PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	04 April 2022
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Planning Objectives Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mrs Lisa Gostling, Director of Workforce and Organisational Development (OD) Professor Phil Kloer, Medical Director/Deputy Chief Executive Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience Ms Alison Shakeshaft, Director of Therapies & Health Science (on behalf of Mrs Ros Jervis, Director of Public Health)
SWYDDOG ADRODD: **REPORTING OFFICER:**	Dr Daniel Warm, Head of Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

As part of the Annual Recovery Plan for 2021/22, the Board agreed a refreshed set of Strategic Objectives that set out the aims of the organisation, *i.e.* the horizon that the Hywel Dda University Health Board (HDdUHB) is driving towards over the long term, as well as a set of specific, measurable Planning Objectives, which move the organisation towards that horizon over the next three years.

Each of the Planning Objectives has an Executive Lead and this report is to provide the People, Organisational Development & Culture Committee (PODCC) with an update on the progress made in the development (delivery) of the Planning Objectives under the Executive Leadership of the:

- Director of Workforce and OD;
- Director of Nursing, Quality and Patient Experience;
- Director of Public Health;
- Medical Director/Deputy Chief Executive;

that are aligned to PODCC, for onward assurance to the Board.

Cefndir / Background

This report is presented as an update to demonstrate where progress has been made in delivering those Planning Objectives aligned to PODCC.

There are 12 Planning Objectives in total which are attributed to the following Executive Lead as set out and detailed at Appendix 1.

Asesiad / Assessment

Appendix 1 provides an update on each of the Planning Objectives aligned to PODCC, identifying their current status, whether these are achieving/not achieving against their key deliverables, together with a summary of progress to date.

A summary of this information is set out below:

Planning Objectives	Lead Executive	Status	Change	If Planning Objective is 'behind'
1A	Director of Workforce and OD	Complete		Not applicable (N/A)
1C		Behind		• A successful pilot programme was held 04/03/2022, allowing for evaluations to be used to tweak programme for final pilot Mid-March 2022. • Key phase 9 – Roll out planned for April 2022. • Key Phase 10 - Evaluation process of pilot being checked to create a Making a Difference Metrics dashboard to form part of the wider dashboards for PODCC • Full evaluation to be carried out in May 2022, in line with implementation plan 2022/2023. • Design phase of the programme is now completed.
1F		Behind		This Planning Objective is currently behind due to a number of factors including: • work associated with additional recruitment to support the scale up of the vaccination service; • an increase in general recruitment activity by 92% comparing December 2019 (pre-pandemic levels) to December 2021; • planning for international Registered Nurse recruitment at pace early 2022; • vacancy factor and increase in staff absence in the team.
1G		On track		N/A
1H		On track		N/A
1I		On track		N/A
2D		Behind		This Objective has become a much bigger Planning Objective, with the need to focus on creating an overall educational group to include both clinical and non-clinical education. As a result, this has been transferred to a 2022/2023 Planning objective, with the whole educational governance structure being fully embedded. By September 2022, to develop a multi-disciplinary clinical and non-clinical education

				plan and begin implementation from October 2022.
2G		Behind		• Key phase 14: Work is underway with Pembrokeshire County Council to develop a Joint Apprentice programme, including a regional investment bid to support a supernumerary post for the first year following the Apprenticeship Academy Healthcare Apprentice Model. It is planned for 15 Joint Apprentices to start in September 2022, with progress being identified through the Apprenticeship Academy Governance Group and the Regional Apprenticeship Group as part of the Regional Workforce Programme Board. • Key Phase 7: Engagement with local schools to identify how the Health Board can promote careers in the NHS, including breaking down barriers to gender stereotypes and promoting diversity of roles within the NHS is now underway with the support of Careers Wales resources. This is planned via a series of meetings during March, April and May 2022.
2H		On track		N/A
1B	Director of Nursing, Quality and Patient Experience	On track		N/A
2A	Director of Public Health	On track		N/A
3G	Medical Director/ Deputy Chief Executive	On track		N/A

A revised set of Planning Objectives will be in place for 2022/23, and these will be reported against from the PODCC meeting in June 2022.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is requested to receive an assurance on the current position in regard to the progress of the Planning Objectives aligned to PODCC, in order to onwardly assure the Board where Planning Objectives are progressing and are on target, and to raise any concerns where Planning Objectives are identified as behind in their status and/or not achieving against their key deliverables.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.7 Seek assurance on delivery against all Planning Objectives aligned to the Committee considering and scrutinising the plans, models and programmes that are developed and implemented, including the annual workforce plan and associated commissioning plan supporting and endorsing these as appropriate (PO 1A, 1B, 1C, 1F, 1G, 1I, 2A, 2B, 2D, 2G, 2H)
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives:	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	3 Year Plan and Annual Plan Decisions made by the Board since 2017-18 Recent *Discover* report, published in July 2020 Gold Command requirements for COVID-19 Input from the Executive Team Paper provided to Public Board in September 2020
Rhestr Termau: Glossary of Terms:	Explanation of terms is included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl A Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Public Board - September 2020 Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.

Cyfreithiol: **Legal:**	Any issues are identified in the report
Enw Da: **Reputational:**	Any issues are identified in the report
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

APPENDIX 1 – Update of Planning Objectives (PO) aligned to People, Organisational Development and Culture Committee (PODCC) as at 8th March 2022

PO Ref and Planning Objective	Executive Lead	Completion Date	Current Status	Summary of Progress to date
1A Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to workforce within the next 3 years	Director of Workforce and OD	31/03/2022	Complete	• Third version of performance dashboard presented to PODCC in February 2022 ahead of March 2022 deadline. • Feedback on content and evolving presentational style of the earlier drafts have been positive from a range of stakeholders.
1B Building on the success of the Command Centre, develop a longer-term sustainable model to cover the following: One single telephone and email point of contact – the "Hywel Dda Health Hub" This will incorporate switchboard facilities and existing service based call handling functions into one single call-handling system linking patient appointments, online booking and call handlers All specialist teams (primary care, patient support, staff support) to have their calls answered and routed through this single point of contact Further develop the operation of the surveillance cell set up to support Test, Trace, Protect (TTP) Further develop the incident response and management cell set up to support our COVID-19 response Further develop the SharePoint function, or look at similar other systems that our Local Authority partners use, to facilitate tracking, auditing and reporting of enquiries, responses and actions Develop and implement a plan to roll out access for all patients to their own records and appointments within 3 years	Director of Nursing. Quality and Patient Experience	31/03/2024	On-track	• Calls to the Dental Service now fully integrated into the COVID Command Centre (CCC) as of January 2022.To date 1500 calls taken. Dental service providing very positive feedback and have identified additional unintended benefits such as improved efficiencies of clinics, as well as the intended benefits of releasing clinical and managerial time to prioritise and respond to patient requests. • Funding for the Communication Hub confirmed from March 2022, based on the value added being demonstrated by September 2022. • Process to offer the current workforce substantive contracts being worked through with Workforce and Finance partners. • Services now being supported, delivered or hosted by the CCC as it transitions to the Health Board Communication Hub;- - COVID enquiries remote cells for Workforce, Occupational Health, and Infection Control Vaccination, testing and; - Waiting List Support Services; - Long COVID referrals; - Operational absence reporting. • On going funding secured for a phased Communication Hub work plan in place based on operational team responses to scoping exercise. Services being worked upon:- - Cardio Respiratory patient queries, requests and bookings; - Phlebotomy Service bookings; - Expert Patient Programme information and bookings;

PO Ref and Planning Objective	Executive Lead	Completion Date	Current Status	Summary of Progress to date
				- Home Oxygen Service information, advice and escalation; - Nutrition and Hydration advice support and bookings; - Primary Care patient information, advice and signposting during contractual changes.
1C Design a training and development programme to build excellent customer service across the Health Board for all staff in public & patient facing roles for implementation from April 2021. This programme should learn from the best organisations in the world and use local assets and expertise where possible. The organisation's values should be at the heart of this programme	Director of Workforce and OD	30/11/2021	Behind	• Key Phases 1-8 Complete. • A successful pilot programme was held 04/03/2022, allowing for evaluations to be used to tweak programme for final pilot Mid-March 2022. • Key phase 9 – Roll out planned for April 2022. • Key Phase 10 - Evaluation process of pilot being checked to create a Making a Difference Metrics dashboard to form part of the wider dashboards for PODCC. • Full evaluation to be carried out in May 2022, in line with implementation plan 2022/2023. • Design phase of the programme is now completed.
1F Develop a programme for implementation by July 2021 to co-design with our staff every stage and element of our HR offer that embody our values. This will address: 1. the way the Health Board recruits new staff and provides induction; 2. all existing HR policies; 3. the way in which employee relation matters are managed and 4. equitable access to training and the Health Board's staff wellbeing services. The resulting changes to policies, processes and approaches will be recommended to the Board in September 2021 for adoption.	Director of Workforce and OD	31/3/22	Behind	**1a. the way the Health Board recruits new staff and provides induction; Summary of progress to date** • Task & Finish (T&F) Group established to oversee process of securing permanent employment for those initially recruited to bank or fixed term contracts. Formal reporting points agreed for September 2021 and January 2022. • Discovery stage research continues: general on-line search, NHS case studies and award winner practices, NHS Employers resources, Human Resources (HR) disrupted content and continued professional development (CPD) on the topic, experiences from new staff in the Team recruited from other sectors shared. Reflections following complaints are being noted. • Surveys developed for candidates (successful and unsuccessful) and appointing managers. 791 questionnaires returned out of 5238 issued (15.12% response rate). • • Local and national disability groups have been approached and asked if they would welcome the opportunity to work with HDdUHB to improve the inclusivity of our recruitment and selection processes. A number have indicated that they would

PO Ref and Planning Objective	Executive Lead	Completion Date	Current Status	Summary of Progress to date
				and bespoke surveys and focus groups are currently being designed. • 'Quick wins' identified which do not require wider engagement are being implemented immediately to deliver improvement. • Research commenced and focus groups discussion is ongoing in respect of new job description and person specification template. There are four actions due to complete by end of March 2022. Due to: • Work associated with additional recruitment to support the scale up of the vaccination service; • An increase in general recruitment activity by 92% comparing December 2019 (pre-pandemic levels) to December 2021; • Planning for international registered nurse (RN) recruitment at pace early 2022; • Vacancy factor and increase in staff absence in the Team. At this point in time, it is anticipated that the delivery of these four actions will fall behind by a quarter. The four actions are: 1) Implement revised job description and person specification template. 2) Streamline recruitment pathway for RN recruitment. 3) Review how internal recruitment is managed in the context of vision for Talent Management and Succession Planning and the volume of appointments which are made internally. 4) Wider engagement with key stakeholders to develop proposal for changes to policies, processes and approaches for recruitment. Use research findings from initial stages to inform proposed way forward. **Induction** • Key Phase 1,2, 3,5,6,7 Completed • Key Phase 8 – Now completed with the development of the Hywel Dda Welcome. This has been designed to incorporate a six-month onboarding journey. An Induction Programme

PO Ref and Planning Objective	Executive Lead	Completion Date	Current Status	Summary of Progress to date
				Journey Outline is currently being developed to demonstrate the breadth of the content as well as learning outcomes and outputs, which includes a Career Development Plan. • Key Phase 4 & 9 - Automated process to on-board new employees into the organisation, needs to be done with the support of the Digital Transformation Team. This has not been achieved due to current work pressures within Digital Services, however a developer has now been appointed and is liaising with the Learning & Development (L&D) Team. • Key Phase 10 – Some progress made, however progress has been impacted due to the urgent need to focus on developing a dedicated induction for International Nurses (Once for Wales) and the ongoing need for digital software to finalise resourcing. Linked to digital transformation, the Implementation plan will be ready by 31/03/2022, although implementation will be transferred to the new Plan on a page, a phased approach will begin 01/04/2022, with staged approach as roll-out, being fully embedded by 01/08/2022. **Equitable Access:** • Key Phase 1,2,3,5,6 completed • Key phase 4 closed as the Education and Development Team are now working collaboratively with the Equality, Diversity and Inclusion (EDI) Team in relation to this, using expert knowledge and community groups to inform decision making. • Output from Key Phase 7,8,9,10 will form part of the Equitable Access to Training report that will be submitted to PODCC by June 2022, which includes a full action plan for the roll out of the peer-to-peer mentor programme, data from the Equitable Access to Training Survey, learning from best practice. It will also outline to plan to roll train the trainer support to services delivering training and a toolkit to ensure all materials are accessible.

PO Ref and Planning Objective	Executive Lead	Completion Date	Current Status	Summary of Progress to date
1G Develop and implement a plan to roll out OD Relationship Managers to every directorate in the Health Board from April 2021. Their role will be to support the directorates in their day to day operations, as well as helping them to widen diversity and inclusion, develop their workforce, foster positive relationships and deliver successful and supportive home working arrangements for their teams.	Director of Workforce and OD	31/12/2022	On-track	• Development programme designed and currently at implementation phase. • People Culture Plan Framework developed in conjunction with Trade Union Chairs and soft launch across services. Launch to County Partnership Forums completed and launch in main Partnership Forum rescheduled to April 2022. • Data Insights review being completed to inform initial outline drafts of People Culture Plan Action Plans. • Initial engagement with some services (restricted due to capacity of Operational Services and the COVID-19 Omicron variant). Team also deployed to support management of absence data for HDdUHB. Engagement with services now commencing. • Principles of Engagement agreed with PODCC in February 2021 and Team met with Committee.
1H By July 2021 conduct a second 'Discovery' phase of the pandemic learning to understand more about staff experience so that approaches to rest, recovery and recuperation can be shaped over the next 2 years including a 'thank you offering' to staff.	Director of Workforce and OD	31/12/2021	On-track	• Discovery Report intergraded action plan updated RAG (red, amber, green) rated. • Finalised staff appreciation and values SBAR (situation, background, assessment and recommendation) with costs completed. • Welcome letter process agreed after issues with General Data Protection Regulation (GDPR). • Benefits brochure developed and prepared for launch. • Hapi benefits portal continuing to be developed and highlighted for staff sign up. • Board Outcome Survey developed and operated for three months with good compliance rates. • Healthy Working Relationships agenda being developed and will be implemented – April/May 2022 with videos and workshops outlining the approach. • Work in Confidence will soft launch March 2022 with full launch in April 2022. • New exit interview questionnaire developed. • OD interventions have resumed with a number taking place in March/April 2022.

PO Ref and Planning Objective	Executive Lead	Completion Date	Current Status	Summary of Progress to date
1I Develop a set of plans for implementation from July 2021 for new or extended health and wellbeing programmes for our staff using charitable funds.	Director of Workforce and OD	31/03/2022	On-track	• Ecotherapy Programme for staff at risk of stress and burnout, pilot programme delivered March 2022. • 126 Health and Wellbeing Champions registered to date. • Bereavement Support Officers for staff appointed and new training packages on bereavement, grief and loss being delivered. • Lifelong Learning Recovery and Restoration Fund Programme designed and launched. • Arts in Health Wellbeing Coordinators appointed and a frame of activities developed for implementation.
2A Develop a Health Board specific plan that responds to the Regional Carers Strategy, and complete implementation by March 2024.	Director of Public Health	31/03/2024	On-track	• A detailed update on the work of the Carers Strategy Group was provided to PODCC in February 2022. • The Health Board Carers Strategy Group continues to meet on a regular basis with broad attendance from officers across HDdUHB. • The Carers Team are working collaboratively with Betsi Cadwaladr University Health Board and Powys Training Health Board to support them to implement the Investors in Carers scheme within their health board areas. • The Carers Team are working with the Value Based Healthcare Team to develop Carer Reported Outcome Measures and hope to implement these during 2022/23. • Work is on-going through the Regional Partnership Board and the West Wales Carers Development Group to plan for the transition from Integrated Care Funding to the new Health and Social Care Regional Improvement Fund (RIF). Investors in Carers and the Carers Hospital Discharge Service were evaluated as projects to recommend for inclusion within the RIF Embedding Fund and HDdUHB has identified resources to meet the match requirements.
2D By December 2021 develop a clinical education plan with the central aim to develop from within and attract from elsewhere, the very best clinicians. This plan	Director of Workforce and OD	30/04/2022	Behind	Overall achievement of this objective have been impacted due to: • Key phase 3, 5, 10,1, 15: This Objective has become a much more substantial planning objective, with the need to focus on

PO Ref and Planning Objective	Executive Lead	Completion Date	Current Status	Summary of Progress to date
will set out the educational offer for nurses, therapists, health scientists, pharmacists, dentists, doctors, optometrists, public health specialists and physicians associates. It will also set out how we will support this with access to the best clinical educators, facilities (training, accommodation and technology) and a clear plan to grow both the number of clinicians benefiting from education and the capacity to support this.				creating an overall educational group to include both clinical and non-clinical education. As a result, this has been transferred to a 2022/2023 Planning Objective, with the whole educational governance structure being fully embedded. By September 2022, to develop a multi-disciplinary clinical and non-clinical education plan and commence implementation from October 2022. • Key Phase 2: Review of the current Eagle Panel is currently underway, membership and chairperson agreed and will be chaired by the Clinical Education Manager. Full review cannot be completed without the wider governance structure outlined above. • Key Phase 6 & 7: All Wales work has now superseded the need to produce HDdUHB specific frameworks in relation to Assistant Practitioner roles. These All Wales groups have representation from nursing, therapies and the clinical education teams, providing assurance these meet the changing needs of HDdUHB's roles. • Progress had been impacted by the focus moving to internal objective structured clinical examination (OSCE) delivery as part of the recruitment of 100 Internationally Educated Nurses (IEN's). • Key Phase 1, 8, 9, 13, 14, 16 completed previously. • Key Phase 4: Pilot Training Needs Analysis (TNA) has commenced in Ward 7 of Prince Phillip Hospital, testing the model of a localised TNA plan. This will provide the foundations of a wider TNA, using lessons learnt. • Key phase 12 – Now complete as University of Wales Trinity Saint David has begun the delivery of the Level 4 in Therapies working with HDdUHB and Swansea Bay UHBs. This enables the academic framework around the Band 4 Therapy Assistant Practitioner roles.
2G By October 2021 construct a comprehensive workforce programme to encourage our local	Director of Workforce and OD	31/08/2022	Behind	Future Workforce:-

PO Ref and Planning Objective	Executive Lead	Completion Date	Current Status	Summary of Progress to date
population into NHS and care related careers aimed at improving the sustainability of the Health Board's workforce, support delivery of the Health Board's service objectives (both now and in the future) and offer good quality careers for our local population. This should include an ambitious expansion of our apprenticeship scheme.				• Work towards the Future Workforce Plan is still behind target, although significant momentum has been made during January and February 2022. • Key Phase 1,3 4,5,6,11, 12, 13 completed. • Key Phase 8 – Closed as will no longer be rebranding work experience/volunteering. • Key Phase 2: Completed – Following amalgamation of the Work Experience and Volunteering Team, a new automated process to on-board our non-employed future workforce will be rolled out on 01/04/2022. • Key phase 14: Work is underway with Pembrokeshire County Council to develop a Joint Apprentice programme, including a regional investment bid to support a supernumerary post for the first year following the Apprenticeship Academy Healthcare Apprentice Model. It is planned for 15 Joint Apprentices to start in September 2022, with progress being identified through the Apprenticeship Academy Governance Group and the Regional Apprenticeship Group as part of the Regional Workforce Programme Board. • Key Phase 7: Engagement with local schools to identify how the Health Board can promote careers in the NHS, including breaking down barriers to gender stereotypes and promoting diversity of roles within the NHS is now underway with the support of Careers Wales resources. This is planned via a series of meetings during March, April and May 2022. • Key Phase 9 & 10: Despite the introduction of job application and interview support now being available to volunteers and work experience candidates, it has now been agreed that all training opportunities developed for HDdUHB staff can be accessed by those accessing future workforce programmes. This includes Making a Difference sessions, where volunteer sessions will be available in April 2022.
2H By October 2021 construct a comprehensive development programme (incorporating existing programmes) for the whole	Director of Workforce and OD	31/03/2023	On-track	• Research into best practice regarding leadership has been completed and the paper submitted to the Director of Workforce and OD.

PO Ref and Planning Objective	Executive Lead	Completion Date	Current Status	Summary of Progress to date
organisation which nurtures talent, supports succession planning and offers teams and individuals the opportunity to access leadership development.				• Programme delivery starting back up between March and April 2022 for; STAR, New Consultant Programme, Reverse mentoring and Peer Mentoring. • Work is on track to complete the 'putting the framework into practice' showing how we will deliver the development programmes.
3G Develop and implement a 3 year strategic plan to increase research, development, and innovation activity, and number of research investigators sufficient as a minimum to deliver the Welsh Government and Health and Care Research Wales expectations and improvement targets (see specific requirement 3.G.i). The plan will be developed in partnership with universities, life science companies, and public service partners so as to maximise the development of new technologies and services that improve patient care and health outcomes. While making further progress in established areas including respiratory, oncology, and diabetes studies, the portfolio will target and expand into areas of organisational clinical and academic strength, including ophthalmology, orthopaedics, anaesthetics, and mental health. A function spanning clinical engineering, research and innovation will also target a threefold increase in technology trials.	Medical Director	31/03/2024	On-track	Year 1 of the action plan to implement the Research & Innovation strategy is coming to a close. A final meeting with the Director, Clinical Director and Senior Operations manager will take place on 7th March 2022 to review this year's plan and finalise the action plan for next year. Progress against the key activities to date includes: • A new clinical engineering, innovation, and research facility has been established in Llanelli, with support for those developing new health and care technologies. Eight 'real world' evaluations of technology have taken place or are in progress this year. • A plan for support and teaching has been developed by the Research Quality Assurance Team to ensure quality is designed into the study set up as well as during the ongoing management of the research. • An external peer review of the Department was undertaken in August 2021. 6 recommendations were made and these have been added to the action plan for 2022/23. • A Wales wide study intensity tool is in use in HDdUHB to help with the assessment of our capacity and capability to undertake individual studies. A HDdUHB tool to consider research impact (and hence which studies we should support) is under development. • The Researcher Development Team has been undertaking regular webinars throughout the COVID-19 period to improve the capability of HDdUHB staff to conduct high quality research and innovation. They are also developing a research mentorship capability. The outcome of their activities has seen one member of staff successful in applying for a Research

PO Ref and Planning Objective	Executive Lead	Completion Date	Current Status	Summary of Progress to date
				Time Award. Two staff have applied for First into Research awards. There are 11 Bevan exemplars. Five research studies have been sponsored by HDdUHB this year. • The new Clinical Research Centre in Glangwili General Hospital is due to open on the 9th March 2022. Plans are underway for a Clinical Research Centre for Bronglais General Hospital, based on the Aberystwyth University Penglais campus. Plans in Withybush General Hospital are at an early stage • The feasibility study to examine the costs and benefits of expanding the biobank is underway. Stage 1 report is due week commencing 21st March 2022. A discussion and decision on progress will take place in the light of this report with a view to progressing to stage 2 (if appropriate) in the week commencing 4th April 2022. • To date (as of the end February 2022) there are 34 research studies that are open and recruiting, 3 studies that are about to open, 32 that are open, however do not require obtaining consent from patients, as well as 29 studies that are closed to recruitment but are still in follow up. This makes a total of 98 current research studies across HDdUHB. • This year, we have expanded our research portfolio to include studies in midwifery, infertility, gynaecology, ophthalmology, critical care, mental health and orthopaedics.

