leadership Programme, which will be initially undertaken by 14 Band 7 Midwives before rolling out across the organisation. The first programme will start at the end of Q2.
- HEIW have committed to part fund a 12-month fixed-term Clinical Leadership Facilitator, who will deliver training in PTHB. The role will be advertised by the end of Q2.
- PTHB will be supporting the trial of a Compassionate Leadership programme being developed by Professor Michael West. Timescales indicate an initial offer being in place for testing by the end of Q2.

Plans for Quarters 3-4

- Develop education and training programmes to support MDT working within primary care to support the ambitions of A Healthier Wales, and to underpin delivery of the Strategic Programme for Primary Care.
- The Preceptorship programme will launch in October 2022. This will provide a formal programme for newly registered clinical staff consisting of 6 study days over a 1-year period. The aim of this blended learning programme is to support newly registered practitioners to consolidate their undergraduate learning to become competent and confident practitioners in the clinical setting. Preceptorship is a recognised method of supporting staff and retaining them withing the workforce. The programme will contain elements of inter-professional simulated learning as part of the CPD offer.
- An initial offer of inter-professional simulation-based education with debrief will commence from November 2022. The offer will provide one simulation day on a bi-monthly basis (2 groups per day). A further increase to the frequency of this programme is dependent on staffing resources within the Clinical Education Team. Simulation-based learning will be utilised to support the clinical skills development of employees undertaking aspiring nurse programmes as part of their pre-registration programmes.
- A continued offer of simulation-based education for the international OSCE programme is dependent on funding approval of a business case. If approved, a further 5 international nurses will be recruited and expected in Q3-4. This programme will be extended to support local return to practice (adult) nurses to re-register with the NMC and work in PTHB.
- Simulated learning will be provided to specific groups of learners from local colleges, undertaking level 3 qualifications in health & care, as part of an initiative from the Health & Care Academy. This will form strong links with learners who will leave college with the necessary qualifications to join PTHB or health / care facilities as qualified HSCSW's or ready to join Cert HE level 4 courses. These routes support the 'Grow our own' workstreams.
- Enhanced community (care at home) skills will be delivered to Band 4 practitioners working in patients' homes (fixed term 6-month project). This enhances the formal Level 4 Certificate in Higher Education being offered to practitioners commencing on courses from September 2022.
- Further developments in the technology infrastructure to support enhanced learning will include the introduction of a Hydra Minerva training suite to enable simulated team working and leadership activities. Also, various technologies for clinicians to test within the academy will be introduced such as remote digital monitoring devices.
- The ILA will continue to deliver CPD courses through Q3 and 4 with 15 short courses in:
  - Leadership and Digital
  - Critical thinking
  - Problem solving
  - Project management
  - Data science and data visualisation
  - AI
  - Research methods
  - Design thinking

- ILM courses in leadership and Coaching at levels 3, 4 will continue at a rate of one course per quarter
- For Clinical leadership, the facilitator role will be recruited to and begin delivery of 1-2 courses per quarter
- The Compassionate Leadership programme will be rolled out with the intention of running one introductory course per week depending on final programme design

NEXT STEPS:

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

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

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

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

Workforce & Culture Committee	Date of Meeting: 20 September 2022
Subject :	**Workforce & Culture Committee Terms of Reference**
Approved and Presented by:	James Quance, Interim Board Secretary
Prepared by:	James Quance, Interim Board Secretary
Other Committees and meetings considered at:	

PURPOSE:
The purpose of this paper is for the Committee to consider its Terms of Reference in order to ensure that they remain fit for purpose.

RECOMMENDATION(S):
The Committee is asked to relay any suggested amendments via the Chair by 30 September 2022.

Approval/Ratification/Decision[1]	Discussion	Information
	✓	

x

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

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

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

EXECUTIVE SUMMARY:

Under the Standing Orders of the Health Board, Board Committees are required to review their Terms of Reference on an annual basis and these are attached as Appendix 1 for that purpose.

Any suggested changes will need to be brought to the attention of the Director of Corporate Governance for consideration. If there are no suggested amendments the Committee is able to note that the review has been undertaken in its Annual Report.

NEXT STEPS:

The Committee is asked relay any suggested amendments via the Chair by 30 September 2022.

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

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

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

Workforce and Culture Committee

Terms of Reference & Operating Arrangements

September 2021

1. INTRODUCTION

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

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

1.2 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Workforce and Culture Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.