Final Draft March 2022 (to be updated July 2022)

Workforce Technical document for IMTP 2022-25

HYWEL DDA UNIVERSITY HEALTH BOARD

2022-2025

Technical Document

Workforce

Contents

Introduction - Shaping our Workforce for a Healthier Wales

"A Healthier Wales" sets out the long-term plan for Health and Social Care (H&SC) and drives our commitment to deliver seamless integrated care as a nation, supported by appropriate models of integration with partners. We are critically aware of the workforce challenges nationally/locally and our responses to them, as set out in the Health & Social Care Workforce Strategy; our 10-year Workforce Strategy and within our preceding Workforce Technical documents 2019/20 & 2020/21. The focus of this Workforce Technical Document is to take the learning and insights we have gained and put them to use to work towards a sustainable workforce model for the future that will deliver health equity; improve health outcomes and help to build a sustainable future for our communities in West Wales and Wales, per se. Being a significant strategic public sector body we can promote wider policy goals, helping to address inequalities and the socio-economic determinants of health and enabling the wellbeing of future generations, these are:

1. Support for local economic growth,
2. Enabling local regeneration,
3. Growing community resilience.

To do this, we must ask our workforce to now:

1. Respond to the longer-term challenges as a result of COVID 19,
2. Adjust to a new future which potentially views COVID 19 through an "endemic" lens.
3. Deliver longer-term sustainability and contribute to improving population health.

The focus being upon:

- Continued recovery,
- Tackling health inequalities,
- Improving mental health provision through parity of esteem with physical health conditions,
- Focus on prevention and the development of a Social Model of Health.

To do this, we must shape our workforce to:

- Create accessibility in service provision,
- Embrace technology and new ways of working,

- Deliver caring and compassionate leaders,
- Focus on prudent, Value-Based healthcare,
- Engage with the concepts of social value and the foundational economy.

Strategic Context

No one could have foreseen a global pandemic and two of the most challenging years ever for NHS Wales, it was anticipated that 2021/22 would have some resonances with 2019/20, however the reality was distinct with its own challenges. Prior to the pandemic, our thoughts were on how to deliver "A Healthier Mid and West Wales: Our Future Generations Living Well'" and in some respects the pandemic has enabled changes that will help to facilitate progression in this space. We have been able to submit the Programme Business Case to Welsh Government, to seek to continue to develop our concept of a "Social Model of Health", and how we create the workforce plan to bridge from today to a future tomorrow to meet our workforce needs. We explore that challenge in this document and signpost to the ongoing work to achieve a sustainable workforce model. (Appendix 4 and 5 explores the thinking, modelling and interventions we have developed to take us forward. This is the start of our workforce journey to regeneration).

We know we have a motivated workforce that is competent, confident, engaged and ready to meet the opportunities and challenges that have presented. It is more critical than ever to develop a "sustainable" workforce model that will enable us to develop plans for recovery, reset services, enable the delivery of a Social Model for Health and sustain any activity that may be required through public health programmes: Test, Trace & Protect, Mass Vaccination and prepare for any future recurrences or variants in winter 2022/23 and beyond. These services will need to change to manage a potential "endemic" response or be prepared to surge if new variants present.

The scale of workforce opportunities and challenges are significant as ever; and touches all aspects of design and delivery of services. We know that all H&SC organisations will face similar challenges, and that now within the context of the global pandemic, we are faced with additional challenges predicated on uncertainty and volatility. We continue to evolve our knowledge based on the impact/implications that lockdown and restrictions on health services will have taken on our local population and our workforce, and have and will continue to respond through:

- Planning to meet the needs of an aging population with an aging workforce,
- Managing changing demand resulting from an increasing prevalence of complex long-term conditions and co-morbidities,
- Managing changing public expectations about the care they receive,
- Achieve better integration between health, social care and support organisations,
- Shifting the focus towards prevention and well-being,
- Delivering the personalisation agenda and providing person centred care within financial constraints,
- Ensuring the system delivers high quality services with increasing, and possibly, competing financial priorities,
- Developing effective measures for high quality of care and productivity (and ensuring high quality data is collected),
- Activating changes resulting from innovation and technology at greater pace,
- Planning service delivery, given the uncertainty around levels of funding, and impact on future demand and supply of services,

- Uncertainty in how investment in life science, health care will support the economy, especially in the context of Brexit and the local Welsh economy,
- Uncertainty on how global events may impact economically and present locally i.e., fuel poverty and associated costs for staff and citizens alike.

It is difficult not to acknowledge that the war in Ukraine will not only have personal suffering of many within Ukraine but will also have global implications that will also impact locally - implications for connected families and refugees that will be coming to Wales and for own staff and citizens who will feel the financial implications through inflation and increasing costs.

We also will face very specific challenges that when looked at through the global lens can have an even greater impact on our current workforce:

- Rurality and poor local transportation links,
- Welsh culture & language,
- Ageing estate,
- Financial pressures,
- Persistent and residual workforce deficits.

And when we overlay the COVID 19 context and legacy, we are faced with increasing uncertainty on a number of factors for our population:

- Impact of lockdown and economic uncertainty on physical and mental health for the short, medium and long term for example:
    - Within younger generations, we are seeing an increase in CAMHS referrals,
    - The delay of treatment for patients with terminal or long-standing disabilities,
    - Implications of “long-COVID” and those recovering from the debilitating impact of the virus and what that means for service demand.
- Possibility of new variants of COVID 19: Omicron and BA2 being the latest variants to be managed,
- Efficacy of the COVID 19 vaccines and operational implications for delivery of different vaccines across different age groups,
- Implications on how COVID 19 was viewed by our workforce considering retirement and associated pension legislation updates.

For our workforce there are additional considerations:

- Personal legacies for our workforce’s own mental health and wellbeing and how these impact at an individual, the team and organisational level,
- Resilience, recuperation and the need for restorative practices inside and outside the workplace,
- Digital capacity and capability to respond to technological change at pace on an individual, team and on organisational level,
- Complex public expectations in relation to COVID 19 and wider recovery work; our workforce will be directly involved in managing this complexity.

The question that is currently being asked: is whether we can now move to a position of a potential "endemic management of COVID 19 and future variants" or if we need to remain in our current "pandemic management model of COVID 19 and future variants"? All feedback suggests we are in the former scenario. (Status at time of writing)

As we look at the shape of our workforce now, the pandemic triggered change at pace and our workforce has shifted as a response to this and still is shifting, however we are conscious that between 60-80% of our workforce today will be our workforce tomorrow. Essential factors to us are:

- The wellbeing of our workforce,
- Current shape and supply routes of our workforce,
- Educational routes and subsequent commissioning options,
- Working with partners to generate new solutions.

This will assist us in managing the challenges we face as an organisation and as a wider H&SC system; in the context of the economic landscape and ongoing global pandemic; we must embrace, as a significant employer in the region, the responsibility of our engagement with the "community we serve". For example, how we respond now to engage, support, and develop our workforce can have a significant impact on addressing the underlying determinants of health inequalities and supporting the wellbeing of future generations to come.

Our 10-year Workforce Strategy and the 7 themes of the national workforce strategy are aligned; additionally, we have developed our approach to workforce planning to regenerate our workforce: (details are included in Appendix 6)

1. An Engaged, Motivated and Healthy Workforce
2. Attraction and Recruitment
3. Seamless Workforce Models
4. Building a Digitally Ready Workforce
5. Excellent Education and Learning
6. Leadership and Succession
7. Workforce Supply and Shape

We can see year on year, our workforce changing as a response to the initiatives we have put in place aligned to our strategy i.e., "pre-pandemic" (pre-2020); "within pandemic" (2020-22)" and now working towards the potential "endemic" phase – our workforce is different. We are learning to live with the longer-term implications of COVID 19 as we seek to recover, as many workforce intervention have been responses directly related to

the challenges of responding to the COVID 19 pandemic. Alongside longer-term initiatives to address, underlying workforce deficits and future aspirations of A Healthier Mid and West Wales – our focus from a workforce planning perspective has been in the predominantly, operational and tactical space, rather than strategic (i.e., focusing on the 5–15-year space).

We have been moving consistently towards an appreciation of how we can strategically address our workforce challenges, in some ways we might argue that these initiatives are not at the pace or depth needed to address our most deeply entrenched workforce deficits which are linked to our demographic profile. Also, rurality and health inequalities or we might acknowledge that we are doing all that we can do without national interventions linked to employment, education and health inequalities to address our challenges.

Rather than “look back” within the Workforce Technical Document for 2022-25, we have chosen to understand our challenges and look to the future to see how this may look in relation to our current and prospective workforce, first to raise awareness of the risks and then to appreciate the opportunities and explore solutions as a health board and then wider, as a H&SC system. Fundamentally, we have reflected on our approach to workforce planning and set out is our growing awareness of the work needed to enable workforce shape and supply, and within that workforce design linked to the national workforce strategy.

We reflect on these elements in later chapters and appendices.

Chapter 1: Workforce Analysis

The Changing Shape of our Workforce

To highlight, the significant shifts in the stabilisation and development of our workforce in 2021/22, are still being progressed, as is our systems and approaches as a Workforce & OD Directorate to support the wider health & social care workforce.

We are:

- Continuing to develop our workforce intelligence to demonstrate and monitor the changes and areas of concern through performance dashboards,
- Strengthening our approaches to workforce planning for the H&SC system developing forums and tools,
- Investing in cultural change through a number of initiatives including Organisational Development Relationship Manager roles,
- Continuation of integrated partnership working with local authorities/social care e.g., shared staff induction programmes, integrated roles and pilot of the "Bridging Service" for domiciliary care options.

1. From lockdown 1 – (23 March 2020) to date 23 March 2022, we recruited c.2000 and appointed 1488 staff through mass recruitment efforts, the last member of staff commencing employment on 23 March 2022.

2. We increased our overall workforce by *c.800WTE as of January 2021* (for the 12 months) and c.390WTE as of January 2022 (for the last 12 months.
    a. We appointed over 1150 Headcount staff through our recruitment efforts during 2021/22
    b. This includes many appointments to our contingent workforce supply Bank and FTC under our mass resourcing efforts for COVID 19, of which we can see a legacy of 429 FTC, which has now been converted to our "substantive establishment" through a targeted management intervention:
        i. These fell mostly under the following staff groupings:
            1. Health Care Support Workers (HCSW)
            2. Facilities: Domestics & Porters (although "dual roles" have also been noted)
            3. Family Liaison Officers (new role to support patient contact)
            4. Immunisers (registrants and non-registrants for mass vaccination)
            5. Administrator (mass vaccination)
    c. Overall, our workforce increased across most professional groups, *most notably within: Administrative and Clerical (c.13%)*

3. Our workforce age profile has seen an increase across almost all age bands older and younger

a. *Continued increase of 14% increase below 20 years of age* - we could associate this partly due to COVID 19 and potentially reduced opportunities for young people and partly due to the success of the Apprentice Academy
b. *60% of our workforce remains in the 40-80 age range* – is atypical of our general population and well documented as an "aging workforce profile"
    i. The average age of retirement is increasing when comparing over a 5-year period (2015/16 - 2021 and 2016/17 to date) and sits between *59-65* years of age dependent on staff groups – a consistent representation of the last 12 months.
    ii. Staff continue to retire and return at similar rates: in 2017/18 44% and in 2018/19 43% in 2019/20 41% in 2020/21 41.2% and in 2021/22 40.9% however these numbers are reducing slightly year on year
    iii. For nursing & midwifery retire and return rates are 54% for 2021/22 and increase of 5% in comparison to 2020/21 (49%) *For 2023, we hope to see a similar rate however pension changes may impact.*

4. Our gender profile remains largely female (77.9/22.1 female to male): a small decrease in the male workforce of 0.5%
5. Our part-time/full-time ratio continues to marginally fluctuate from 50:50 for 2017 to closer to 40/60 2018 to 49/52 for 2019, 52/48 for 2020 and a similar 51/49 for 2021
    a. 44% of our total workforce is female and works part-time.
    b. 19% of our workforce is over 51 and works part time
    c. Very little change in participation by age, gender, against overall work patterns.
6. Sickness absence continues to reduce each month and now sits at 8%. This is a significant reduction from the beginning of January where it sat at 12.3% similar to January 2021. However, we have seen a spike Dec 21-Feb 22 in relation to the Omicron variant.
7. Compliance against all Wales targets for development: Performance Appraisal & Development Reviews (PADR) and mandatory training are noted below. It is evident, performance against these indicators has suffered, due to COVID 19 i.e., 64.25% and 82.6% overall respectively:
    a. All staff PADR compliance is relatively consistent across all staff groups (from September 2020 to September 2021) and sits at 64.25%, a decrease of almost 10% in comparison to 2020 data. This varies on a monthly basis across all staff groups consistently to between 62% to 73% depending on fall of appraisal across annual cycle
    b. Our figures for medical appraisal compliance rate amongst secondary care doctors is 95% and primary care doctors stands at 98% pre COVID, we are awaiting updated figures to reflect shifts in this workforce assurance mechanism.
    c. Our mandatory training compliance has remained relatively high, at 82.5% overall, c1.5% decrease on September 2020; to note there was a 10.39% increase in the year September 2018 to September 2019. We gave additional virtual support to new starters to complete mandatory training which may account for the higher percentage in 2020 given COVID 19 and therefore this slight "drop off" was to be expected before a consistent level is achieved.

All data relates to 30th September 2021 unless otherwise indicated and taken at source from Electronic Staff Record (ESR), which is the electronic database of our staff in post and informs workforce, finance and payroll systems on 31st September 2021 unless otherwise indicated. We expect to see subtle variances in data sets due to the timings of reports being run, this would be within a tolerance of 0.5%. (Data comparisons have maintained data integrity since c 2016 linked to Sept-to-Sept annual comparisons).

Chapter 2: Service Analysis

Scenarios & Uncertainty

We face a number of unknowns in relation to the services we are seeking to provide and therefore to assess the workforce implications, we are exploring a range of scenarios to help in mapping risks and developing plans for the next year. We are working to opposing trajectories for workforce availability for services returning online and prevalence of COVID 19, overlaid further by the efficacy of the vaccine and what that might mean for COVID 19 specific services and our "recovery" plan. In addition, the impact of sickness absence, turnover and retirement also need to inform this work. In further chapter we explore the implications of modelling on what we know so far to assess workforce gaps. We are aware this will be an iterative piece of work that will need to be reviewed regularly and in detail for specific service considerations. To add, professional judgement has been sought by those working in these areas to assess the validity of assumptions, as it is our intention to build up practicalities that would need consideration.

The planning objectives and service changes discussed below to assess workforce implications are based on knowns unless otherwise specified.

Mapping the service changes

The Strategic Planning Objectives designated by the Executive Team show the ambition to move towards a Social Model of Health in line with A Healthier Mid and West Wales – our strategy. The core tenets of the strategy which resonate with service and workforce development are 'safe, sustainable, accessible and kind'. As we move through the workforce plan and map the service changes, we should see an overall strategic shift to address these elements through initiatives which drive service and workforce improvements though measurable results.

Over the last 12 months, we have worked with colleagues in Primary Care, Social Care and partner agencies to assess and mitigate risk on specific programmes, this will be maintained, and through the Regional Workforce Programme Board, streams of work will be aligned to the All-Wales Workforce Strategy for Health & Social Care and "A Healthier Mid and West Wales", to enable our Workforce and Organisational Development (WOD) strategy to be delivered. We have four key programmes of work related to workforce planning, education & development, resourcing and joint apprenticeships.

It is imperative that we prioritise our efforts to align workforce requirements with our overarching strategy, encompassing the key measures of success which have been identified as targets for the next 3 years, these include:

- Our continuing response and recovery from Covid-19
- Planning our workforce requirements through an integrated approach

- Provision of a workforce able to deliver the mental health needs of our adult and child population
- Focus on delivery of care closer to home; working more effectively to deliver urgent and emergency care where and when it is most needed

Against each of the key programmes of delivery we have reviewed the workforce that delivers the following services and constructed scenarios to assess risk and understand future workforce needs which includes:

A) Our COVID 19 related services and "additional workforce":

- Test, Trace & Protect
- COVID 19 Vaccination Programme
- Enhanced Cleaning Provision
- Acute/Community Surge responses

B) Our Planned and Essential Services workforce:

- Mental Health & Learning Disabilities
- Diagnostics
- Therapies
- County Based – Ceredigion, Carmarthen and Pembrokeshire
- Scheduled and Unscheduled Care

C) Our new strategic plan that will inform our future and new workforce needs:

- Urgent and Emergency Care
- Accelerated Cluster Development and associated Community model
- Children & Young People Plan – underpinned by "No Wrong Door"
- ARCH/Regional Collaboration

Although we do need to take account of national pieces of work in relation to Primary Care Strategic Programme, national Mental Health Workforce Planning activity and projects such as TRAMS (Pharmacy related) and other Cancer related workforce implications.

A synopsis of the key elements of current standing, service changes and the workforce implications of each are summarised below; to be aware these are arbitrary distinctions, as much of the current COVID 19 work i.e., Test, Trace & Protect has been linked to the development of the Communications Hub, which includes the Command Centre and a Single Point of Contact *(as part of the Strategic Planning Objectives 1B and 1E).*

COVID 19 related Services and "additional workforce"

Communications Hub

Building on the success of the COVID-19 Command Centre, the tried and tested process of a Single Point of Contact has led to the development of the Communication Hub. This has required a collaborative approach between clinical and multi-disciplinary teams, communication platform specialists and informatics to redesign information platforms incorporating innovative digital solutions which will enhance patient pathways. Cells within the Command Centre provided expert guidance, advice and co-ordination on all aspects of COVID 19 public health; Welsh Government; clinical guidance, PPE; Infection Prevention Control; Communications; workforce Issues including deployment, shielding and temporary accommodation advice, home working, school closures, social distancing measures and mitigation; Occupational Health advice; Care Home pathways; Testing; Contact Tracing (becoming the Regional Hub) and much more. There have been additions to what the Communication Hub provides as the number of patients on waiting lists for services and interventions has grown during the pandemic due to the temporary ceasing of scheduled services, a Waiting List Support Service has been created. The objective of this service is to make contact with patients on a waiting list to reassure them, assist them, answer questions and signpost when/where needed. The service takes the form of a contact centre where the call handlers have a script, worded by clinicians for a governed approach to telehealth care. A pilot was completed in December 2021 where all patients on a waiting list within the ENT service were contacted via letter and explained how the service can help. A phased rollout of first contact with the Trauma & Orthopaedic Service will take place from March 2022, with other services to follow. This will have a number of workforce implications – administratively/communications based (skills/productivity) and on demand planning for management (i.e., planned workforce to deliver on expectations). By the end of March 2023, it is anticipated that this process will be in place for all patients waiting for elective care within the Health Board.

Test, Trace & Protect & In-Patient Testing Units

Throughout 2021/22, the Health Board working in collaboration with Public Health Wales delivered a robust public health system providing significant expertise in contact tracing; led by a Public Health Consultant covering a 7 day a week service.

Contact Tracing allowed the Health Board to measure, judge and evidence current infection and transmission rates for Coronavirus in Wales. The function was and remains fundamental to identifying those who have symptoms consistent with COVID 19, enabling them to be tested while isolating from wider family, friends and their community as well as providing advice and guidance, particularly where the individual who has tested positive or their contacts are vulnerable or at greater risk. Contact Tracing allowed easy and rapid access to testing, so that everyone who needs a test can get one, administered through a mass testing centre, community testing unit, mobile testing unit or via home delivery where the test can be self-administered. Following the Welsh Government announcement, all COVID 19 testing facilities which work within the UK wide booking system will close by the end of March 2022. This includes all mobile testing units (MTUs) in Aberystwyth, Aberaeron, Haverfordwest, Kilgetty and Llanelli (Dafen Yard) and the regional testing facility at Carmarthenshire Showground. The detail of these changes, which will happen in phases, is being considered and worked through nationally and locally.While the announcement from the Welsh Government has been that all Government Funded Units will be closed down on 31st March 2022, there will still be a need for testing being delivered on Inpatient

Testing. All inpatients being screened and tested twice weekly. This service is for all patients admitted across Mental Health, Learning Disabilities, Acute and Community Hospitals across the 3 Health Board counties and split into county teams.

COVID 19 Mass Vaccination Programme

In 2022, a large-scale programme was initiated, with a very short timeframe to deliver. The initial workforce was deployed from existing HB staff including School Nurses, the Immunisation team and Bank staff, along with a request for internal staff to support whilst a recruitment exercise was put in place to employ staff on fixed term contracts to support what is perceived as a time limited activity to administer the vaccine. Additional workforce was also sought from military personnel and collaborative agreements reached with Local Authorities.

To generate workforce stability a management structure was developed and deployed with all posts appointed to. To date, there are currently 94.03WTE employed (as of March 22) for the programme, on fixed term contracts until September 2022, made up of Administrators, Band 3 Non-Registered Immunisers and Registered personnel (undertaking Immuniser and Co-ordination roles), to sustain an average requirement of 90WTE a week to effectively run the sites. There also remains reliance on Bank staff and goodwill from deployed staff to maintain the required staffing levels for appointments.

As part of recovery, School Nursing staff returned to their substantive roles and as of January 2022, Military personnel returned to their normal roles. Dedicated teams have been established to administer vaccinations to children aged 5-11, and further progress has been made in this area, with locations established to deliver the vaccination in a suitable setting, ensuring adult and paediatric sessions are managed separately.

General uptake of the vaccination remains good, with progress being made to deliver vaccinations to house bound, care home and inpatients, with efforts focused on priority groups with lower uptake of the vaccine. As the footfall through the vaccination centres has decreased slightly, it has allowed for allocation of appropriate staff to target these priority groups, as well as to staff the mobile vaccination unit in collaboration with the local Fire Service.

Efforts are now underway to prepare for the Spring Booster, alongside continued efforts to offer as many appointments and walk-ins as possible, as well as to manage delivery of the vaccine to 5–11-year-olds. Ongoing progress to continue improving vaccine uptake and respond to Government/JCVI guidance is acknowledged, with evidence thus far of the Health Boards ability to respond proactively and at pace.

Due to the imminent closure of the testing units following the Welsh Government announcement, the Mass Vaccination Centre and the Health Board's Community Testing Unit (CTU) at Carmarthenshire Showground will also close by end of March 2022 and arrangements are being made to consider whether we need to relocate these services to alternative sites.

Enhanced Cleaning Provision

In order to prevent and minimise nosocomial transmission of COVID 19 in accordance with UK guidance on environmental cleaning, Welsh Government implemented clear standards across Wales for cleaning in healthcare settings so that there is a common approach that organisations can adopt. Within this paper [1] a series of recommended standards and principles for all NHS Wales organisations were set out in September 2020. Within the document there is a Cleaning Frequencies Matrix setting out the recommended frequency of cleaning different patient pathways.

Using this matrix, the Health Board considered its current practices and what additional hours would be needed to meet these standards across all sites. The additional hours have been converted to WTE numbers of Band 2 staff that would be required which equates to an additional 90WTE. In addition to these a further 23WTE supervisory, training and quality assurance roles have been identified to oversee and manage the additional number of staff. Further work is to be undertaken to look at the function of these additional posts to ensure that they are appropriate and meet the overarching standards that have been set. If there is a need for dual roles (domestic/porter) in some areas or the ability to provide a food & beverage service, training needs analysis for these staff will need to be undertaken.

Between January 2020 and January 2022 there has been an increase of 170WTE staff within the facilities team, the majority of which were COVID 19 mass recruitment on fixed term or Bank contracts. There is currently an establishment gap of 70WTE within Domestic staff across the Health Board which is being filled with Bank and additional hours. To meet the enhanced standards for environmental cleanliness approximately 183WTE will need to be recruited to substantive roles. To ensure the standards are met a further COVID 19 recruitment exercise was undertaken in January 2021 where approximately 48WTE Domestics are in the process of being recruited on fixed term contracts to 30th June 2021.

An internal recruitment exercise to fill the substantive establishment gap from the current pool of fixed term posts within the Health Board, and on confirmation of the Welsh Government funding being received, the additional requirements for the enhanced cleaning standards posts will be recruited to. It is on the intention, on completion of the recruitment exercise a gap analysis will be undertaken to look at the continued need, and any additional posts that may still need to be filled and their locations prior to any external recruitment campaign being undertaken. In March 2022, it is now suggested that the c70WTE not recruited to are no longer required however the 113WTE for Enhanced Cleaning stands as a financial proxy.

This is based on the realisation that not all the substantive gap in recruitment during summer 2021 were filled and that there are other interim measures in progress:

- Current move of COVID 19 FTC staff to permanent posts in progress – Feb 2022 which will fill existing vacancies. (This has been completed and there remains approx. 11WTE remaining who will be added to establishment therefore no remaining COVID FTC in post)
- Further work ongoing with service to determine what is the 'actual' additional need for Enhanced cleaning – re-work underway of original November 2020 figures due to changes in the Enhanced Cleaning Standards
- Introduction of Synbiotix in April 2022 which will enable greater understanding of National and Enhanced standards and workforce requirements based on activity/demand
- Need for recruitment into Enhanced Cleaning requirement once total workforce need is established – possible 12-month contract or proportion additional permanent posts at risk awaiting funding guidance from Welsh Government. Clarify position and additional need based on revised figures
- A further review of National Standards is underway based on recent NHS England review of standards which have been recently completed.

[1] COVID 19 Key Standards for Environmental Cleanliness September 2020

Acute Surge responses (including bed capacity)

Following the guidance set out by the Welsh Government, plans were developed to meet the requirement of providing a bed capacity of up to 945 beds in response to COVID waves. This was met through the establishment of Field Hospitals. The demand for surge capacity within the Health Board had been experienced predominantly in Carmarthen and Llanelli, therefore the planned use of Field Hospitals in the future was concentrated in Carmarthenshire. The Health Board's plan was to retain YESS and Carmarthen Leisure Centre in hibernation over the summer period of 2021, with the possible intention of operationalising September 2021 to March 2022 to assist with the Winter pressures, if needed. This would provide for 100 beds. As indicative figures, the workforce required would have been 35.1WTE registered nurses and 88.6HCSW complemented by 2WTE medical workforce, and subject to the comments above and further work on the Team around the patient model. However, this was not needed to be employed, and YESS started decommissioning in February 2022, with the aim of handing back over to the Local Authority at the end of April. However, the legacy of the acute surge response sites in Carmarthen has been the emergent models of care, such as the Team around the Patient concept to be applied more broadly in acute settings as part of a series of pilots throughout 2022/23. It is important to note, that whilst the Field Hospitals have been decommissioned, Hywel Dda are still able to meet the 945-bed capacity through increasing the number of beds available in the community hospitals and the use of a step-down facility in a nursing home.

The Health Board has undertaken a detailed analysis of the demand for beds and compared this to ward-level bed capacity. As part of this planning, Hywel Dda has designated 101 beds as either surge beds (62) or beds which should no longer be in use to support bed spacing (39)

Our Planned and Essential Services Workforce

Mental Health & Learning Disabilities

The Transforming Mental Health programme set the scene for considerable progress and had been focused on assessment of capacity needed to manage change early on. Investment in pathway analysis for current work, as well as exploration of future pathways is required to understand the change needed now; and how this then aligns to the workforce requirements and opportunities for efficiency, effectiveness and modernisation that are linked to a desire for sustainability of services and implementation of new technology or innovations in practice.

The Mental Health & Learning Disabilities Structure is split into the following sub-divisions and crosses counties in acute & community settings:

- Adult Mental Health
- Older Adult Mental Health
- Specialist Child and Adolescent Mental Health
- Integrated Psychological Therapies Service
- Learning Disabilities
- Community Drug and Alcohol Team
- Mental Health Commissioning

The Mental Health & Learning Disabilities workforce, in totality equates to c10% of our workforce across the Health Board, of those 20% are aged 55 years of age. There is ongoing work being undertaken around the Nurse Staffing Levels Act which suggests an increase in the current establishment levels, given that we are aware of the underlying deficits, the gap within our nursing workforce will only increase. We may also want to note that Psychologists & Assistant Psychologists have a relatively low average length of service and are also recognised as hard to fill posts. There were 13 resignations received from this staff group during 2020 (7 Assistant Psychologists and 6 Psychologists) and recruitment challenges remain ongoing and may warrant further investigation. (NB please note discussions in train in relation to Education & Commissioning with Health Education and Improvement Wales (HEIW). The medical workforce will need to be supported through advanced and extended non-medical roles. A directorate strategy for advanced and extended non-medical roles has therefore been developed, and development and recruitment into these posts will increase in a planned way to meet the needs of each service. This will continue to be supported by the appointment of a Nurse Consultant whose remit includes developing advanced and extended non-medical roles.

Prior to COVID 19 the work to transform Learning Disabilities was driven by a recognition that Learning Disabilities service provision is too heavily reliant on care within inpatient settings and that a greater emphasis on care within the community will support people with learning difficulties to achieve greater equity in health and wellbeing outcomes, and access opportunities for meaningful life experiences. This also includes the development of stronger community teams, enhanced to provide more crisis care and support to commissioned services. The Transforming Older Adult Mental Health project is based on formal shared care involving the twinning of two wards. There is formal agreement to share resources and skills within a defined shared care and learning approach. Mental Health staff provide enhanced psychiatric support to their partnered general ward and vice versa for physical health support.

Consideration will be given to continue developing the Band 4 Assistant Practitioner role into the area of Mental Health and LDS, and in addition to enhance the attraction of Newly Qualified Nurses going through the “Streamlining process” into Mental Health, rotational posts are being explored as part of the offering with the hope of increasing the recruitment of nursing registrants into the profession which may assist with reducing attrition.

The ongoing work across Mental Health & Learning Disabilities (MH/LD) Transformation has been and will continue to progress well. Current work streams can be summarised in the following areas, although it must be noted that due to the scale of transformation required, there is much more activity underway in relation to MH/LD across the organisation.

Mental Health

The MH/LD Workforce Group is developing its approach to workforce planning ensuring all workforce risks have been adequately assessed and mitigated, with a view to focus its attention on the following key priorities:

- Draft total demand staffing requirements to include Medical, Registered Nursing, Therapy, HCSW (including new roles), in line with the principles of “Transforming Mental Health” programme of work
- Assess current staffing position based on internal deployment, supply and gaps
- Assess advice from professional leads on skill mix ratio depending on service requirements and directorate priorities

- Assess/reassess establishment figures and financial implications of emerging plans
- Share plans to ensure workforce supply leads are sighted on requirements to meet agreed demand
- Scope training requirements where roles may be required to flex
- Define requirement for any new roles required to support different workforce models

Learning Disabilities

Learning Disabilities Service Improvement can be divided in to three main workstreams:

- Patient Flow (Redesign of the Learning Disability Acute Assessment and Treatment Unit/ Learning Disability Outreach Team, Health Action Team and Residential Units)
- Community Team Learning Disability Service Workforce Skill Mix (Redesign of CTLD service)
- Pathways (Approval, implementation, and review of 10 Pathways relevant to patients with a learning disability- PwLD)

A number of engagement events, meetings and workshops have been held to progress this work, which includes analysis of population data, age profiles, demographics and demand/activity analysis to understand the skill-mix issues and to propose a suitable staffing establishment and service model.

Governed and driven by legislation changes which includes the West Wales Learning Disability Charter, as well as the health boards desire to make positive improvements to patient services, the regional aims of the charter will each in turn be addressed as we move forward, which seek to:

- Improve community resilience and enablement through choice, self-direction, and control over decisions that affect the lives of PwLD in line with The Social Services and Wellbeing Act
- Commission services that strengthen quality and value for money across the range of H&SC services for PwLD
- Reduce health inequalities by increasing access to and take up of universal health, social care and wellbeing services for PwLD
- Build community resilience and capacity across a range of services that support PwLD

It is important for the organisation to continue progressing with this work stream, with understanding that this project is part of the wider Service Improvement Agenda (LDSIP) which will be co-produced and integrated across H&SC and will cut across many specialities. To do this, the organisation must carefully consider the recommendations, which in summary include:

- Increasing the CTLD staffing establishments
- Reviewing roles, seek to implement consistency including introduction of new roles
- Consider delivery of LD Outreach and Health Action Team services using a 7-day model, with insight and collaboration with Operational Workforce teams to ensure changes are managed appropriately

Health Psychology

Although the Health Psychology service is developing, further investment has been suggested, which will help to address the ongoing recruitment challenges faced by the service. This is necessary to cover the whole breadth and depth of the service, as the current establishment is faced with significant workforce gaps, which makes effective succession planning very difficult.

Lead roles are established in some areas of the service e.g., Diabetes, Respiratory and Cardiac, with clinics established to provide the necessary care, however many other areas remain vulnerable due to failure to recruit into specialist positions and lack of opportunity to utilise the 'Grow Your Own' philosophy and establish recurrent funding. There is risk that failure to address the gaps of Psychology, which are embedded into other health areas, means we are failing standards and missing opportunities to reduce cost and integrate mental health into physical health person-centred care. Opportunities for Value-Based healthcare which includes essential up-skilling of staff and provision of essential development opportunities in the multi-disciplinary teams including lower level psychological interventions that prevent additional costs and healthcare use associated with co-morbidities, therefore avoiding admissions through enhancing the patients ability/efficacy/motivation to look after their health by seeking to remove the mental health barriers, are essential to improve the quality of service and is crucial for the service to develop to meet growing service demands.

Broadly speaking, in order to deliver a person-centred, prudent health care model and integrating Health Psychology on a wider scale, the identification of gaps in specific service areas must be addressed. These areas include; Stroke, Cardiology, Diabetes & Endocrinology, Obesity, Persistent Pain & Unexplained Symptoms, Critical Care & Trauma, Pelvic Health, Palliative Care, and Frailty & Rehabilitation. Risks must also be mitigated with regards to the psychological needs in health, with the requirement to adopt a preventative and proactive approach, through utilisation of Psychology Assistant roles and multi-disciplinary education and working relations.

With a large population of people with chronic conditions, investment into Health Psychology workforce would benefit from up-skilling the Health & Social Care workforce in psychological care and ensuring Psychology is embedded as part of multi-disciplinary teams and community pathways. With in-reach into acute, there may be potential to address the higher costs and additional complications seen in patients with mental health and physical health co-morbidities, enabling focus on reducing the likelihood of needing admission, reducing the progression of Mental Health disease; effectively managing physical illness to improve quality of life. Integration into existing teams and care pathways would make Mental Health support more accessible to patients whose emotional distress is around their frailty/failing physical health and not specifically diagnosed as a mental illness.

The workforce model has been worked through in all services listed, as a means of providing as much spread across the main health conditions; however, the Health Psychology team have prioritised four services areas, based on advice from the Values Based Team and Finance – Respiratory/Cardiology, Frailty & Rehabilitation, Stroke, and Critical Care & Trauma. The benefits of which should be a reduction of length of stay for patients in acute settings, a reduction in re-admittance to hospitals, and increase in quality of care, the meeting of quality care standards, and it will make the Health Board more attractive in terms of recruitment of newly qualified and experienced staff.

Diagnostics

With advances in technology and digital innovations at the forefront of future changes, there is a growing requirement for improvements to diagnostic care due to increased demand and developments in practice. Services are continuing to explore new ways of working, focusing on

developing new models of care, thinking creatively to ensure future changes are based on integration of new technological advances, as well as development of support staff adopting the 'Grow Your Own' philosophy.

The Healthcare Science workforce is fundamental to diagnostics, clinical decision-making and providing service users with accessible, high quality, evidence-based care. The development of in-house innovations and models of transformative care, which includes new ways of working, is a fundamental component for how diagnostic care is being developed. There are projects underway within the Health Board to explore ideas to meet growing service demand with Point of Care Testing, phlebotomy services, improved testing for myeloma etc., identified as areas of focus, with the service actively supporting integrated working which includes the development of Health Care Support Workers to gain competence in skills which can be extended and utilised beyond the Pathology service. The role of Support Staff e.g., Level 4 Associate Practitioners is also being actively explored, to enable greater resilience in the Pathology service. That said, the long-term ambition to create sustainability is tied to the creation of a Regional Pathology Centre supported through the ARCH programme.

Many other services and staff groups are fundamental in supporting the delivery of diagnostic care, actively developing their practice and workforce in line with the direction of travel for diagnostic care. For example, the Clinical Engineering, Innovation and Research (CEIR) service are committed to growing their workforce, made of up of Clinical Engineers, Scientists and Researchers, and continue to work as part of a multidisciplinary team, seeking to achieve a common goal of translating innovative technologies into patient benefits. Services such as CEIR, play a vital role in supporting delivery of diagnostics, with significant developments underway to improve and positively influence patient care. The TriTech Institute seeks to support the development of healthcare solutions on a local and national level, and the team's services are based around Clinical Engineering, Research and Innovation and Value-Based Healthcare. This development and contribution that the TriTech team making will be crucial for the organisation and how we transform our services for the future.

Within the Radiology service, recent investment in a new MRI scanner at Withybush and a second CT scanner in Glangwili will help to address the increasing demand for diagnostic care, however, work to explore the current staffing models across all sites is recognised as a priority to utilise equipment, skills and knowledge where it is best suited, which will be achieved through a demand and capacity review, supporting improvements in performance and identifying workforce constraints to enable known challenges to be addressed.

Many other service areas are also taking positive steps forward to develop working models, new ways of working and undertake innovative practice/developments which will benefit our services users. There is also confidence that during the coming months and years, further progress will be made in other areas to strengthen diagnostic care, therefore it is essential that the organisation seeks to stabilise, and where necessary re/upskill the workforce to allow for greater possibilities in delivery of treatment and support services for our service users. Through potential recruitment of additional Health Care Science (HCS) graduates via the Streamlining process, a greater degree of flexibility may be possible to enable service areas providing diagnostic care, to consider new ways of working. Active collaboration with WOD to create further development posts within the service will be continued, as services try to develop individuals wishing to live and remain within the Hywel Dda region, specifically focusing on retention of new employees and provision of a wide variety of learning opportunities for our staff.

In order to continue progressing forward, it is imperative that creative thinking is adopted by all disciplines, in all service areas, to meet future challenges. It is also essential to align activity to strategic vision, considering how diagnostic care will evolve and how care will be delivered within

the Primary Care and community setting. To achieve this, it is vital to understand the workforce implications, and effective planning must be undertaken to address developments in community diagnostics, defining the reality of a 'community hub' model. Emphasis must also be placed on areas of significant development such as genomics, precision medicine and artificial intelligence, investing in technology and training, to gain greater insight to develop our workforce appropriately.

Therapy Services

There is wide scale recognition of the requirement to review Therapy services, to provide a working model that offers the ability to deliver care up to seven days per week. It is also appreciated that in order to align the workforce to the Social Model for Health, Therapies play a fundamental role, with demand increasing for Therapy led discharges and a focus on care being delivered in the community.

Efforts continue to be focused on building a multi-disciplinary approach, with further consideration and planning to address the impact of the pandemic e.g., rehabilitation post-COVID 19 and the impact of long-COVID 19, as we learn more about the lasting effects of the virus. Much work has already been carried out in this area, for example with the introduction of the Long-COVID Service, which seeks to assess and support individuals managing the effects of COVID 19. Whilst progress has been made, it is also of paramount importance to identify and understand the long-term workforce implications for Therapy professionals based around what we know about the effects on the virus, but also on the changing ways we deliver care to our local population. This will provide greater understanding and ability to meet ever-changing and increasing demands, alongside exploration of new ways of working and integrated roles. Therefore, due to the nature of current and future priorities, it is clear that role design will remain a high priority during the short and longer-term, to provide integrated working and multi-disciplinary care to our service users, with a focus on preventative care, pre-habilitation, therapy led discharges and commitment to reduce length of stay.

Workforce planning activity to review the Therapies working model is already underway, with specific services identified as an area of focus e.g., Occupational Therapy and Physiotherapy, who are progressing moving towards a 6 or 7-day working model which will be an integral element of developing the Therapies workforce. Further resilience and flexibility will be enabled through continued recruitment efforts, with projections of 82WTE Therapies graduates requested via the 2022 streamlining process. The development of Therapies support staff e.g., Therapies Assistant Practitioner will act as a key enabler in facilitating agility and new ways of working to align with strategic vision during the next three years and beyond, and the recent provision of the Level 4 Therapies Assistant Practitioner programme will provide valuable opportunities for Therapies support staff to comply with the All-Wales Career Framework and gain accredited education and knowledge to facilitate their development and opportunities to increase our future registered workforce pipeline. This development, accompanied with continued investment in Therapy Clinical Lead roles e.g., Physiotherapy management restructure is underway, will add valuable depth and leadership, which is fundamental to develop services, facilitating and communicating a clear direction of travel.

Several risks continue to present within the Therapies workforce, with known recruitment challenges particularly in Ceredigion and Pembrokeshire, as well as difficulty recruiting staff into specialist areas such as Health Psychology. It is also widely recognised by many Therapies professions that there is a significant workforce gap in relation to Mental Health. It has been identified that current care pathways and models of care in relation to the delivery and assessment of mental health must be changed to move towards a person-centred approach. Therapists recognise, and have strongly emphasised, that there is increased demand for referral to Mental Health services, with many patients under the care of Therapy services responding in a more positive manner when mental health referrals have been initiated through Therapy-led care. Therefore, significant investment

in Therapy specific Mental Health Practitioners is necessary, to provide service users with holistic patient care and to address the skills and knowledge gap that exists, enabling Therapy practitioners to deliver appropriate care.

Further work is also required to explore the whole Therapy workforce as a huge 'shift' is required to change the way care is delivered. It is essential to focus on Primary Care, development of Therapy roles to meet service demands as well as sustainability of newer roles which includes Liaison type Therapy roles and Health Facilitation. It is important to build on the work already completed during the last year as the majority of new, developing roles have been funded on a short-term basis only (Integrated Care and Transformation Fund), and success of such roles must be built on and failures addressed accordingly. Also, demand for Therapies to support in many other areas e.g., Palliative Care must be acknowledged, and a multi-disciplinary approach established to enable delivery of the strategic vision to meet service demands.

Through potential recruitment of Allied Health Professional (AHP) graduates via the Streamlining process, it may allow for flexibility to enable service areas to consider new models of care. For example, the potential recruitment of new graduates in 2022 (pending streamlining process and confirmation of appointments) may provide a much-needed injection to the AHP workforce, allowing for continued growth across services. The commitment made via streamlining, could potentially see 59% of the places offered to Occupational Therapy and Physiotherapy graduates, with remaining numbers divided across all other professional groups, and these additional staff would help flex the workforce in order to establish its requirements, and review of existing working models will be a fundamental component in the transformation and restructuring of services, looking to undertaking workforce planning to enable workforce sustainability and delivery of prudent healthcare, seeking to increase delivery of care in our communities.

Cancer Services

Cancer services across Hywel Dda are very fragile. There is a UK wide shortage of clinical oncologists, and a high proportion of roles within the Non-Surgical Oncology workforce are on the National Shortage Occupation List. Non-surgical oncology services see approximately 80% of patients who have been diagnosed with cancer and are requiring highly specialist treatment and care.

There is always the ambition and aspiration to improve overall outcomes for cancer patients across the Hywel Dda geography and treat 'closer to home' at one of our hospital sites but sadly there is the need to recognise the challenges that this imposes on the workforce ask to deliver the workforce plans with such a national workforce shortage. To address in part this long-term shortfall in the Medical Workforce and as a mitigation measure; Oncology Clinical Nurse Specialist roles and trainee Oncology Clinical Nurse Specialist roles using Agenda for Change Annex 21 Terms and Conditions have been developed.