1.3 The scope of the Committee extends to the full range of PTHB responsibilities. This encompasses the delivery and performance management of all directly provided and commissioned services.

2. PURPOSE

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

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

3. DELEGATED POWERS AND AUTHORITY

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

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

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

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

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

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

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

Statutory Compliance:
Seek assurance, on behalf of the Board, that current statutory and regulatory compliance and reporting requirements are met, including:
- Equality & Diversity Legislation
- Welsh Language Standards
- Wellbeing of Future Generations Act (where relevant to this Committee)
- Consultation on Organisational Change
- Mandatory and Statutory Training

Authority

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

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

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

Access

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

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

Sub Committees

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

Committee Programme of Work

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

4.	MEMBERSHIP

Members

4.1   Membership will comprise:

Chair	Independent member of the Board
Vice Chair	Independent member of the Board
Members	2 x Independent member of the Board
	The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2   In attendance: The following Executive Directors of the Board will be regular attendees:
- Director of Workforce & OD (Officer Lead)
- Director of Planning and Performance
- Director of Finance & IT
- Director of Primary, Community Care and Mental Health
- Director of Therapies and Health Sciences

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

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:
- other Executive Directors not listed above;
- other Senior Managers and

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

Secretariat

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

Member Appointments

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

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

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

Support to Committee Members

4.8 The Board Secretary, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

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

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

Frequency of Meetings

5.3   The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **Quarterly**, and in line with the Health Board's annual plan of Board Business.

5.4   The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

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

Withdrawal of individuals in attendance

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

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

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

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

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

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

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

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

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

7. REPORTING AND ASSURANCE ARRANGEMENTS

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

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

7.2   The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

7.3   The Board Secretary shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.

7.4   The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8.   APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum
- Issue of Committee papers

9.   CHAIR'S ACTION ON URGENT MATTERS

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

9.2   Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10.   REVIEW

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

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

PURPOSE:
The purpose of this paper is to provide the Committee with the end of May 2022 version of the Committee Risk Register for information, subject to feedback from the Board on 25 May 2022.

RECOMMENDATION(S):
It is recommended that the Committee CONSIDERS the risks identified as requiring oversight by this Lead Committee.

Approval/Ratification/Decision	Discussion	Information
✘	✓	✓

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

	7. Put Digital First	
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

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

BACKGROUND AND ASSESSMENT:

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

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

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

NEXT STEPS:

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

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WORKFORCE & CULTURE COMMITTEE RISK HEAT MAP: September 2022

There is a risk that...

Impact							
Catastrophic	**5**	yellow	orange	red		red	
Major	**4**	yellow	yellow	orange	▪ The Health Board is unable to sustain an adequate workforce	red	
Moderate	**3**	green	yellow	orange	▪ The Health Board does not comply to the Welsh Language standards, as outlined in the compliance notice	red	
Minor	**2**	green	yellow	yellow		yellow	orange
Negligible	**1**	green	green	green		yellow	yellow
		1	**2**	**3**		**4**	**5**
		Rare	**Unlikely**	**Possible**		**Likely**	**Almost Certain**
		Likelihood					

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CORPORATE RISK DASHBOARD – September 2022

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

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KEY:

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

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

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

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CRR 006 **Risk that:** the Health Board is unable to sustain an adequate workforce	**Executive Lead:** Director of Workforce & OD and Support Services **Assuring Committee:** Workforce and Culture
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 8	**Date last reviewed:** July 2022

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

Date added to the risk register
January 2017 | | **Rationale for current score:**
The Temporary Staffing Unit is continuing to provide support to meet the heath board staffing deficits and through May covered a total of **67.73 WTE** shifts. However, this has resulted in a significant reliance on agency staffing (65% of shifts) to meet this demand.

Inpatient Nursing Wards
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 32%. This is more of an acute issue in 2 wards, where there is a deficit of 50% or over. This has increased by 6% when compared to pre-pandemic performance (26%) for the same period in 2019.

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

Medical
The health board currently has **13.5 WTE** medical vacancies, of which 11 WTE are all currently being covered via Locums. Recruitment to medical roles remains challenging for the organisation, with a large number of long-term locums in place, predominantly within the Mental Health service.   Two recent specialty doctor NHS locums' appointments have been made to support the community paediatric service. |

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Mental Health have recently been successful in appointing a substantive consultant in old age psychiatry. This is the first appointment within old age in a number of years with the consultant expected to start in September (reducing the vacancy level to **12.5 WTE**)**.** In addition, a consultant nurse post id being explored to replace one of the specialty doctor roles in the south of Powys that we have been unable to recruit to.