County-Based

Ceredigion

The unique position of Bronglais General Hospital within the Health Board requires broader planning that also extends and enhances the number of services provided to neighbouring Health Boards, i.e., Powys, Betsi Cadwaladr and associated service providers in Shrewsbury and Telford NHS Trust. This produces the need to improve efficiency and throughput to enable the site to do more. Ceredigion is being driven by a "bed-less" community service model - every patient has a bed, not in a traditional "community hospital" setting, but by promoting people being cared for at

home or, where this is not suitable, by provision in extra-care, residential or nursing home capacity on a short/long term basis depending upon a patient's specific needs. To represent the overall plan for Ceredigion services, there is an ambitious target of "Meeting Care Needs on Time, All the Time", which focuses on moving care not only at the right time but at the right place. The top priorities for 2022/23 in Ceredigion are to develop Values-Based Digital Care Pathways for Chronic Conditions – namely heart failure and chronic obstructive pulmonary disease (COPD) – and the phased expansion of social model of health in the Care Traffic Control. This means moving beyond traditional models of care into a single truly integrated care system that delivers "Care Where People Matter – Valuing the potential within everyone". Building on improvement initiatives, such as ERAS and pre-habilitation, work is underway to implement a step-down unit that will support physiotherapy-led continence and falls prevention, as well as using third sector community resource team that will provide information and advice. Additionally, the development of the Aberystwyth ICC over the next 1-2 years, which will add to the community capacity.

Pembrokeshire

The unique challenges with Pembrokeshire have given rise to the need for a "County Rightsizing" to assess services and workforce needs, this is only elements of the work that is required, rightsizing also extends to a community's review to ensure the delivery of equitable and proactive chronic disease management. Through collaborative efforts, work to address the following is underway, as summarised below:

- Ongoing development of Integrated Locality Plans, bringing together clusters, H&SC and Third Sector partners to establish agreed, shared ambitions, aligning with the Strategic Programme for Primary Care and the 6 Urgent and Emergency Care goals,
- Development of Fishguard Integrated Care Centre,
- Collaborative working to improve patient flow through development of posts, reducing length of stay and contributing to medical optimisation,
- Investment in Same Day Emergency Care, fostering a multi-disciplinary model of care e.g., county, unscheduled care and therapies focus,
- Investment in Urgent Primary Care (home visiting, wrap around, bridging service) as well as investment in Discharge to Recover and Assess pathways,
- Provision of proactive and preventative care, to facilitate equitable delivery of services e.g., Palliative Care,
- Bladder & Bowel advisory service is to shift from a focus on hospital-based care by delivering treatments focused on prevention and building the resilience of people and communities,
- Implement new structure for LTC including development of specialist areas for diabetes and respiratory conditions and alignment with intermediate care and the integrated community teams,
- Support community nursing teams to confidently provide step-up and step-down models of care for the management of patients with long term conditions including frailty,
- Proposals for the delivery of clinic-based community nursing in each locality or Integrated Community Team area to include leg ulcers,
- Implementation of ANP for Community Hospital to support medical care of patients,
- Proposed development of a Fracture Liaison Service,
- Stabilise the workforce e.g., continued development pf Physician Associate roles in Medicine, Frailty and Acute Services,
- Develop business case for an in-reach Heart Failure CNS post.

Carmarthenshire

Carmarthenshire, like our other counties, present with its own risks and challenges. It has been established that integrated, strategic planning processes, with workforce planning support is required across Carmarthenshire to understand demand and capacity, to ensure future service and workforce provisions can be met.

Carmarthenshire activity during the last 12 months has focused on service and workforce developments. A summary of progress/ongoing developments is outlined as follows:

- The development of the Cross Hands Integrated Care Centre is now taking shape; alongside the work being undertaken across the Health Board for the development of the Urgent Care Pathway, Carmarthenshire has successfully introduced 'GP Navigators' in Accident and Emergency departments to help prioritise patients who require the most urgent care.
- It has been established that further growth in local flow 111 hub teams is necessary, which includes additional resourcing of call handlers, schedulers etc. to meet UEC goals (right care, right place, right time),
- Review of Medical Day Unit provision is needed in PPH, to provide full unscheduled care in line with modern hospitals. It is proposed this will result in increased workforce requirements, further exploration of this is required,
- Growth and stabilisation of service provision in GGH Unscheduled Care Frailty provision, through introduction of increased roles, including Physician Associates to support Care of the Elderly Consultants,
- Developments to recruit Primary Care Physician Associate roles is underway, with a view to utilise this additional workforce to improve efficiency and reduce pressures,
- There is an ongoing requirement to review and understand implications of Nurse Staffing Levels Act across the county, e.g., Llandovery Community hospital,
- Further investment (incl. workforce) is necessary across SDEC services in both PPH and GGH, to address growing demands i.e., in Frailty services,
- Implementation and ongoing investment in Advanced Nurse Practitioner roles in the Acute Response Team is underway, with a view to continue building this workforce year on year, through creation of bespoke development roles.
- There are ongoing discussions on how to develop workforce models within community hospitals, development of Band 4 Assistant Practitioners. The initial pilot of SDEC was received well and extended across other sites with an acute medical focus. There are plans for social prescribers to be a core part of the team with the potential for further developments in Primary Care and SDEC model linking into Mental Health as well.
- It is recognised that investment in integrated community teams is required, with a view to increase workforce to provide services across community services, including introduction of an Ear Wax Management and development of the Trail Without Catheter (TWOC) service.
- Thorough analysis of community workforce requirements, associated with the increased demographic >65 population (3.6% growth) is required. This will enable understanding of increased demand and implications for Community Teams to provide services to meet the forecasted growth. When this is realised, it is envisaged that investment, capacity realignment and review of skill mix will be necessary, with a view to increase Administration, Phlebotomy, Care Home and Proactive Care Provision workforce across the county.

A key theme for all three counties of the Health Board is to shift planned acute services into the community through the development of integrated

clinical pathways, a number of reviews have either commenced or are about to commence. One vital service area to this shift is that of each Emergency Department (including any Minor Injury Units) and the implementation of Same Day Emergency Care (SDEC) units / Same Day Urgent Care (SDUC) units. Another area that will be key to assisting the plan is the robust delivery of the Discharge 2 Recover and Assess pathway, as this will ensure the earlier identification and support for patients whose transfer home may be more complex and reduce unwarranted delays to transfer. This will require the development and implementation of a 'flow' improvement plan for community hospitals also to mirror the acute.

There is an ambition to extend the practices of various services across the Health Board, for example extended service hours of Cardio-physiology service on all acute sites. Additionally, each site aims to maximise its delivery of ambulatory treatment/surgical care as a mitigation to any bed capacity issue. Urology is another service area that requires workforce reviewing and investment, with each acute site planning to collaborate with other services to ensure patient care is delivered efficiently.

Scheduled and Unscheduled Care and alignment to county plans

The Health Board plan sets out several key strategic developments that needed to be delivered to achieve the strategic ambition of a boundary-less and seamless service for Ceredigion, Carmarthenshire and Pembrokeshire residents as is consistent with the Health Board's agreed strategy for *"A Healthier Mid and West Wales"*. COVID 19 has, and continues to, challenge some of the assumptions regarding bed requirements but reinforced the need to deliver highly efficient services that enable capacity to be deployed to offering a wider range of elective care closer to people's homes. Key to this is ensuring that as much of the system's unscheduled care model is embedded in the community, as envisioned above, so that the acute hospital service only receives people who cannot be appropriately cared for elsewhere. A common shared vision across the Health Board is the intention of delivering care on a "home first" basis and the reduction in the length of stay in Acute & Community Hospital beds. The operationalisation of the strategy is included within each county plan alongside the developments that are required to assure business as usual is delivered at the expected volumes and standards. Additionally, a co-ordinated approach to delivering planned care that outreaches into local communities via both face-to-face and digital means will reduce the need for patients to travel to receive more specialist care. The development of accessible diagnostic support by, for example, innovation in point of care testing or utilisation of rapid transport technologies for samples, will be key in these initiatives reaching their full potential. Acute care will be only for those patients who need higher level, more specialist support that cannot be delivered at home or in the community with the whole system working as one to achieve this vision. COVID 19 challenged services to modify their modality of delivery that provides an opportunity to embed these as 'business as usual' practices where they have provided undoubtable benefit. Alongside the rapid deployment of online outpatient clinics and consultations, COVID 19 promoted, as an example, the delivery of an obstetric virtual clinic for mothers to be in neighbouring Health Boards who had their ultrasound locally followed by a virtual consultation.

As an example, in response to the pandemic, various changes within Scheduled Care Services were made across the Health Board to assist with the potential demand for surge capacity. One of these changes, as an example, was that Outpatient Services in Ceredigion were relocated from acute sites to Integrated Care Centres in the community delivering patient care within different settings. Rhiannon Ward was closed, along with the Day Surgery Unit, temporarily ceasing all elective surgery in order to release the capacity for 25 beds. The workforce from these two areas were deployed to Ceredig Ward. This was a consistent practice across the Health Board across all sites as the pandemic affected each site at

different times. It is this “flexibility” that would be a theme that can be explored and built upon in 2022-2025 with staff engagement.

Plans for restarting scheduled care are evolving and greater detail on how we wish to progress this in line with activity noted under new initiatives. We are alert that waiting list have increased due to COVID 19, we know now that we will need to be creative and seek alternative solutions to positively impact patient care due to scale, especially those who have been waiting longer for elective procedures, as well as methods that will optimise patients for these procedures (i.e., Vanguard, SPOC & Integrated Community Care models). Demountable or Laminar Flow Theatres have been commissioned for PPH, Llanelli to commence March/April 2022 as well as a ‘Restart and Recovery’ strategy across Planned Care services to achieve the following priorities:

- Outpatient transformation and improvement,
- Maximising theatre; therapy and endoscopy capacity,
- Utilisation of the independent sector,
- Progress towards sustainable medium-term expansion of day surgical and endoscopy capacity via a demountable facility solution,
- Phased progress towards a sustainable, regional recovery plan for cataract surgery in partnership with Swansea Bay,
- Maintenance and further improvement of essential cancer pathways,
- Maintaining contact with and support for patients awaiting access to care.

To achieve these aims, it is imperative that workforce constraints are overcome which included known vacancies and availability of Allied Health Professionals to support the bed based and service activity across all sites as well as Ophthalmology workforce redesign to meet planned care service/recovery needs.

Aligning to County based approaches for Population Health

The requirement for a renewed focus on population health and workforce to develop preventative pathways of care to enable our strategic direction to create integration at population level and the development of ‘place-based systems of care’ that are co-designed by service users and service leads at Locality level. This was critical to the evolution of the transforming mental health programme and is now being aligned within county approaches. As we know our counties and localities are looking to redefine ways of working and assess different approaches to integrated working and multi-disciplinary teams, taking a holistic approach comprising population health and wellbeing, community care, primary care, long term care and links into the servicing hospitals. Each of the counties and servicing hospitals have workforce challenges in the delivery of services, some of which can be linked to the rurality of locations others reflect different starting points (baselines) and strategies employed to achieve workforce sustainability. As our locality working develops, the seven locality teams will work to deliver seamless services across primary, community and social care services, third sector organisations and wider partners and show appropriate local distinctiveness in each locality reflecting the difference of each part of the region. This will require us to consider the nature of our workforce and look to develop different approaches to workforce planning locally and regionally. Integrated Locality Planning is a key focus and exploration of what this means in practice aligning to the RPB’s regional population health-based assessment will be important evidence base on which to build the workforce model and plan for community services.

Our Health Board aims to shift focus firmly into community and the definition of community needs to include everyone and everything that is part of a community. The development of a whole-community response to address the challenges people face within their communities is an area

where we need to start to demonstrate delivery. While the benefits of such actions can take a generation to be realised, many of these issues are interlinked, for example, low income and smoking, and a health improvement activity to reduce or cease smoking can help resolve a person's financial pressures. It is, however, too simplistic to suggest that one action can resolve all the challenges someone faces. A broader approach to a person's wellbeing also needs to be taken across the whole of the regional economy if we are to be able to access and mobilise the resources within that economy to empower and enable people to make the best choices for them so that they can achieve their own vision of a good life. Plans to develop a broader programme that harnesses the resources of all statutory and non-statutory services to provide versatile holistic care that is sustainable in the long term. Fundamentally, the aim is to provide care for patients requiring rehabilitation, enablement, treatment and recovery, social care and end of life care. To add, the COVID 19 pandemic has shone a spotlight on social isolation, but also on ways in which people can be supported and technology used to tackle isolation, this is embedded in the "Creating Connections for All" transformation programme established under the West Wales Care Partnership. This type of initiative illustrates one example of the diversity of approach in each county (based on the same philosophy of a social model of health and providing care closer to home). Moving forward as an organisation, further work can be undertaken to explore the resources/intelligence available to us in our communities using an "Assets Based Community Approach (ABCD)", which seeks to facilitate discovery to productively connect "individual, associational, institutional, physical (built and natural environment), economic, and cultural assets" (Cormac, 2021), seeking to ensure community engagement and representation is strong, with active contribution as the landscape of our health care system changes.

Each county will have its unique challenges and opportunities and associated workforce issues to resolve beyond the known workforce deficits, and will reflect management structure, integration and what that means locally and how to achieve this. Organisational change programmes are developing in Pembrokeshire and further integration and what that means in Carmarthenshire related to joint workforce models and the associated roles and competencies. The social model of care and care closer to home asks us to consider a model of care that takes care from the registrant and into the hands of the unregistered workforce and by proxy patients themselves. Bringing care and caring skills into everyone's home and hands, the underpinning education and training requirements for this model is significant from a "service level delivery" perspective for self-care education as well as the ability to create education at levels 2-4 across agencies at scale and pace.

In response to the COVID 19 pandemic, various services from the community altered its methods to assist the Health Board and its populations, this continued to varying degrees in 2021/22. Over the past year, due to the pandemic, the community team saw an unprecedented number of palliative care referrals being made, and the Palliative Care Team has been stretched, across the Health Board, bringing to attention the need to strengthen all such teams. It has been identified that there is a need for additional roles to sustain existing CNS and medical cover for specialist palliative care in-reach to acute hospitals, including ANPs and Specialist Consultant, in different locations; as well as looking to the 3rd Sector in collaborative working. A strategic workforce planning activity is in development system wide through Attain Consultants.

The Health Board's strategy for offering effective services closer to home, was underscored by the pandemic, highlighting the significant lack of appropriate accommodation for essential administration (both clinical and non-clinical) together with insufficient community-based infrastructure to accommodate services that are most appropriately delivered from a community setting. There is a need to enhance core community nursing to manage current capacity & support proactive intervention, effective triage and use of technology. The shift to 'community first' will create increased local demand for nursing support and it is essential that we deploy digital solutions to both help mitigate this requirement and allow resources to

be deployed effectively across the whole care system. Digital developments are, therefore, key to achieving the vision of the evolution of services, like, Porth Gofal to Care Traffic Control in Ceredigion, to ensure that care resources can be appropriately deployed to meet the presenting care needs across the whole care system. The Health Board will embed new technology in the delivery of care wherever it is appropriate in supporting safe and accessible services that move beyond technologically provided traditional models of care and start to deliver truly digital care.

It is recognised that what is needed is to deliver a coherent model of prevention, anticipation and supported self-management through integrated H&SC and all people living with long-term care or continued care and their carers have self-management as part of their usual care pathway. One element of doing this is to embed integrated Point of Care Testing in primary and community settings with increased training reducing the need for patients to travel for routine care or diagnostics, where possible. Another is to employ Community Tissue Viability Nurses to reduce admissions related to pressure sores.

Tactical and Strategic Plan

Urgent and Emergency Care

The 'development of a comprehensive and sustainable 24/7 Community and Primary care' urgent care model is a strategic planning objective for the University Health Board and its seven Cluster areas, with emphasis on achievement of the priority actions to deliver the UEC ministerial and the 6 UEC Policy Goals.

During the next three years (and beyond) it is imperative that we develop and provide a workforce able to meet the needs of our local population, focusing on known high risk areas, e.g., Hywel Dda patient demographic profile has a higher proportion of >65-year-olds compared to other areas of Wales, with a view to reduce conveyance to hospital reduce conversion rates and enhance inpatient management of frail/complex patients. The provision of safe alternative working models must be implemented and a continued collaborative approach implemented to ensure solutions and patient streams are managed via pathways appropriate to their needs e.g., 111, Welsh Ambulance Services NHS Trust (WAST), Emergency Departments.

We are aware of work undertaken within Cardiff & Vale Health Board and acknowledgement by WAST and HEIW as a potential "urgent and primary care workforce model" which in essence looks at alternative roles for practitioner's focusing on advanced and extended practice skills built around the types of interventions most likely to be required in that setting. This will require further exploration going forward.

Pharmacy/TrAMS

As part of our workforce planning activity within COVID 19 we assessed a workforce gap equivalent to c.50WTE within the funded establishment and support for Surge activity within the Pharmacy workforce, given that the demand has only grown since then in relation to the Mass Vaccination programme we are alert that as a small workforce with a significant impact more work is needed to develop workforce at all levels as the demand increases and changes. In essence the development of professions across primary, community and secondary care needs careful consideration, feedback on the "funding regime" means that we may see a future reduction in education places and throughput of trainees in pharmacy if not addressed at a national level.

Further to this, the Transforming Access to Medicines (TrAMS) workstream supported by Welsh Government will change the nature of the

management/manufacture of medicines in Wales, with funding now approved by Welsh Government to support developments to establish a Centralised Pharmaceutical Manufacturing Service. With consultation having already taken place with staff groups, and communication now being actively shared via bulletins, it is anticipated that the project will develop at pace. Therefore, the workforce implications must be carefully considered, with discussions and engagement with staff to be further progressed throughout 2022. We are still unclear the impact TrAMS may have for the organisation, but it is essential that we keep abreast of changes as regional hubs are considered, to understand the implications for our workforce.

A good understanding of the roles being undertaken in Clinical; Technical and Dispensary specialities has been achieved, with repeated resource mapping carried out in autumn 2021. This has enabled further work to be undertaken to review/create job descriptions and structure for senior posts, governed by formal consultation on these proposals due to commence in April 2022. It is essential for the organisation to continue its engagement within this project group, to contribute to and prepare full staffing structures, seeking to achieve greater understanding of what the new service will look like including suitability of proposed new roles, alongside organisational change considerations/processes (if required).

Primary Care

Through working with the four contractor professions – General Medical Services (GMS), Community Pharmacy, Dental Services and Optometric Services – the focus over the next 12/24 months will be around stabilising sustainable service provision as we move into the recovery phase as part of the COVID-19 pandemic. Our key priority for 2022/23 onwards, will continue to be to support service modernisation that provides timely and appropriate access to local services, using contract reform and Accelerated Cluster Development (ACD) as drivers for change. Each contractor profession has a common vision which includes the development of Enhanced Services, development of digital solutions, development and implementation of new roles, and the review and development of pathways. During 2022/23 the GMS will develop a strategic document that sets out the future aspiration for sustainable Primary Care provision in the Health Board, which includes the developing of options that allows for the return of the Health Board Managed Practices back to Independent Contractor Status and increasing the use of digital solutions among the population to improve timely access to care. Additionally, there will be a need to implement solutions that will assist with the utilisation of the Urgent Primary Care model. All whilst continuing to support the commissioning of any ongoing vaccination programmes stemming from the COVID-19 pandemic.

Accelerated Cluster Developments and Integrated Locality Plans

The Accelerated Cluster Development (ACD) is a project that works towards developing a new operating model for Primary Care. This includes aligning partnership work with Integrated Locality Plans. The ACD within the Health Board sees three Pan Cluster Planning Groups develop and take accountability of the Integrated Locality Plan. These allow for whole system-based plans, considering the Cluster Collaboratives and Regional Aligned Team wrapped around the planning, delivery, commissioning and alignment of regional funding streams at place-based level which will have workforce implications in terms of resourcing, development & education, and facilitation of change. The GMS and Community Pharmacy both have aims that support of the development of the ACD, in relation to Integrated Localities and new roles i.e., the Community Pharmacy Cluster Lead. The Integrated Locality Plans within the Health Board will address financial stability, quality improvement, digital, workforce and organisational development, and infrastructure. All to bring about sustainable, long-term change.

Current Specific Cluster Projects:

- Mental Health / Wellbeing (20 projects) - projects aimed at improving mental health and wellbeing. Working with specialist staff, local authorities, and other partners, providing timely access to support for adults, families and young people
- Responding to COVID (16 projects) - supporting the vaccination programme and those with Long-Term COVID. Increasing the number of Chronic Disease Clinics to reduce annual review backlogs. Specialist clinics to support Secondary Care, and additional support to reduce administrative backlogs
- MDT Working / Recruitment of other Roles (16 projects) – reducing pressures on Secondary Care and improving community access by enhancing cluster services e.g., recruitment of Occupational Therapist; Physiotherapists; Cluster Pharmacists; Care Co-ordinators; Respiratory Specialist Nurses and providing better psychological support to patients
- Integration of Service / Community-Based Services (10 projects) - enhancing the service provision for patients, including Phlebotomy Services where hospital provision is reduced; integrating the Community Cardiology Model to support the reduction of patients with palpitations and Atrial Fibrillation managed in Secondary Care; providing access to Community Catheter Clinics; providing support to patients with long-term conditions who attend multiple organisations to develop co-ordinated Care Plans
- Specialist Support / Services (9 projects) - increase identification and support those suffering from domestic violence. Providing Dermatology Clinics to support diagnosis and provide minor surgery for patients. Providing support for individuals with chronic or life limiting conditions. Providing opportunities for patients with Dementia to take part in regular exercise. Supporting those with lung conditions through weekly singing sessions. Providing a Dietetic-led Irritable Bowel Syndrome Service
- IT Equipment / Digital Solutions (7 projects) - ensure patients are able to connect to their GP and Cluster through 'My Surgery App'; providing online registrations for new patients via 'Campus Dr'; better monitoring of patients with chronic or life limiting conditions using 'Delta Wellbeing' to provide monitoring at home
- Workforce Sustainably / Workforce (6 projects) - providing increase training opportunities to Optometrists, therefore enabling the cluster to deal with more acute problems and improving workforce sustainability
- Screening (6 projects) - early diagnosis improves cancer outcomes, and due to the pandemic uptake has reduced. Clusters are targeting various areas, such as bowel, cervical, breast and abdominal aortic aneurysms to improve patient uptake
- Other (5 projects) - varying projects including Point of Care testing for patients presenting with respiratory illness; increase access to defibrillators; ensuring facilities and premises are suitable and adaptable to changing needs

Regional Considerations

A Regional Collaborative for Health (ARCH)

(ARCH, 2022)

The aim of the ARCH Education, Workforce and Skills portfolio is to ensure the ARCH projects support the development of opportunities in education, workforce and skills improvement through collaboration with universities. The delivery of these activities will provide education programmes to meet NHS Service's needs, working towards provision of high standards of teaching to facilitate greater workforce attraction, development and retention of staff.

The Workforce and Skills Development Project Group (within ARCH, working with HDUHB, SBUHB and HEIW) are developing and delivering projects in a number of other areas including:

- Workforce Re-design - development of integrated roles across Local Authority and NHS,
- Workforce Pipeline – developing apprenticeships, physician associates and a pipeline of nursing students from our HCSW roles,
- Up-skilling – developing a range of skills development and innovative practice-based learning,
- Workforce stabilisation – Developing innovative solutions for registered practitioner training, and creation of clinical academic posts,
- Development of scientific careers (including Modernising Scientific Careers).

A number of programmes are in train in relation to service transformation, these are currently being reviewed and prioritised by the ARCH Board to assign next steps. The current portfolio includes developments relating to the following projects:

- **Regional Thoracic Services Project:** Project to develop a regional Lung Optimal Pathway, with ambition to review adult surgery services for South and West Wales and Powys.
- **Regional Non-Surgical Oncology Project**: Project committed to develop a sustainable non-surgical cancer workforce for Wales working with HEIW to develop career pathways for professions in the Non-Surgical Oncology field.

- **Regional Eye Care Services Project** – implementation of a Regional Diabetic Retinopathy Referral Refinement Scheme; Development of a regional cataracts' recovery plan; development of the Southwest Glaucoma Service Business Case; development the Regional Eye Care Service Workforce strategy.
- **Regional Dermatology Services Project** – develop a Dermatology Regional Business Case to include Regional Teledermoscopy Model, Dermatology Specialty Training and Development Programme, Dermatology Workforce Strategy, Artificial Intelligence.
- **Neurological Conditions Regional Services Project** – deliver an agreed model of care for neurological conditions to more of a community-based approach, which includes the standardised approach of headache care, creating a regional Functional Neurological Disorder team and delivering a regional Epilepsy service.
- **Cardiology Regional Services Project** to include: Acute Coronary Syndrome Pathway (Treat and Repatriation of Hywel Dda patients), Cardiac CT (Training), Echo/Cardiac Physiology (working practices), Cardiac Pacing (Repatriation of Hywel Dda patients for complex pacing follow up), Cardiac MR (Review success of Cardiac CT work and duplicate for Cardiac MR).
- **Regional Pathology Services Project** – develop a business case for the Southwest Wales Regional Centre of Excellence Cellular Pathology Laboratory, co-located Regional Medical Microbiology services, develop Regional Diagnostic Immunology Laboratory facilities and provide refurbished local non-regionalised services accommodation.
- **Regional South-West Wales Cancer Centre Project**: The Collaborative Agreement between Hywel Dda UHB and Swansea Bay UHB does deliver continuity of service during these challenging times. However, the backlog of cancer patients now entering the NHS system because of the COVID pandemic; patients are now attending with more acute presentations and with cancer in more advanced stages.

  We are alert that this not only adds to the strain on visiting consultants to Hywel Dda from SBUHB it also increases the patient stream transfer attending Morriston hospital. All radiotherapy treatment for Hywel Dda patients is presently delivered at one of their outreach tertiary Centre's; mainly at Singleton Hospital who at the end of the year will have two operational Linear Accelerator (LINAC) X-Ray machines. However, with the additional Hywel Dda patient flow travelling east for radiotherapy treatment plans this ultimately increases demand on their already stretched resources. To address this, early discussions have started to take place to explore the feasibility of procuring and commissioning an additional LINAC Machine potentially in the form of a satellite unit. This additional resource will increase the workforce required for both the operation of the unit, the maintenance, Radiographers and Radiology Technologists who have delegated responsibility for outlining tumorous growth.

  The Cancer Services continue to strive to deliver on Single Cancer Pathway (SCP) to achieve the new SCP target of all patients with a suspicion of cancer to be seen and treated by day 62 of their pathway from the point of suspicion; to deliver against the 75% SCP in 2022 this too has had workforce implications for diagnostics, radiology, pathology and endoscopy posts due to the increase in demand, reduced capacity for local surgery and treatment delays at tertiary centres. Aligned to this is the national work being supported and developed by HEIW and Velindre regarding tumour specific sites and workforce models.

Each project is at a different stage in its development; however, work is progressing well, and the organisation is actively collaborating with Swansea Bay UHB and ARCH to ensure meaningful contribution and representation is delivered, to meet the future needs of our service users to ensure future transformation is an informed process and based around local population health requirements and workforce needs are planned and met.

Partnership Working

There is continued opportunity to work with our partners, and the need for multi-agency working to develop the workforce and services will be prioritised throughout our efforts to achieve delivery of high-quality care, facilitated through provision of workforce sustainability, planned and based around service and population needs.

A collaborative approach is, and will continue to be fostered across the organisation, as we seek to ensure a holistic understanding of how we can work together effectively. Whilst recognising the strength and value in contribution from internal and external colleagues, teams and organisations. Introduction of the Regeneration Framework will provide opportunity for colleagues/teams across Workforce and Organisational Development (W&OD). To explore and understand the opportunities for working together, creating a culture of shared learning, to ascertain 'what' and 'how' the interventions included within the framework can be undertaken and aligned appropriately, to work towards a common goal.

Alongside this, W&OD and the wider organisation will continue to develop strong partnerships, engaging, contributing to, and supporting strong partnership working across a variety of initiatives, which include:

The Mid Wales Health Collaborative (MWHC) has prioritised the development of the workforce of Mid Wales.

This includes the development of:

- Centre for Excellence in Rural Healthcare
- Development of Physician's Associates
- Future workforce models

Regional Partnership Board

The Health Board is working with the Regional Partnership Board (RPB) to meet objectives that aim to address health and wellbeing through social and green solutions. Key outcomes of the work being done in the RPB Area Plan are around the updating of public health data that feeds into assessments and plans, which in turn allows for more accurate modelling to be carried out.

West Wales Regional Workforce Programme Delivery Board

Currently scoping a regional workforce development strategy and developing a regional approach to the Social Care Workforce Development Programme (SCWDP). We currently have four joint streams of work in place with our local authority social care partners from Carmarthen, Ceredigion and Pembrokeshire County Councils:

1. Training & development
2. Recruitment

3. Workforce Planning
4. Apprenticeships

This programme of work is continually evolving as shared learning and resources is explored.

Local Authorities

Hywel Dda are continuing to work closely with its three local authorities to work collaboratively around Regional Integrated H&SC. To facilitate this there is a 5-year funding available to create sustainable systemic change. There will be a focus on prevention and early intervention, developing and embedding national models of integrated care, and sustainable longer-term resourcing to embed new models of care.

Chapter 3: Workforce Modelling & Analysis (Minimum Data Set & associated document)

Planning Objectives, Priorities and Workforce Alignment

All of the service activity articulated above is valid but as a focus for 2022/23 the following have been identified as priorities with the wider strategic framework and the planning objectives that sit within this ambition.

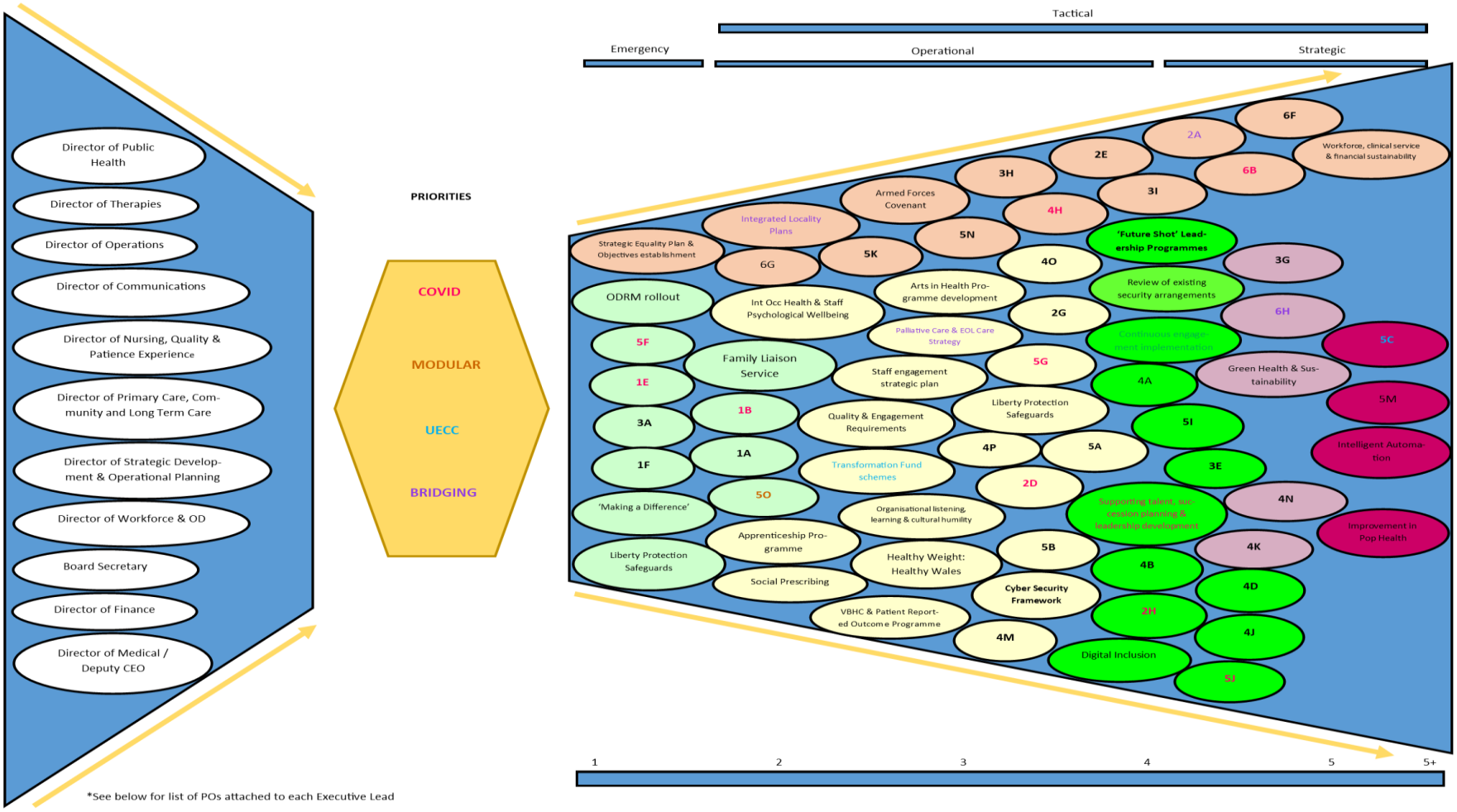
To confirm, the priorities agreed are:

- Review and alignment of all COVID related programmes for workforce, this means creating “dynamic” models of workforce for different future scenarios
- Modular Theatre development at Prince Phillip Hospital for workforce, recruitment and alternative models are being considered to commence activity from March 2022
- Urgent Emergency Care programme, for workforce, this programme is currently being reviewed and redeveloped to meet financial constraints
- Bridging service, or as we commence a piece of work “to create a sustainable model of workforce for care at home” with wider partners, the underpinning service and workforce model is essential to delivering on this work.

All workforce modelling, analysis and intervention will focus on the key priorities outlined above and will be inclusive of our six strategic objectives also:

1. Putting people at the heart of everything we do
2. Working together to be the best we can be
3. Striving to deliver and develop excellent services
4. The best health and well-being for our communities
5. Safe, sustainable, equitable and kind care
6. Sustainable use of resources

The image below is a possible representation of the Planning Objectives and the implications for further workforce planning (from a tactical, operational and strategic perspective) and alignment of workforce supply routes; the objectives are “clustered” and the full detail is available in the appendices. Priorities for 2022/23 are captured in the central box.



Underlying deficits

Based on historical work in 2020/21 for COVID 19 we assessed a significant workforce gap in our nursing workforce. It is easier, in some respects to assess a gap within the nursing workforce as we have clear guidance within the Nurse Staffing Levels Act. Assessing workforce requirements within other staff groups is more complex as not only are there underlying deficits, but we are aware establishments may have significantly shifted

due to COVID 19 and that the demand and capacity modelling that may have been utilised historically, may not now be fit for purpose. That said new modelling benchmarks are evolving for Allied Health Professionals through the Delivery Unit i.e., Rehabilitation Model and standards have been set for Enhanced Cleaning on which to base future assessments (subject to further review).

To summarise based on the Establishment Control Tool for January 2022 we can assess the following underlying deficits:

- Medical & Dental: 317.3WTE vacant posts
- Nursing & Midwifery: 499.9WTE vacant posts reduced to -112WTE after Bank & Agency usage and additional hours
- Additional Clinical Services: 112.9WTE vacant posts increase to 139WTE over establishment after Bank usage to compensate for above deficit in nursing & midwifery above
- Additional Professional, Scientific Technical and Other Professional Groups: 19.5WTE vacant posts and marginally mitigated to –17.3WTE after Bank & Agency usage and additional hours
- Allied Health Professionals: 28.2WTE vacant posts marginally mitigated to -18WTE after Bank & Agency usage and additional hours
- Healthcare Scientists: 2.4WTE vacant posts increased to 3.2WTE over establishment after Bank & Agency usage and additional hours.

An overview of our substantive workforce can be seen in the table overleaf indicating our current gaps in establishment.

N.B. The figures in the below table are from the January 2022 Establishment Control Tool and do not contain all of the Temporary Workforce Utilisation figures

Staff Group	Budget	Actual	Vacancy	Additional Hours	Overtime	Bank	Contract Agency
ADD PROF SCIENTIFIC AND TECHNICAL	365.5	346.0	19.5	0.2	0.2	0.6	
ADDITIONAL CLINICAL SERVICES	2,214.7	2,101.8	112.9	10.8	5.7	3.4	0.0
ADMINISTRATIVE & CLERICAL	1,974.0	1,984.0	(10.0)	4.9	7.3	6.0	0.0
ALLIED HEALTH PROFESSIONALS	648.5	620.2	28.2	0.7	1.0	1.0	
ESTATES AND ANCILLIARY	895.5	888.7	6.8	21.1	17.3	72.7	
HEALTHCARE SCIENTISTS	199.5	197.1	2.4	0.3	4.9	0.4	
MEDICAL AND DENTAL	923.7	606.5	317.3				
NURSING AND MIDWIFERY REGISTERED	3,316.1	2,816.2	499.9	16.2	7.8	3.3	0.0
PAY BUDGET ADJUSTMENTS	10.0		10.0				
STUDENTS	2.2		2.2				
Grand Total	10,549.7	9,560.3	989.3	54.2	44.3	87.5	0.0

Known workforce “shifts”

Test Trace & Protect

This table below covers the main Testing Cell Unit along with the Testing centres across the Health Board, and the Track and Trace element of the TTP programme. Included in the workforce analysis below are the addition of an In-patient testing team.

Staff Group	Testing Cell Unit	Testing Sites	TTP Cell	In Patient Testing	TOTAL
Administrative, Clerical & Board Members	7.2		1		8.2
Medical & Dental					0
Nursing & Midwifery Registered	6	14.5	3.6		24.1
Prof Scientific & Technical					0
Additional Clinical Services	6	49	10	12	77
Allied Health Professionals					0
Healthcare Scientists					0
Estates & Ancillary					0
TOTAL WTE	**19.2**	**63.5**	**14.6**	**12**	**109.3**

We will need to reflect these shifts in our workforce modelling and reintegration into a new model for the service. This is an ongoing piece of work.

COVID 19 Vaccination Programme

This workforce will need to remain in place until further details are known, however, as it remains unknown if further boosters will be required in the winter and who the recipients will be – normalising a workforce model for the public facing teams is in progress, however until these are known, any workforce requirements will need to be scenario based at present and follow patterns based on Omicron it is being suggested by professional leads.

The model below has been based on the average need for all 7 sites to be open across a 7-day service, for an intensive programme of work and includes the Management Structure for each site. This will now need to be revisited and is an ongoing piece of work within the Public Health team.

Staff Group	MVC
Administrative, Clerical & Board Members	91.0
Medical & Dental	0.5
Nursing & Midwifery Registered	145
Prof Scientific & Technical	
Additional Clinical Services	
Allied Health Professionals	
Healthcare Scientists	1
Estates & Ancillary	4

TOTAL WTE	241.5

Enhanced Cleaning Provision

To meet the COVID 19 Key Standards for Environmental Cleanliness set by the Welsh Government the Facilities team have calculated the necessary uplift in cleaning hours which equates to an additional 113WTE substantive posts. The breakdown across roles and sites can be seen in the table below. Funding was suggested in 2021/22 for this activity, as yet this has not been acted upon.

By Site	Ward Domestics	Waste Operatives	Housekeepers	Rapid Response	Supervisor Band 3	Supervisor Band 5	Trainer Band 3	Assurance Band 3	TOTAL
GGH	17	3	5	4	3	1	2	2	**37**
PPH	16	1	1	2	1	1	1	2	**25**
BGH	10	1	1	3	1	1	1	1	**19**
WGH	15	2	5	4	2	1	1	2	**32**
TOTAL	**58**	**7**	**12**	**13**	**7**	**4**	**5**	**7**	**113**

There remain recruitment challenges across Facilities to meet the current and future Enhanced Cleaning Standard. There has been an increase of 170WTE staff as a result of COVID Mass recruitment during 2020, however over 100WTE have either moved on to different roles within the HB or have left. The establishment gap of 70WTE in domestic staff has now been filled with the COVID 19 fixed term staff but there remains an additional 113WTE to be recruited to cover the Enhanced Cleaning requirement. Further understanding of the above is required to assess the need across each site against the standards set within the Welsh Government document, and we must also consider the potential training requirement needed to meet the enhanced cleaning standards for both substantive and fixed term staff.

Service Based Scenario Modelling

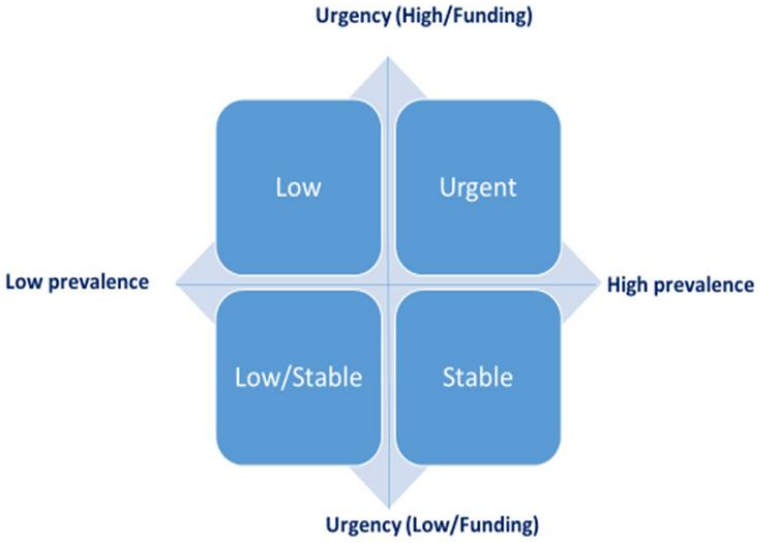
As a means to understand our future workforce needs, professional judgement and modelling have been utilised to assess any future "COVID 19" related scenario. The image below is constructed to gain clarity on the funding required depending on different COVID 19 scenarios that may present during 2022/23 based on prevalence of COVID 19 and funding required.

The scenarios are summarised below:

1. Low – endemic levels, similar to flu/RSV - occasional outbreaks, low prevalence and/or less severity of illness but a requirement to have a level of funding and resources when required (Ad hoc outbreaks)
2. Stable – potential seasonal outbreaks circa 5 months of the year Higher prevalence and a requirement for the availability of budgets/resources

3. Urgent – Back to pandemic levels, new variants etc. which evades the effectiveness of the current vaccines and/or anti-viral drugs, high prevalence, urgent funding/resources as priority.

“Stable” has been the basis of planning assumptions to date.



As noted above, further work is needed to formalise these models for the workforce, based on guidance from operational colleagues to understand the profile of workforce change across the 12-month period.

- Acute Pathways
- Community Impact
- COVID related services i.e., TTP, MVC etc.

At this point we are not able to identify “specific” workforce gaps, we have looked at a “supply position” to illustrate how we might prioritise any additional workforce through streamlining as an example and look at risk stratification/prioritisation and mitigations until we can sufficiently grow and adapt our workforce model. This will be explored in more detail later following critical assessment by operational leads.

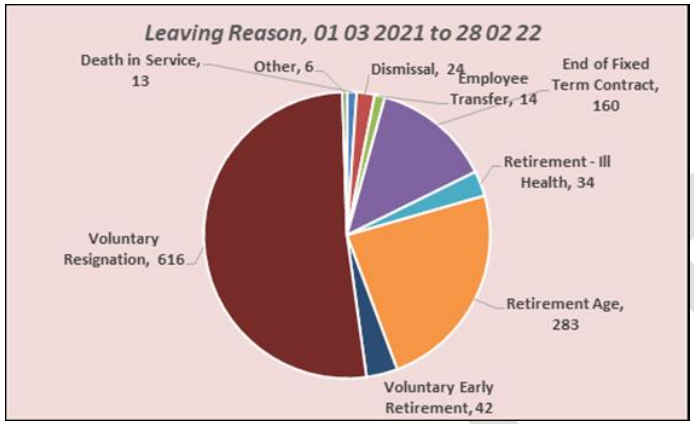
Core Workforce Modelling: Turnover, Retirement & Absence

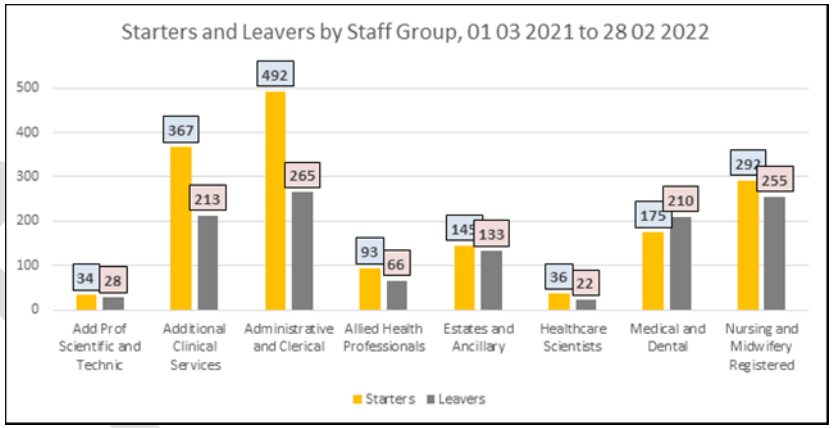
To model the workforce implications for the coming year we have looked at any further gaps based on Turnover, Absence and Retirement data.