In line with IMTP delivery plans, work to review the medical model has been identified as a key priority which will include a systematic review of the overall staffing delivery model, given the health board's ongoing recruitment challenges. Project support has been sought to undertake the transformation work, including a Band 8a Transformation Programme Manager and a Band 5 Project Support Officer. Both posts have recently closed and are at the shortlisting stage of the recruitment process, both with several applicants.
Unfortunately, the service were unable to appoint in this round of recruitment. Options for the work to be picked up within current capacity were explored, however, the JDs have been reviewed and planned to be readvertised.

Renewal
Despite successful recruitment to 51.5 WTE posts to support Renewal and Transformation activity, the health board continues to experience challenges in the following areas:

- 3.0 WTE Clinical Pharmacists remain vacant across schemes 2, 3 and 6. This risk has been escalated and is monitored on an All-Wales basis.
- Recruitment to the Sleep Physiologist (1.00 WTE) remains vacant, despite 6 recruitment campaigns. A review of the role

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		requirements is underway, and a more senior role is likely to be implemented.
		• Scheme 3 continues to face challenges in recruiting to the vacant Advanced Practitioner (1.00 WTE) post), despite numerous recruitment attempts.
		Therapies
		There are currently **12.9 WTE** vacancies within the Therapies speciality in the Community Services Group. With posts being offered to through student streamlining and appointing to a number of other vacant posts **17 WTE posts** have been filled. There are still difficulties recruiting to some posts, Advanced Audiologist, Band 7 CMATs Physiotherapist and 3 x Band 6 Occupational Therapy posts. Having advertised several times, the service is now reviewing skill mix in the Band 6 OT roles and planning on consideration of training roles through Annexe 21. Funding has been secured through HEIW to pay for 2 staff members to undertake a 4 years part time physiotherapy and occupational therapy course.
		Mass Vaccination
		The workforce model is regularly reviewed to address changing planning assumptions for the delivery of future boosters. Contracts have been extended to January 2023 to cover the expected Autumn Booster period.
		Occupational Health
		A review of the Occupational Health Service has been completed and recruitment to additional roles is underway. Band 7 Service Improvement Manager now in place, awaiting evaluation of the Consultant Nurse/AHP role prior to advertising. The recent resignation of 0.4 Band 6 Clinical Nurse will have an impact on service pressures from 1st August 2022.
Controls (What are we currently doing about the risk?)		**Mitigating actions (What more should we do?)**

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Bank and Agency	Action	Lead	Deadline
▪ Ongoing recruitment and monitoring of demand to support the identification of supply requirements for the temporary staffing unit. Overall, there has been a 55% increase during Quarter 4 in the level of bank workers employed by the health board when compared to Quarter 4 last year.	Develop a strong, distinctive employment offer that captures the uniqueness of Powys Teaching Health Board	DWODSS	Ongoing
▪ Weekly reports on temporary staffing are produced and shared with Community Service Managers and reviewed mid-week to ensure optimum cover options are explored. ▪ The Health Board temporarily implemented an enhanced rate for bank worker shifts for bank workers and substantive staff for the period December 2021 to 31 March 2022 and has been extended to the end of June 2022.	Implement Standard Operating Procedures for internal operational workforce planning and work with directorates to develop their workforce plans	DWODSS	Yearly in line with Annual planning/ IMTP
	Implement an approach to succession planning: identify critical posts	DWODSS	March 2022
Operational Delivery ▪ 12 Aspiring Nurse roles were advertised externally and all 12 posts were recruited to and have commenced their educational training. ▪ Radiology have secured funding for 'grow our own' Radiographer. Recruitment will commence in coming months and an appointed candidate will start academic training September 2022 ▪ We are currently exploring international overseas recruitment which is being co-ordinated on an all Wales basis with 3 successful appointments made to date. ▪ Ensure that recruitment timescales are minimised and that issues of delay are appropriately and proactively managed to ensure recruitment performance indicators are consistent with national targets. ▪ Recruitment support has been identified for renewals post to provide input into all recruitment processes and support recruitment to the posts at pace. ▪ Streamlined recruitment processes are in place for registered nurse roles which includes, open ended adverts and automatic invite to interview for registered nurses if they provide NMC registration. ▪ Extensive recruitment activity is being managed internally to support the health board in managing vacancies related to mass vaccination and bank recruitment.	To support temporary arrangements in response to the COVID-19 pandemic	DWODSS	Ongoing

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- Health Care Support Worker Apprenticeship Programme in place and recruitment to the next cohort is underway.
- New volunteering approach has been developed for ward based clinical volunteer activity and are recruited through out MOU with PAVO.
- Agile ways of working continue to be developed.