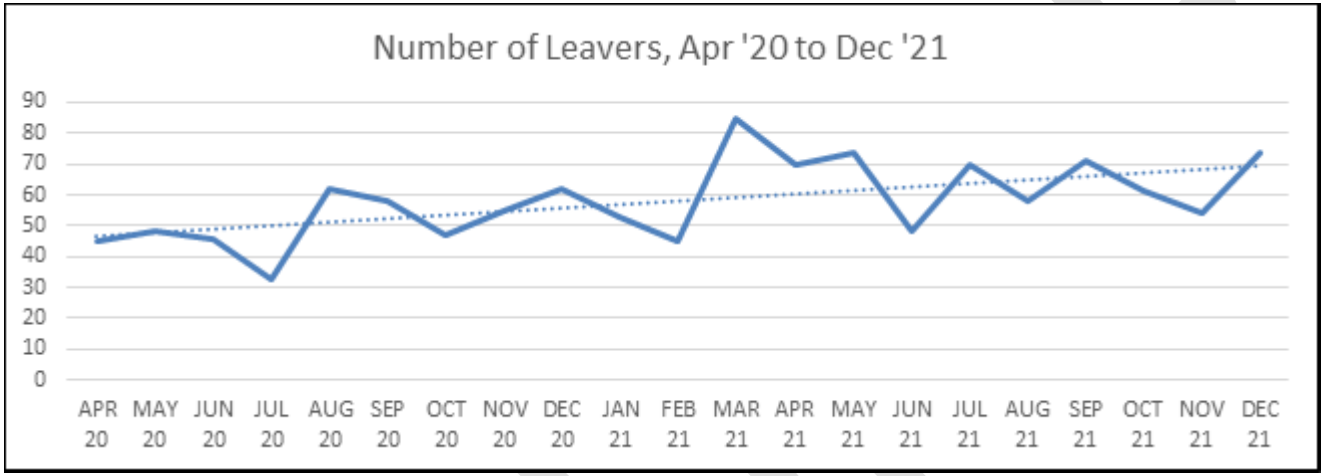
Turnover: The turnover in the table below has been based on the assumption that 2022/23 will be similar to 2021/22 therefore the projected turnover is based on the midpoint/averages of the data points.

PROJECTED TURNOVER WTE (on current establishment)	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Administrative, Clerical & Board Members	1,995.3	2,008.7	2,020.9	2,033.1	2,043.2	2,065.3	2,078.3	2,093.3	2,106.5	2,122.2	2,139.2	2,155.1
Medical & Dental	611.6	617.9	620.8	630.2	637.9	648.1	655.1	670.7	677.4	689.4	724.0	736.6
Nursing & Midwifery Registered	2,832.8	2,853.2	2,878.0	2,895.3	2,906.3	2,931.9	2,944.5	2,966.0	2,983.8	2,994.2	3,010.1	3,027.2
Prof Scientific & Technical	348.1	350.2	352.8	355.0	356.4	359.2	361.4	363.6	365.5	368.8	370.3	373.1
Additional Clinical Services	2,112.3	2,123.7	2,137.7	2,146.1	2,154.4	2,166.9	2,179.1	2,191.9	2,204.0	2,224.5	2,243.2	2,266.0
Allied Health Professionals	621.9	626.0	630.2	634.6	637.8	643.4	646.8	652.4	659.1	663.9	668.7	673.2
Healthcare Scientists	197.7	198.2	200.9	202.0	203.0	204.7	206.2	207.6	209.4	209.4	210.9	213.7
Estates & Ancillary	895.5	903.0	907.3	915.2	919.0	929.4	935.4	941.8	950.6	961.3	971.7	986.7
TOTAL BASELINE & ADDITIONALITY	**9,615.2**	**9,680.9**	**9,748.7**	**9,811.5**	**9,858.0**	**9,948.9**	**10,006.6**	**10,087.4**	**10,156.2**	**10,233.8**	**10,338.1**	**10,431.5**

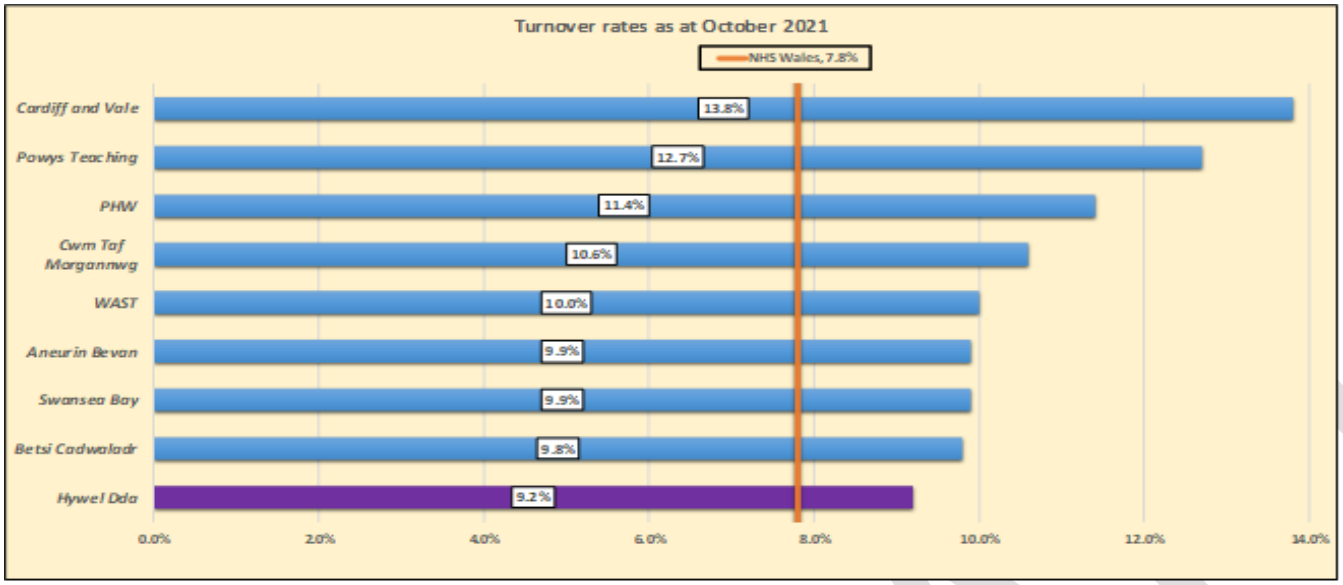
Alongside projected modelling we have looked retrospectively and currently at data that illustrates our current profile and for turnover, reasons for leaving and an All Wales benchmark to inform our thinking. This will need to be looked upon as an iterative piece of work to create ongoing alignment between planning assumptions and actuals.







We can see from the trend graph that there has been general trend in terms of an increase in leavers, however, new turnover benchmarking data from across Health Boards in Wales has recently become available and there appears in the latest dataset to be a significant swing with Hywel Dda now showing the lowest turnover in NHS Wales.



Also the NHS Wales information excludes staff moving between Welsh Health Boards. Further analysis excluding this number will be undertaken within the Health Board to see how close to the Wales figure the Health Board is. Also, information by staff group will be re-assessed to see if any hot spot areas become apparent.

Projected Sickness (WTE)	APR 2022	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN 2023	FEB	MAR
Administrative, Clerical & Board Members	138.9	119.0	119.0	119.0	119.0	138.9	158.7	158.7	198.4	238.1	158.7	138.9
Medical & Dental	42.5	36.4	36.4	36.4	36.4	42.5	48.5	48.5	60.7	72.8	48.5	42.5
Nursing & Midwifery Registered	197.1	169.0	169.0	169.0	169.0	197.1	225.3	225.3	281.6	337.9	225.3	197.1
Prof Scientific & Technical	24.2	20.8	20.8	20.8	20.8	24.2	27.7	27.7	34.6	41.5	27.7	24.2
Additional Clinical Services	147.1	126.1	126.1	126.1	126.1	147.1	168.1	168.1	210.2	252.2	168.1	147.1
Allied Health Professionals	43.4	37.2	37.2	37.2	37.2	43.4	49.6	49.6	62.0	74.4	49.6	43.4
Healthcare Scientists	13.8	11.8	11.8	11.8	11.8	13.8	15.8	15.8	19.7	23.7	15.8	13.8
Estates & Ancillary	62.2	53.3	53.3	53.3	53.3	62.2	71.1	71.1	88.9	106.6	71.1	62.2
TOTAL	**669.2**	**573.6**	**573.6**	**573.6**	**573.6**	**669.2**	**764.8**	**764.8**	**956.1**	**1,147.3**	**764.8**	**669.2**

Retirement has been calculated using data from the last 3 years and overlaying the average age of retirement across each staff group across the workforce age profile. The table overleaf does not include known COVID 19 staff.

Projected Impact of Retirement (WTE) Based on average retirement age for each staff group	Apr-22	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Jan-23	FEB	MAR
Administrative, Clerical & Board Members	1,938.8	1,938.8	1,938.8	1,938.8	1,938.8	1,938.8	1,938.8	1,938.8	1,938.8	1,893.6	1,893.6	1,893.6
Medical & Dental	581.0	581.0	581.0	581.0	581.0	581.0	581.0	581.0	581.0	555.5	555.5	555.5
Nursing & Midwifery Registered	2,646.9	2,646.9	2,646.9	2,646.9	2,646.9	2,646.9	2,646.9	2,646.9	2,646.9	2,477.6	2,477.6	2,477.6
Prof Scientific & Technical	343.1	343.1	343.1	343.1	343.1	343.1	343.1	343.1	343.1	340.2	340.2	340.2
Additional Clinical Services	2,044.2	2,044.2	2,044.2	2,044.2	2,044.2	2,044.2	2,044.2	2,044.2	2,044.2	1,986.7	1,986.7	1,986.7
Allied Health Professionals	606.1	606.1	606.1	606.1	606.1	606.1	606.1	606.1	606.1	592.1	592.1	592.1
Healthcare Scientists	193.6	193.6	193.6	193.6	193.6	193.6	193.6	193.6	193.6	190.2	190.2	190.2
Estates & Ancillary	859.7	859.7	859.7	859.7	859.7	859.7	859.7	859.7	859.7	830.7	830.7	830.7
RETIREMENT	**9,213.5**	**9,213.5**	**9,213.5**	**9,213.5**	**9,213.5**	**9,213.5**	**9,213.5**	**9,213.5**	**9,213.5**	**8,866.4**	**8,866.4**	**8,866.4**

Workforce Gap Assessment

Based on our underlying deficit and modelling assumptions we would see that without any new intervention we would maintain and potentially increase our workforce deficit across all staff groups within our funded establishment. It is only when we look to a 5–10-year approach that with a set of we can see the shift in workforce shape change instigated by the intervention put in place. We will return to this in subsequent chapters as we explore ways to illustrate and quantify our workforce interventions.

The table below is a theoretical representation of the workforce that may be needed in 10 years. Based on the set of assumptions on the workforce shift that will be required, which we have theoretically based on the intentions of our strategic direction and calculated the potential workforce need as below.

Staff Group	Budget	Actual	Cover Utilisied WTE (ECT)	Cover utilised Temp Workforce Utilisation tool	Actual with Temp Workforce	Vacancy	Workforce Requirement
ADD PROF SCIENTIFIC AND TECHNICAL	358.4	328.2	**1.0**	**3.2**	**332.4**	30.2	400.0
ADDITIONAL CLINICAL SERVICES	2,164.9	2,110.4	**38.1**	**360.3**	**2,508.9**	54.5	2814.8
ADMINISTRATIVE & CLERICAL	1,917.5	1,903.9	**14.9**	**12.2**	**1,930.9**	13.6	1910.7
ALLIED HEALTH PROFESSIONALS	641.5	592.1	**17.1**	**8.8**	**617.9**	49.5	769.8
ESTATES AND ANCILLIARY	881.0	900.1	**138.2**	**0.4**	**1,038.7**	(19.1)	932.8
HEALTHCARE SCIENTISTS	199.5	187.8	**10.3**		**198.1**	11.6	219.5
MEDICAL AND DENTAL	924.4	591.2	**0.1**		**591.2**	333.2	800.0
NURSING AND MIDWIFERY REGISTERED	3,282.0	2,807.9	**40.2**	**567.9**	**3,416.0**	474.2	3350.0
TOTAL	**10,369.2**	**9,421.6**	**259.8**	**952.7**	**10,634.1**	**947.6**	**11,197.4**

Key points to note from the above is that with the best of intentions we are likely to see a 10% increased need in workforce. When factoring in the demography of our future workforce

- Risk of 30% of our workforce retiring in the next 10 years
- 60% of the workforce we have today will be our workforce of ‘tomorrow’
- Reduction in potential workforce entrants over the next 10 years

(Population Pyramid for Wales 2020).

Therefore, this requires us to remodel and realign our current workforce, alongside a robust pipeline of aspirant H&SC professionals.
Our main source of supply is through Education Commissioning Routes – we explore this next.

Chapter 4: Education & Commissioning

Overview of the Education & Commissioning Process

It is vital for us to deliver our education strategy to develop and expand our workforce to align with strategic vision, and to build a sustainable workforce fit for the future. Therefore, it is important for us to understand our workforce and its future needs through:

- Appropriate commissioning and provision of undergraduate and postgraduate placements,
- Introduction of new, and delivery of, existing training and education programmes,
- Provision of greater opportunities for training, education, and skills development for current and future staff,
- Exploration of new ways of working, building a multidisciplinary workforce able to meet the needs of our local population,
- Working collaboratively, to ensure our education strategy is based around the Social Model of Health, with underpinning education and training to support this vision.

Continued coactive working with HEIW and Higher Education Institutes (HEIs), will play a fundamental role in delivery of the education strategy to facilitate the learning requirements for our workforce. It is also essential for us to continue building on partnership workforce planning on a local, regional and national level, to provide greater understanding of our staff, developing them appropriately to meet future ever changing needs. To do this, it is imperative that as organisation we think innovatively, applying a competence-based workforce development approach to provide opportunities for our current workforce, to help bridge known gaps as we seek to consider “what” is required as opposed to “who” as we look at new ways of working. This ethos, along with particular emphasis on developing the “team around” approach and continuation of the success in implementing the “Grow Your Own” (GYO) ethos across all professional groups, will be fundamental to ensure the organisation can attract and retain staff, with clearly defined development pathways and learning opportunities that allow for continued professional development and promotion of multi-disciplinary working.

Summary of 2023/24 Education and Commissioning Requests

Training, education and development of both our current and future staff is critical to deliver against the Health Board’s aims, strategies, goals and visions. The Health Board’s commitment to expand and re-design the multi-professional workforce underpins the Education and Commissioning ask of 2023/24, with training and development plans delivered on a sustainable basis, striving for excellence with the overall ambition of improving on patient outcomes through enhanced seamless pathways.

To sustain our workforce, there is the requirement for a more dynamic skill mix, focusing on integrated working across H&SC, to deliver the Social Model of Health. Services have and will continue to be encouraged through effective workforce planning, to be:

- Innovative with their approach to deficits,

- Widely consider role redesign, delegation, leadership development and models of delivery,

- Focus on development of multidisciplinary teams and integrated working,
- Undertake succession planning of the workforce requirements for future demand, including supply and evolving models of care,
- Seek to deliver services using a proactive, rather than reactive, approach.

This year's education and commissioning process has been completed in conjunction with review of workforce baseline, to articulate the needs of services, to ensure robust workforce planning activity has been carried out, to accurately reflect the educational needs of the current and future workforce. A summary of this year's requests can be seen below, with further detail relating to specific requirements for each professional group detailed in the narrative.

Programme	2023/24 E&C
Nursing & Midwifery	
Bachelor of Nursing (B.N.) Adult FT	160
Bachelor of Nursing (B.N.) Adult PT	35
Bachelor of Nursing (B.N.) Child	12
Bachelor of Nursing (B.N.) Mental Health	20
Bachelor of Nursing (B.N.) LD	11
Midwifery (including Conversion Programme)	14
Allied Health Professionals	
B.Sc. Diagnostic Radiography	15
B.Sc. Human Nutrition and Dietetics	7
B.Sc. Occupational Therapy	11
B. Sc. Operating Department Practice	5
BSc Physiotherapy	20
B.Sc. Podiatry	4
Speech and Language Therapy (inc Welsh Language)	5
Health Care Scientists	
Healthcare Scientists - Cardiac Physiology	3
Healthcare Scientists - Audiology	1
Healthcare Scientists - Respiratory and Sleep	3
Healthcare Scientists - Medical Engineering	2
Healthcare Science - Biomedical Science - Blood	2
Pharmacy	

Pre-registration Pharmacy Technician, Clinical Facing	**12**
Pre-registration Pharmacy Technician, Technical Services	**1**
Pharmacy Clinical Services Professional BTEC Level 4	**7**
Post-registration Foundation pharmacists	**7**
GP Pharmacist Transition Programme	**7**
Trainee Pharmacist (Foundation Training Programme)	**18**
MSc Pharmaceutical Technology and Quality Assurance	**1**
Chartered Institute of Procurement and Supply Level 4 – Foundation Diploma	**1**
Other	
PhD Clinical Psychology Doctorate	**15**
MSc Physician Associate	**11**
B.Sc. Paramedicine (WAST - for future APP pipeline)	14

Education and commissioning requirements across all staff groups remain consistent overall, with marked increases in specific professional groups, e.g., the unregistered workforce, Mental Health and Clinical Psychology (PhD). Acknowledgement of the requirement to increase our workforce and redesign and develop existing roles, to align with strategic vision and develop a whole systems approach, is also evident in this year's submission, enabled through a wide variety of advanced practice/extended skills requests. This investment in current staff will provide professional development opportunities in line with National Career Framework requirements and will facilitate achievement of the education and training criteria specific to job roles.

Also included within the education and commissioning submission is the requirement to develop the unregistered workforce. Requests will provide further opportunities to develop existing support staff, whilst improving overall compliance with the All-Wales Career Framework (AWCF). It is the Health Board's ambition, to create an internal pipeline for the Level 4 programme, to comply with the AWCF and to provide progression opportunities for our workforce. As part of the education and commissioning process, all levels of the development pathway for support staff have been considered, with places on relevant programmes/apprenticeships clearly outlined across Nursing and Midwifery and Allied Health Professionals.

Whilst it is fair to say that this year's education and commissioning "ask" sees a marked increase in key areas, it should be noted that it is essential for us to address and align the required education and training to upskill our workforce now, to continue building and strengthening workforce skills and knowledge, to allow the health board to invest to create a sustainable future pipeline. To achieve this, it is imperative for the organisation to ensure appropriate finance is established, to fulfil the commitment being made through the commissioning process, which includes responsibility to offer the opportunity for employment based on requested places. It is also vital to ensure the infrastructure and support systems are in place, to provide dedicated study days to undertake required learning.

Summary of 2023/24 Education and Commissioning Requests by Professional Group

Nursing & Midwifery

- Increased and ongoing demand for Advanced Nurse Practitioners across all counties have been articulated with a significant number of places requested on the Non-Medical Prescribing programme, which will ensure the required knowledge and skills can be achieved for current and future roles across Nursing & Midwifery.
- A range of M.Sc. programmes have been requested, which emphasises the investment required in our staff, promoting our workforce to develop as highly skilled, dynamic practitioners, adopting new models of care to address known deficits.
- Several specialist areas have been identified, with requirements detailed within the template relating to a range of conditions, such as epilepsy, diabetes and dementia. Further development of staff in these areas and early identification of education requirements, strengthens our ability as an organisation to create and sustain highly specialist roles.
- A significant increase in requested part time places on the B. Sc. in Adult Nursing, to fulfil the organisations ambitions to further expand the 'Grow Your Own' ethos and continue building our workforce pipeline has been requested. These places are a fundamental component to facilitate workforce sustainability, which is further supported by a marked increase in our request for additional Apprenticeship places.
- Strong emphasis has been placed on developing our workforce to be strong, compassionate leaders, with 40 places requested for Leadership modules.

Allied Health Professionals

- The organisation has expressed interest and ambitions to further develop the role of the Advanced Paramedic Practitioner (APP), through development of a rotational model, in collaboration with WAST. These aspirations will have a positive impact within the organisation, as the role is already established (in small numbers), but the value of APP professionals is already widely recognised. The request to WAST for x 14 Paramedicine graduates in 2026 will progress on to Advanced Practice pathways, which will allow for increased flexibility in the workforce and will be pivotal in the way we can deliver care to our service users through use of an Integrated H&SC workforce model.
- A significant request to increase commissioning of PhD Clinical Psychology places reflects the requirement to grow this professional group, to address known workforce gaps, recruitment challenges and historic difficulties in obtaining required PhD places to develop current and future staff. A continued collaboration with HEIW will be fostered to build capabilities within this staff group through access to educational requirements commissioned by HEIW e.g., potential funded x4 PhD places allocated specifically to the Health Board.
- Uptake for advanced practice and extended skills modules in AHP groups is improving with requested commissions across a number of specialist areas, AHP requests for advanced practice/extended skills options remain relatively low, but prioritisation of leadership opportunities has been made.
- Interest in Non-Medical Prescribing in the AHP staff group is poor, with only 3 places requested in this year's commissioning figures (compared to 35 places requested for Nursing & Midwifery). As we plan our future workforce models, due consideration will be made to Non-Medical Prescribing requirements, to fully understand and articulate the needs of AHP professionals.
- Significant investment is being made across AHP professional in the development of the unregistered workforce, with 2023/24 education and commissioning requests across L2,3 and 4 places at its highest levels, which further emphasises the desire across all services to build and

develop the GYO ethos across Therapies which will positively impact on the “Team Around” concept as we shift our way of thinking and explore new working models/roles.

- To align with the Health Board’s strategic vision and future demands of the service, and to address known weaknesses, further exploration is required in terms of advanced practice and role design to ensure that the AHP workforce is suitably skilled for now and the future.

Health Care Scientists

- B. Sc. places across HCS specialities remain consistent with previous submissions and have been based around workforce baseline and feasibility to provide high-quality education placements with consideration of current demands.
- Effective utilisation and identification of education opportunities must be further explored within HCS, as it is essential for it to be reflected in education and commissioning figures and strategic planning. The ability to distinguish what the training and educational requirements are for the HCS workforce must align with robust workforce planning processes to understand the requirements for now, and the future e.g., Band 4 development pathways.
- The service actively supports the need to hire/develop applicants in possession/looking to achieve M.Sc. qualifications e.g., Scientific Training Programme in Cardiac Physiology, with commissions included as part of this year's education and commissioning process, to address recruitment difficulties and to allow for development of In-Service applicants working in rural locations (hard to fill posts).
- Developments of in-house staff in Clinical Engineering (M.Sc.) has been highlighted, with requested places to provide development opportunities, improve retention and address known workforce challenges.
- Support worker development has been identified, with Level 3 numbers requested with recognition of the need for the unregistered workforce to attend training and education for future GYO options and to address high retirement figures within this staff group.

Pharmacy

- The service is actively commissioning across a range of programmes, including increased demand for commissioning on the Trainee Pharmacist Foundation Training Programme. This will facilitate growth, retention and flexibility in the Pharmacy workforce.
- The requirement to continue developing Pharmacy staff in relation to non-medical prescribing is acknowledged, with a significant number of places requested on this year's education and commissioning plan.
- It is recognised that there is a requirement to develop in-house staff, with requests for the BTEC Level 4 in Pharmacy Clinical Services, to facilitate development and upskilling of the workforce to provide an enhanced level of skill mix, which will then enable release of other staff to also attend required education and training.
- Acknowledgement of training and education for staff moving sector into General Practice has been acknowledged and appropriate requirements included.
- The introduction of the Pharmacy Academy at Swansea University will also allow for further post-graduate and additional education and development opportunities for all Pharmacy staff, which will further develop the skills, knowledge and expertise of this staff group.

Physician Associates

With the growth of the number of service areas appreciative of the value of the Physician Associate (PA) role, and the flexibility it can offer to alleviate operational issues to deliver services, demand for the role is rapidly growing. Therefore, recognition of the need to continue to develop this role is reflected in the request for an additional 11 PA placements in this year's education and commissioning plan, but it is widely recognised that further, in-depth workforce planning is required to ascertain the full scope, impact and potential of the role and how it can be more widely developed.

During the last 12-months, the Health Board has continued to invest in the role, recognising the additionality the role adds and the flexibility it offers. Late 2021/early 2022 saw the introduction of the General Practice Physicians Associate pilot, collaborating and allowing PAs in these posts to gain invaluable experience working in Secondary Care, with HEIW allowing the Health Board to use the MARS appraisal system as a means of recording and reflecting on the progression of PAs. This development pathway is a significant milestone for the organisation and sets the tone for the continued work required to continue building the PA workforce across all regions and specialisms.

Additional Clinical Services

- With demand to increase the number of registered nurses to fulfil nursing vacancies, the GYO philosophy and request for increased supply through Apprenticeship Schemes, will be fundamental to provide a pipeline of registered Nursing staff, which has been articulated in the organisation's education and training plan.
- The Health Board continues to be committed to development of Band 4 Assistant Practitioners roles, with considerable increases in Level 4 educational places requested to facilitate HCSW access to Level 5 of nurse training (see also ‘Key Priorities’). Annually, an additional 40-60 places are needed from 2022 to support the HCSW Talent Academy. Consideration is also underway to extend Band 4 Assistant Practitioner roles into Paediatrics.
- Significant commissions have been requested across L2-L4 development pathways, to facilitate further professional development opportunities, to alleviate known workforce challenges and will be fundamental to the enable our future pipeline to build a more secure, stable workforce across all professional groups, promoting a greater degree of agility and resilience.

The role of Additional Clinical Staff, Apprentices and staff undertaking part-time, “Grow Your Own” study play a crucial role and contribute to facilitation of new ways of working to help mitigate known workforce gaps and risks, A summary of the investment in education and training for Apprentices and GYO initiatives, which is made possible through strong partnership working with HEIW and HEIs, led by Workforce Education and Development. Further information can be found below, reflecting the future work to undertake in this area to develop the unregistered workforce (see ‘Key Priorities’).

Facilities

Through healthy discussions with the service, exploration to assess and understand the value of Facilities staff attending Diploma programmes has been undertaken. Included within the education and commissioning template for 2023/24 is the requirement to begin

developing Level 2 and 3 facilities staff, allowing them increased professional development opportunities, promoting succession planning within the service.

Key Priorities

Recognising current pressures and the geographical location of our Health Board, as previously described there is increasing pressure to 'Grow Our Own' workforce, and as an organisation, we need to design new future opportunities to provide additionality to the external supply of a skilled workforce.

Provision of future opportunities is the overarching theme across all areas our education and commissioning plan, and through robust planning and assurance processes the following areas will remain a key focus for the Health Board:

- Provide an ambitious expansion of our apprenticeship scheme
- Increase the pipeline of the Band 4 Assistant Practitioner roles
- Improve All-Wales Career Framework compliance, enabling greater numbers of individuals to seek further development opportunities across all professional groups
- Increase the pipeline of nurses through the internal part-time programmes
- Create a support system that recognises the pastoral needs of the future workforce pipeline
- To continue collaborating at an All-Wales level to fully explore development, advanced practice and potential opportunities across all professions. This includes specific focus on Medical Associate Practitioners, including the Physician Associate, Physician Anaesthesia Associate and Surgical Care practitioner roles, as we seek to progress a national development approach
- To base all commissioning requirements on a H&SC workforce model.

To achieve this, continued collaborative working, internal and external, to the Health Board will take place, to deliver our strategic objective(s) to construct a comprehensive workforce programme to encourage our local population into NHS careers. Aimed at improving the stability of the Health Board's workforce, supporting delivery of the Health Board's service objectives and offer good quality careers for our local population.

Growing our own workforce from our local population not only supports our corporate social responsibility but provides our patient's care from within their own communities, creating a sense of belonging and will be achieved through rigorous workforce planning, appropriate commissioning and continued collaborative working across the organisation and partner agencies.

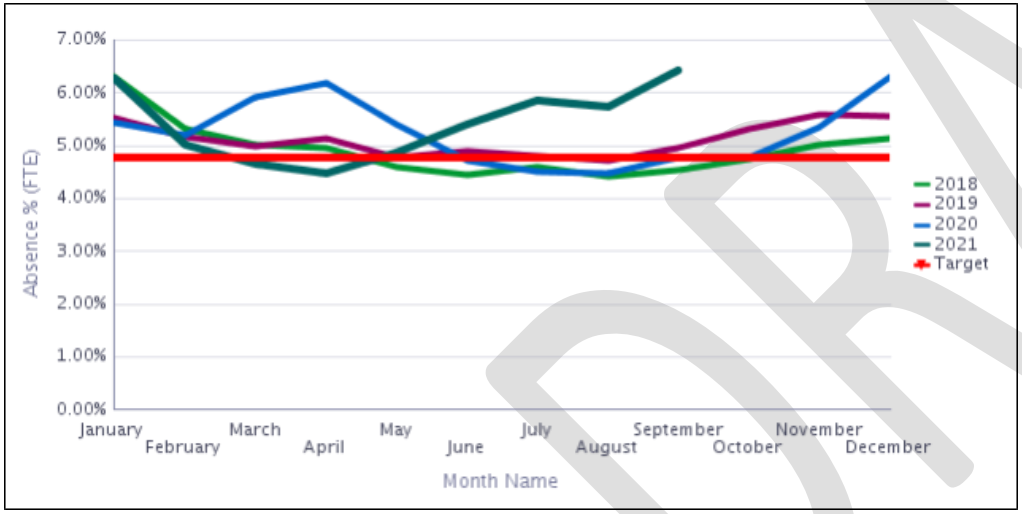
Chapter 5: Risk

Workforce risks

To summarise operational workforce risks:

- Known scale of gap in scenarios and availability of workforce that can be activated to respond with agility due to sickness,
- Building resilience within workforce to respond to further prolonged and significant pressures without appropriate rest and recuperation,
- Reduction in workforce availability due to retirement linked to pension changes/legal challenges,
- Sustained levels of turnover with limited retention of workers across all professional groups,
- Sustainability of services due to workforce deficit,
- Inability to resource required workforce to meet known deficit and to develop workforce to meet strategic aims.

Sickness, rest and recuperation and staff resilience



The graph opposites illustrates the trends in sickness absence over the last 2 years, and once where there may have been seasonal patterns, this is less evident as some of our highest sickness rates were felt outside of winter month, indicated by the dark green and blue lines for 2020 and 2021. This is multifaceted, as sustained periods of "challenging" circumstances through COVID, will have had an impact on staff – building in rest & recuperation is now critical. We are seeing higher levels of not only "respiratory" related illness but higher levels of anxiety and emotional distress. We believe further work – detailed analysis is needed aligned to specific areas where targeted support may be needed.

Pension and Legal Implications

On 31st January 2021, 60% of the total workforce number was over 40 years old, with 34% being over 51 years old, and 19.1% being over 55 years old. As there is an option for NHS staff to take early retirement from the age of 55 years onwards, this data demonstrates a significant risk to the workforce model, both now and in the near future (this is for existing staff as pension rules will change for new staff from 1/4/22 with a retirement age of 67 years of age). The organisation will seek to undertake workforce analysis to understand the implications of the retirement changes for current and future staff and will be model

Turnover (and limited retention)

The health board will prioritise its efforts to improve retention through engagement with staff, in a bid to achieve the Welsh average retention rate

across all staff groups, seeking to achieve excellence on a national level in our retention figures. This overarching aim will be delivered through a workstream to focus on specific areas e.g., Nursing workforce retention, with ambitions to support cultural improvement strategies, with overarching aims to enhance staff wellbeing.

Workforce deficits

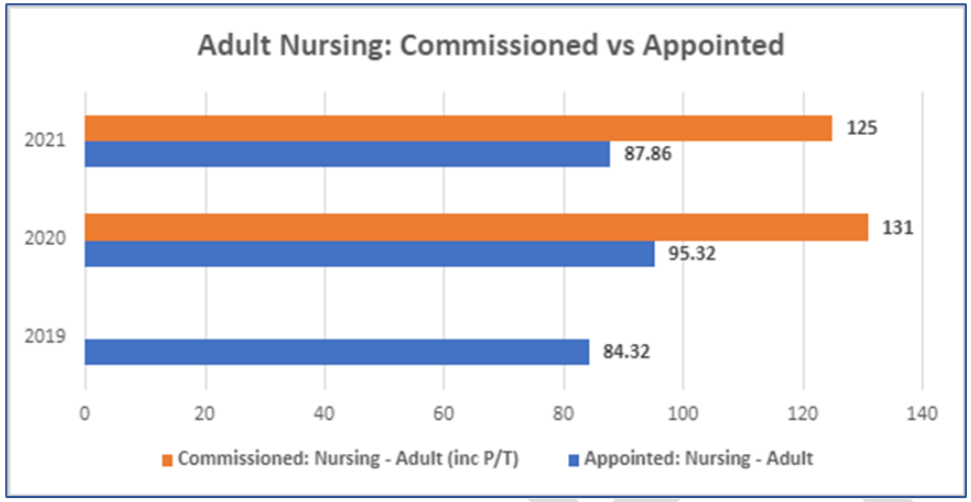
With known workforce deficits of c.980 WTE (as of January 2022 Establishment Control Tool), we will co-design our workforce offers in relation to recruitment, to revise current practices and policies accordingly. This work will ensure that best practice is reviewed throughout all stages of the recruitment process, putting the candidate and recruitment manager at the heart of the redesign. The pathway will embody the organisations values, to meet the expectations of individuals in the labour market, with a view to create seamless processes to attract and onboard new employees, therefore appointing individuals as quickly as possible to meet service needs.

Commissioned vs Appointed Activity (summary of historical streamlining outturn by professional group)

We will seek to review our workforce pipeline through a strategic lens, to prioritise attention to our future workforce supply and known risks in relation to appointment of new graduates and individuals who have trained within the organisation.

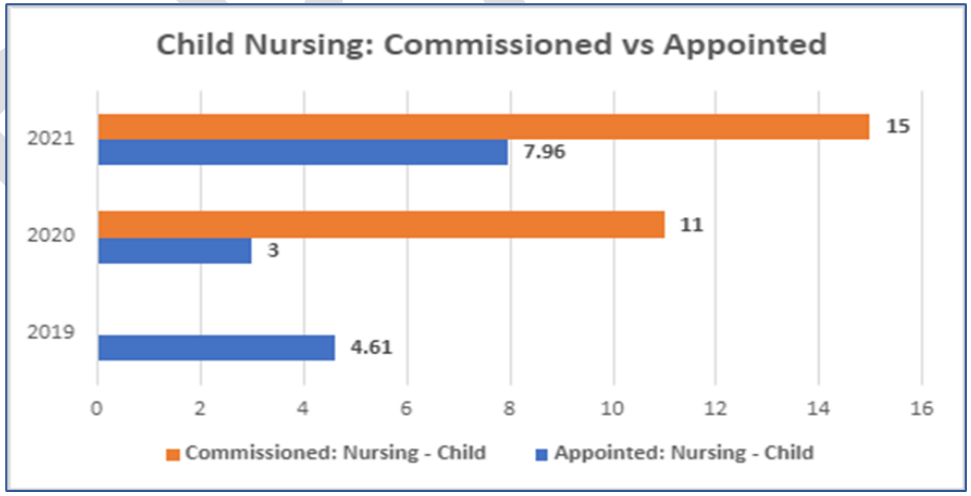
The graphs below provide a summary of historical streamlining data for Nursing and Midwifery, Allied Health Professionals and Health Care Scientists. This data emphasises the Health Board's position and the requirement to increase the number of new graduates, encouraging them to work and live in Hywel Dda after completion of their studies. Although during the last twelve months we were successful in attracting a number of new registrants to the Health Board, it is essential for the organisation to understand the reasons we do not retain the number of staff that we train and provide education placements for. We must recognise this issue, to allow us to understand in greater detail why graduates choose to take up employment elsewhere. We must work collaboratively with HEIW to attract individuals to study, train and remain locally, to enable the organisation to improve its outlook and see greater benefits and return on investment through increased retention of new graduates.

It is hoped that with the addition of a range of new full and part time programmes being delivered in Swansea, South Wales and Aberystwyth University, as well as additional distance learning options via Bangor University, future commissioning for the 2023 intake will promote greater interest and ability to attract individuals to study locally. For some geographical areas i.e., Aberystwyth, delivery of the B.Sc. in Adult Nursing should further increase opportunities to recruit and increase the numbers of newly qualified staff we can appointment upon completion of their programme. However, it should be noted that as a health board we will seek to focus our attention closely on provision of high-quality student placements, as we seek to manage the requirement for increased placement provision.

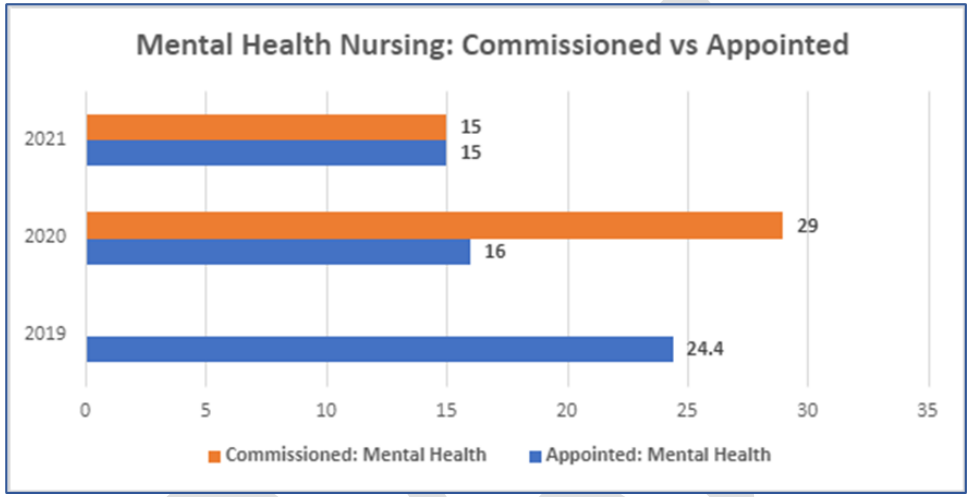


B.Sc. Adult Nursing commissioning numbers are consistently growing (28% increase 2018-2022) alongside an increase in the 'Grow Your Own' part –time provision.

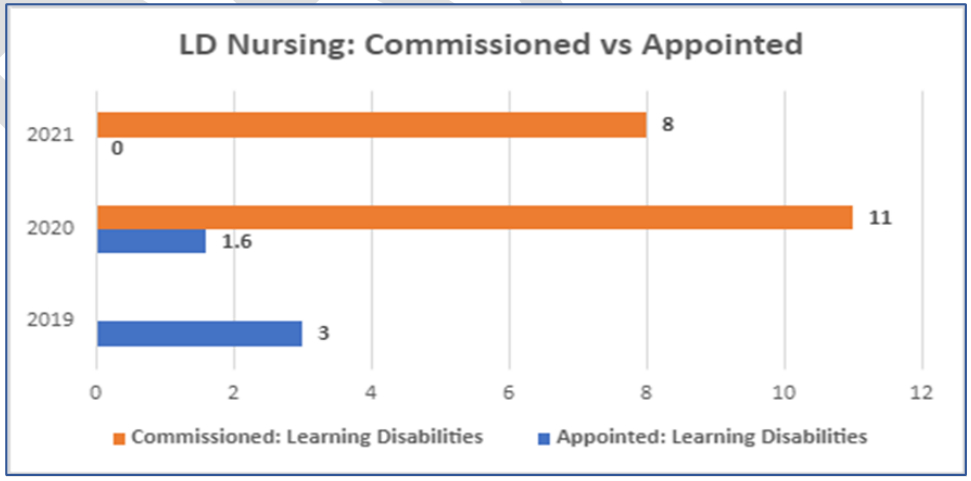
However, the risk remains high with regards to likely retention of graduates, with only c.70% of new graduates choosing to remain in Hywel Dda after completion of their studies (based on 2021 streamlining activity).



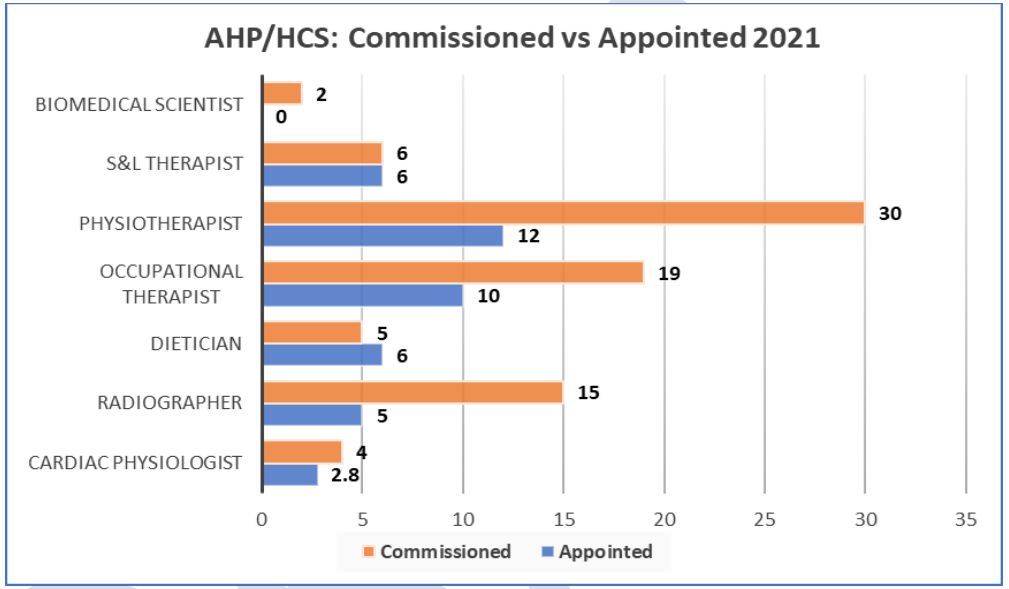
B.Sc. Child Nursing commissioned places have also increased in line with workforce requirements, however like other specialities, the actual numbers appointed of those places commissioned remains low (c.52% - based on 2021 data). As workforce numbers are small within this specialism, and GYO options are limited, it is essential focus on seeking to secure future appointments of new graduates to strengthen and sustain the workforce pipeline and explore new ways of working.



Appointments made via streamlining has been strong in MH, and commissioning requests have increased by 25% (for 2023/24 E&C - increase to x20 in B.Sc. MH).



Significant investment in the Learning Disabilities staff group is required, to ensure future demand can be met, to encourage ongoing workforce development, to ensure workforce requirements/planning aligns with strategy. The graph above emphasises poor streamlining activity and retention of new graduates, which will be addressed and prioritised as part of the overarching LD redesign agenda and future commissioning activity.



AHP and HCS Streamlining was introduced in 2021, and like Nursing was a managed process co-ordinated by Shared Services. The activity recorded on the graph above demonstrates that the Health Board was able to appoint c.42 new graduates across 7 professions, however, the data demonstrates combined appointments of only c.52%, compared to numbers commissioned (in relation to the cohorts graduating in 2021). This remaining 48% of graduates either did not choose to remain in Hywel Dda, or the organisation did not align vacancies appropriately based on previous commissioning requests.

It is imperative that future new graduates choose to remain in Hywel Dda, as historical streamlining data suggests that there is significant risk to sustain the workforce requirements if recruitment activity continues as it is at present. It is also essential that a coherent and reasoned approach is adopted through integrated workforce planning to ensure commissioned places are based on actual workforce requirements.

*Pharmacy numbers are not included, as this staff group is not part of the Streamlining process. - A risk in itself as not held at Health Board level.

Summary of risks by professional group

Nursing & ACS

Introduction of the Nurse Staffing Levels (Wales) Act has been implemented across the organisation which has seen additional pressures within establishments and has increased the overall nursing workforce deficit. Further extensions to implement the Act across the whole organisation in 2022 will increase this deficit further, with the lack of nursing supply to meet increasing demand. The commissioning numbers for this year do not reflect the potential increase in deficit, and numbers submitted align to historical commissioning only and known impacts we are aware of at present.