Strategic Activity
- Developmental roles have been explored due to a difficulty in recruiting to posts. Discussions continue to take place with services where appropriate to do so, this has included developmental roles under annex 21 of the agenda for change terms and conditions of service.
- Work is progressing to look at developing creative and redesigning roles to meet the changing health needs of the local population. This includes working with the National Nurse Staffing Group to maximise the development of band 4 roles to encourage opportunities for growing and retaining our own staff within the Powys area. However, nationally, this work has been delayed as organisations have been responding to the COVID 19 pandemic.
- A review of the inpatient Nursing Establishments is underway led by the Executive Director of Nursing and Midwifery and Director of Primary, Community and Mental Health Services. This has included agreement to recruit to additional health care support worker roles in order to meet demands whilst this review takes place.

Current Risk Rating	Additional Comments
4 x 4 = 16	Controls and mitigation are in place so far as reasonably possible to manage the risk at its current level, to inhibit escalation higher than the current score of 16. However, the Health Board continues to face a challenged position in respect of its ability to meet staffing requirements particularly within clinical roles, resulting in an increased reliance on agency staffing in particular to meet these demands.

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CRR 012	**Executive Lead:** Director of Therapies & Health Sciences
Risk that: the Health Board does not comply to the Welsh Language standards, as outlined in the compliance notice	**Assuring Committee:** Workforce and Culture
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 8	**Date last reviewed:** July 2022

Risk Rating – (likelihood x impact): Initial: 4 x 3 = 12 Current: 4 x 3 = 12 Target: 2 x 3 = 6		**Rationale for current score**
		- Self-assessment indicates non-compliance with some Welsh Language Standards. - Evidence of non-compliance received via 5 complaints in 2021/22. - Direct communication from the Commissioner indicating non-compliance in certain website areas. - Reviews suggesting that despite previous efforts the proportion of staff with Welsh language skills is not increasing, harming ability to deliver services in accordance with the standards. Welsh speaking staff are in high demand. - Internal review has identified significant over-budget expenditure on translation. If budget is not ensured there is a risk of non-compliance.
Date added to the risk register March 2019		

Controls (What are we currently doing about the risk?)	**Mitigating actions (What more should we do?)**		
- Welsh Language Steering Group continues to monitor progress against the Standards and is sharing and encouraging best practice. - Departmental Action Plans updated – compliance self-assessment completed and returned to WL Commissioner. Compliance levels have increased again during 2021-2022. End of year monitoring meetings held with WL Service Leads. - This year the health board became compliant with some standards for the first time e.g. Computer Software and Interfaces, translation of policies. - Welsh Language Assessments have been integrated into Equality Impact Assessment Process (and associated training sessions) and will be carried out for future developments.	**Action**	**Lead**	**Deadline**
	Internal Audit of standards compliance	Internal Audit	During 2022
	Ongoing review of recruitment practices with recommendations to increase the bilingual skills of the workforce.	DOTHS	During 2022-23

• Continue to monitor compliance levels within each service area and work with Service Leads to address any gaps in compliance. • Welsh language team is working with NWSSP internal audit to identify compliance levels across the organisation.	Implement proposals to address risk of over-expenditure on translation and to establish a budget.	DOTHS	Summer 2022
	Consider options for aligning responsibility for standards compliance across PTHB Executive.	DOTHS/ Corpora te	During 2022-23
	Additional Comments		

Current Risk Rating	
4 x 3 = 12	

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WORKFORCE AND CULTURE COMMITTEE
PROGRAMME OF BUSINESS 2022-23

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

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

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

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

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

MATTER TO BE CONSIDERED BY COMMITTEE		EXEC LEAD	SCHEDULED COMMITTEE DATES 2022-23			
			31 May	20 Sept	13 Dec	14 Mar
	- Occupational Health Performance - Staff survey - Audit Wales Report "Taking Care of the Carers" Actions Update		committee – Occ Health and Staff Survey)			
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 - Annual Plan - Delivery Assurance Report	ADCB			✓	✓
SP25	Organisational Development Framework - Draft Framework	Workstream Leads			✓	✓

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

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			✓	

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