The unstable nursing staffing levels on medical wards has resulted on a continued reliance to use agency staff, as well as the constant requirement to bridge Nursing and Midwifery gaps through the means of additional hours, bank and overtime. However, if all WTEs materialised from education and commissioning requests, this would bring some stability to the nursing workforce.

Actual appointed numbers year on year is far less than requested and there remains a significant deficit in the Nursing workforce. This further emphasises the need for additional numbers to be commissioned via the Level 4 pathway/part-time options. However, the impact on the service to provide additional placements to support a potential increase in commissioning numbers must be explored thoroughly, to ensure delivery of high-quality clinical placements can be maintained.

Mental Health and more specifically Older Adult Mental Health are harder to recruit into. The service is presently running with a continuous significant deficit and will increase further as the Nurse Staffing Acts extends into Mental Health Services.

It is recognised that a master's level of training and qualification is required in all areas of nursing aspiring to provide a social and community-based model of integrated care. This will include Advance Practice roles which will deliver care in community-based clinics, shifting acute care to community settings as the Health Boards Integrated Care Centres expand. Progress has already been made with development of Advanced Nurse Practitioner roles within the MH and Acute Response service, but further work and strategic planning is required to stabilise and review the workforce as a holistic exercise to truly understand future education and training requirements.

To address Nursing deficits within Ceredigion, development of a Nurse training centre is underway in Aberystwyth to enhance recruitment prospects of adult nurses in the region. Aberystwyth University, in collaboration with Swansea University, will now deliver Adult Registered Nurse training programmes; the first cohort of 42 student places to commence in 2022. This development may help to further reduce the known deficit in the nursing workforce.

Due to an increase of ACS staff through COVID 19 recruitment campaigns, there is a requirement to consider their ongoing education and training needs. This is not reflected in this year’s education and commissioning plan.

Allied Health Professionals (AHP)

- Figures generally demonstrate a stable demand for AHP professionals, however, pressures in some areas e.g., Radiography and Dietetics present with a degree of vulnerability in terms of provision of placements and/or recruitment challenges.
- Further development is required in relation to Welsh language Speech and Language Therapists. It is concerning that no places have been requested for the Welsh Language B.Sc. Speech and Language Therapy this year. It is acknowledged that the Therapies workforce need to undertake the commissioning process in a more effective manner, to align with requirements to develop staff in line with the Welsh Language Standards.
- Further consideration of the role of AHP staff in relation to the Social Model for Health is urgently required to plan appropriately for the future and to effectively bridge the gap in relation to the age profile of the AHP workforce (c.24% of AHP > 51 years).
- Services recognise the need to develop existing staff and it is hoped that future availability of Health Board supported part-time degree options will be increased, with additional programmes being introduced locally (Swansea University) in Autumn 2022 as well as a part-time Physiotherapy programme via University of South Wales (in addition to part-time degree available in Occupational Therapy) for AHP professionals.
- It is acknowledged that further developments in Mental Health education is necessary, to allow for Therapy led Mental Health Care. This is not widely reflected in this year's education and commissioning plan.
- Investment in Clinical Psychology is required, which includes development of in-house staff (to include Assistant Psychologist roles), which will enable the service to expand and address gaps in provision of services.
- There is a need to identify a 'workforce escalator' to continue developing support staff at a greater pace, to mitigate this workforce becoming static. With further exploration and expansion of the 'Grow your Own' philosophy, in conjunction with the EAGLE framework and delegation arrangements to widen access and to establish workplace learning models that meet current and service demands based on the "Team Around" concept.

Healthcare Scientists (HCS)

- Commissioning figures for HCS professionals remain low, but have increased slightly, with places requested shared between Cardiac Physiology, Audiology Respiratory and Sleep, Blood Sciences and Clinical Engineering.
- Uptake for direct applicants is poor across this group, with many service areas identifying the need to develop in-service staff for retention purposes.
- Future service demands e.g., Genomics remains an area of focus, however, commissioning figures submitted do not evidence recognition of this. Further exploration and planning to align to national strategy and vision of professional bodies is vital to assure the workforce is appropriately skilled to meet future demands and developments in technology.
- The education and commissioning figures do not demonstrate recognition of the HCS workforce age profile (c.32% of HCS > 51years) therefore continued robust workforce planning and effective commissioning must be undertaken to mitigate future risks.

Pharmacy (APST)

- There is desire to train greater numbers of Pharmacy staff in Hywel Dda, however, service areas feel unable to commit to increasing their commissioning numbers due to operational issues and the service implications, which would make the training and development of additional staff too demanding.
- Planning for the pharmacy workforce for the next twelve months and beyond is required, encompassing the introduction of Pharmacy Academies, the strategic vision of the health board and the impact of projects such as TrAMS.
- It is hoped that through meaningful planning and networking with relevant education and governance groups, a clear clinical education strategy can be established which will provide much needed structure, enabling further opportunity to develop the 'Grow Your Own' philosophy within the Pharmacy workforce.
- Pharmacy is not included in the Streamlining process and continues to recruit using the national Oriel system (pre-registration) and via health board recruitment processes (graduates). Further work could be undertaken to assist with recruitment in this area to potentially enable seamless processes that align with commissioning figures.

Physician Associates

With continued recruitment and retention pressures within the medical workforce and increased appetite to develop the role of Physician Associates, it is imperative that the health board adopts a structured, consistent approach in relation to the workforce planning, education and commissioning of these valued professionals, recognising and capitalising on the change skill set of these professionals as changes to the curriculum (non-medical prescribing) are underway.

Facilities

Although the service has made a commitment to provide training and education opportunities for its Level 2 and 2 Soft Facilities staff, further work needs to be undertaken to consider the Facilities workforce as a whole, to understand the impact of the Enhanced Cleaning Standards and to analyse the directorate from a strategic viewpoint.

*N.B. - For all staff groups.
Due to the introduction of Welsh Government Enhanced Cleaning Standards, there will be additional training requirements which will primarily affect Facilities staff but may also have an impact on a wider scale, encompassing the whole workforce. It must also be noted that due to the unpredictable situation caused by COVID 19 and ongoing planning to understand the implications of the Enhanced Cleaning Standards, along with the likelihood of practices subject to change, it is difficult to truly understand what the education and training requirements are at present.

Mitigations to reduce risk

- Careful planning of services and corresponding workforce requirements, assessing potential risks to access and availability of required

skilled workforce and the timescales needed to activate plans and align workforce/finances, including ability to plan for unknown activity e.g., COVID 19 related.

- It is important to consider the streamlining process during education and commissioning activity. This year's process saw services reviewing their streamlining requirements and financial position (alongside workforce baseline), encouraging improved understanding of the need to align service, workforce and finance, paying careful attention to past commissions and thinking with a strategic view to outline future needs. Moving forward, during the next three years, the Health Board will continue its strategic activity, engaging with services to promote a "joined up" approach, which includes careful review of past and future streamlining activity to fully understand and forecast our workforce pipeline.

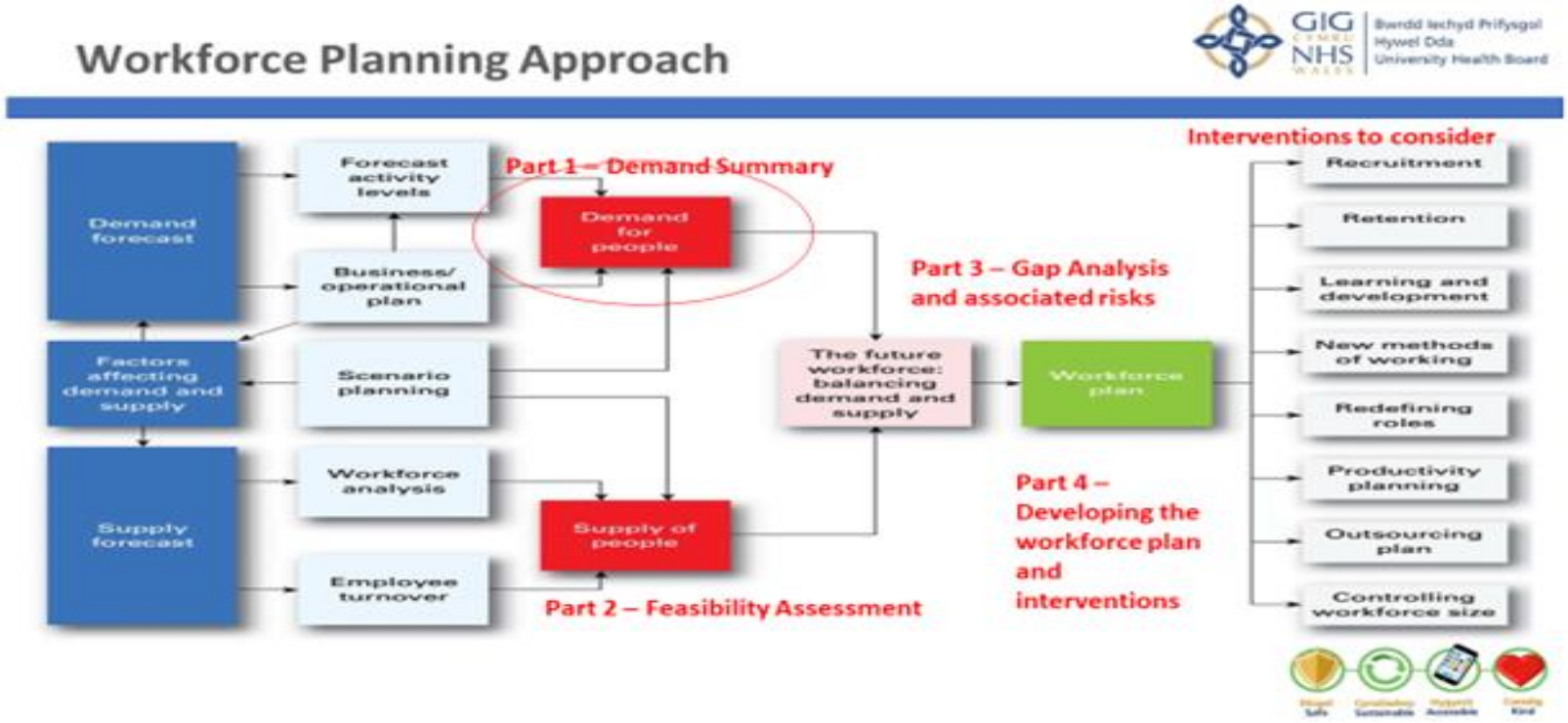
- Resourcing and training plans based on the most plausible scenario we perceive our workforce will face building in the possible and associated challenges to generate agile responses i.e., contractual flexibility or extensions, responsive resourcing solutions, enhanced digital learning solutions.

- Working with Partners and generating a system-based response to workforce challenges: HEIW, University partners, Military supporters, ARCH & Mid & West Wales HB partnerships, Primary Care, Local Authority and wider public sector bodies and the Third Sector and the Regional Workforce Programme Board.

Chapter 6: Strengthening Our Approach to Strategic Workforce Planning

The purpose of this chapter is to illustrate the evolving approach to workforce planning that looks to place the activity as part of an integrated approach to planning with services, finance and wider Workforce & OD colleagues. This is the start of a journey to create greater synergy, alignment and management of our workforce across the Health & Social care.

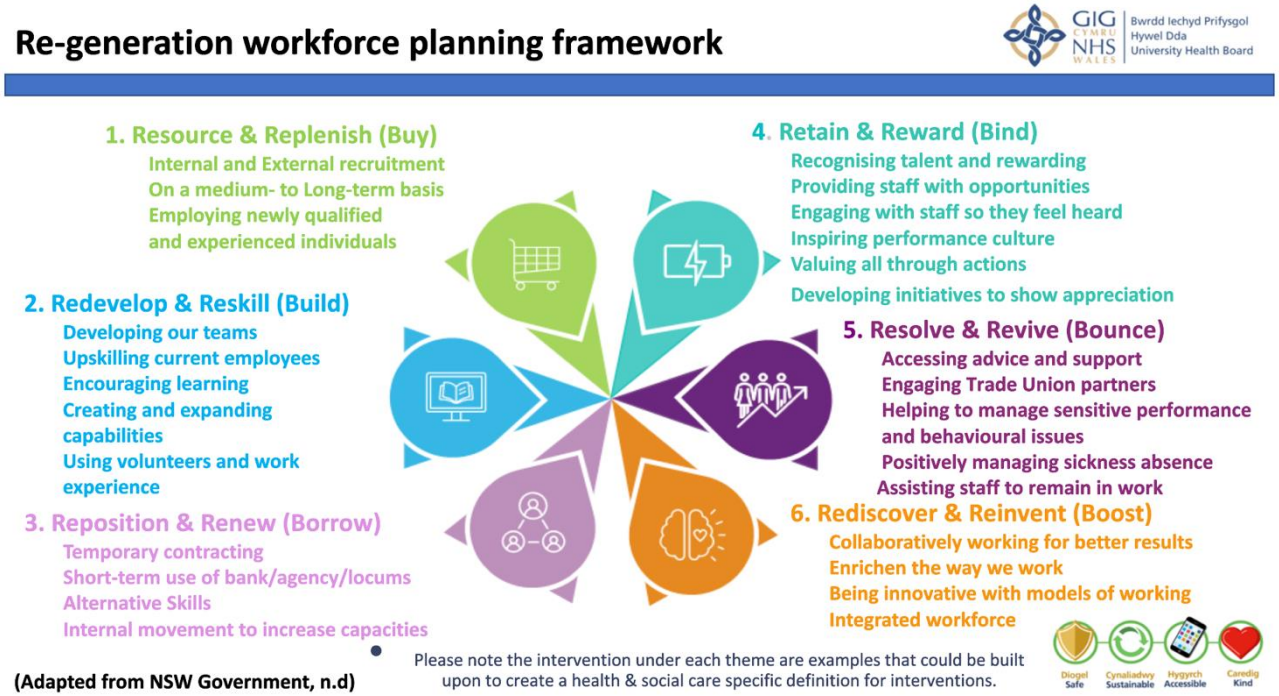
Our workforce planning approaches will continue to focus on our workforce supply and demand, with acknowledgement and understanding of known gaps and risks, as we model our workforce to forecast out deficits to align and action required interventions appropriately. The outline approach is illustrated below, but it must be considered that a more detailed organisational analysis is required, to ensure a consistent corporate offer to services to enable a functional and cost-effective provision.



We will adopt the principles of the approach outlined above, as we continue to integrate current work streams and frameworks, which includes implementation of the Value-Based Health Care, Improving Together, Quality Management and Advanced Analytics programmes. We will continue to build on the progress made, considering additional pressures to understand outcomes, resource utilisation and quality improvement methodologies across several key service areas, using this work as a vehicle to ensure all service users across the Health Board experience consistently high-quality care.

Introduction of the Regeneration Framework further builds on our workforce planning approach and seeks to detail the interventions which can be applied as the organisation undertakes workforce planning activity. Appendix 4 gives the detail of the Workforce "Re-generation" Framework, including 10-year workforce projections.

The Re-generation Framework will assist services across the three counties assess and understand the workforce they need, including interventions necessary to achieve our workforce ambitions. The framework sits alongside the Education and Commissioning Plans submitted to Welsh Government annually and has been developed through an integrated approach regionally across Health & Social Care (with Local Authority partners). The mapping to the Health & Social Care Workforce Strategy is included in the Appendices alongside further detail of the interventions mapped to support the illustration of the definitions.



The intervention to increase workforce supply routes that can further contribute to the overall workforce plan. This will be an iterative process to align the workforce gap and supply sources, however, the detail that follow makes strides in identifying how the gap can be reduced as per interventions in the diagram above in 3 critical areas:

1. Retain & Reward (Bind)
2. Resource & Replenish (Buy)
3. Redevelop and reskills (Build)

Hywel Dda currently has a reported turnover of 9.2% (as of October 2021), which presents above national targets but demonstrates a shift for the organisation, reflecting our position with one of the lowest turnover rates in Wales. In terms of “reason for leaving” -“Retirement Age” is the most common reason, emphasising our ageing workforce demographic, most of the other reasons for leaving include various types of voluntary resignation. The top 5 reasons equate to over 550 people, therefore we really need to better understand this as an organisation to ensure any interventions we make are really focused on the real challenges for Hywel Dda.

If we look at staff groups against the Wales % we can see some immediately significant “outliers” that we may wish to explore in relation to reason i.e., estates and ancillary and healthcare scientists.

We will aim to reduce our current turnover rate ***by 1%. This translates to approximately 100 people over 12 months;*** 50 people not leaving us within the next 6 months, that otherwise would have. Within an 18-month period we aim to reduce our turnover by 3%. Thus, helping to minimise our growing workforce deficits – see modelling in appendix 4.Our first focus will be on the nursing workforce which would equate to approximately 25 WTE within a 12 month period.

As of October 2021, we have a vacancy factor of c.980WTE across all staff groups. General recruitment activity on TRAC has increased in the Health Board the pre-pandemic activity was c.550WTE in Oct2019 compared to post-pandemic activity of c.750WTE in Oct2021.The average number of new starters per month over the last 12 months (Nov20-Oct21) is 196HC (107WTE). This number will include COVID 19 mass recruitment exercises, and we would not expect this number to be sustained over the next 12 months as we settle back into recruitment to vacancies in the budgeted establishment only. This compares 135HC (79WTE) in the 18/19 pre-pandemic period. COVID 19 mass recruitment activity has resulted in **5330** applicants, **3137** offers and **2429** being appointed. This was in addition to all other recruitment activity associated with turnover or new workforce requirements for service developments continuing in the usual way.

The increase in activity needs to be correlated to outcomes and priority areas so secured supply can be directed to focused areas of need. Modelled supply based on interventions summarised below: (which suggests that if demand and supply can be aligned, we can significantly reduce our deficits, however we know skills set and specialisms are a critical factor).

Future Workforce Pipeline: Summary of potential outturn (by professional group)

The following information summarises the potential outturn of new graduates, according to professional group. Whilst numbers remain steady, they do not address the workforce gap we are faced with, and do not meet future workforce needs to deliver the future strategic vision. Therefore, during the next three years, ongoing strategic workforce planning activity will take place, alongside the yearly education and commissioning cycle, to ensure the Health Board "ask" is based on reality and long-term planning for 'A Healthier Mid and West Wales' and delivery of the Programme Business Case (PBC).

Nursing & Midwifery (inc P/T numbers)					
Year of Output	**2022**	**2023**	**2024**	**2025**	**2026**
Bachelor of Nursing (B.N.) Adult FT	**155**	**212**	**194**	**163**	**160**
Bachelor of Nursing (B.N.) Adult PT	**11**	**11**	**37**	**33**	**41**
Bachelor of Nursing (B.N.) Child	**6**	**21**	**8**	**23**	**12**
Bachelor of Nursing (B.N.) Mental Health	**32**	**25**	**25**	**46**	**20**
Bachelor of Nursing (B.N.) LD	**9**	**15**	**15**	**9**	**11**
Midwifery (including Conversion Programme)	**16**	**20**	**20**	**0**	**15**

Allied Health Professionals					
Year of Output	**2022**	**2023**	**2024**	**2025**	**2026**
B.Sc. Diagnostic Radiography	**20**	**20**	**20**	**20**	**15**
B.Sc. Human Nutrition and Dietetics	**7**	**7**	**9**	**10**	**7**
B.Sc. Occupational Therapy	**12**	**16**	**20**	**22**	**11**
B. Sc. Operating Department Practice	**10**	**16**	**0**	**4**	**5**
BSc Physiotherapy	**30**	**30**	**20**	**27**	**20**
B.Sc. Podiatry	**4**	**4**	**0**	**1**	**4**
Speech and Language Therapy (inc Welsh Language)	**9**	**9**	**9**	**9**	**5**

Healthcare Scientists					
Year of Output	2022	2023	2024	2025	2026
Healthcare Scientists - Cardiac Physiology	4	5	5	5	3
Healthcare Scientists - Audiology	4	5	2	3	1
Healthcare Scientists - Respiratory and Sleep	5	5	3	3	3
Healthcare Scientists - Medical Engineering	0	0	1	0	2
Healthcare Science - Biomedical Science - Blood	12	6	2	2	2

Pharmacy					
Year of Output	2022	2023	2024	2025	2026
Pre-registration Pharmacy Technician, Clinical Facing	5	5	6	12	
Pre-registration Pharmacy Technician, Technical Services	4	5	8	1	
Pharmacy Clinical Services Professional BTEC Level 4			5	7	
Post-registration Foundation pharmacists	4	5	7		
GP Pharmacist Transition Programme		3	7		
Trainee Pharmacist (Foundation Training Programme)				18	
MSc Pharmaceutical Technology and Quality Assurance					1
Chartered Institute of Procurement and Supply Level 4 – Foundation Diploma				1	

Other					
Year of Output	2022	2023	2024	2025	2026
PhD Clinical Psychology Doctorate				6	15
MSc Physician Associate	15	7	7	11	
B.Sc. Paramedicine (WAST - for future APP pipeline)					14

N.B - Figures pre-2021 cannot be confirmed as accurate and have been based on information sources available to us.

Overseas Resourcing Programme

The Overseas RN Resourcing programme offers a significant opportunity to scale up nurse resourcing and meet the strategic aims of the workforce plan and address the concerns aligned to Nurse Staffing Levels. Our intent would be to start "safely" using Medacs as provider/contractor to onboard 30WTE as a pilot and build up to 100 RNWTE in the first year and extend from there to 150 to 200WTE as modelled below:

As a resourcing programme the first 12 months of any cohort would be working as a HCSW/AP (potentially Band 4) and will then progress to Registrant status after successful achievement of OSCE's. Theoretically within a 3–5-year timespan, nurse vacancies based on today's establishment will have been eradicated (i.e., vacancy profile less than 500 for RN's) and a pipeline of Band 4 HCSW/AP in train to support attrition. (Appendix 1 Table of Supporting Information includes the Resourcing: Analysis and Proposed action & Overseas RN Resourcing).

Within our ten-year projection we can see the impact the additional Overseas RN Resourcing programme will have on our workforce of the future. Our current establishment deficit sits at c.499. With the addition of these individuals over the next 3 years by 2024/25 we hope to see no vacancies within the Nursing and Midwifery staff group.

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Nursing & Midwifery	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32
Funded establishment / SIP / Projected Gap	-499.9	-207.2	-54.6	194.8	394.6	636.4	733.4	853.4	1043.4	1233.4
Resourcing Based Activity (BUY)										
TRAC (BAU) Resourcing	100	100	100	100	100	100	100	150	150	150
Overseas RN Resourcing	100	150	200	-	-	-	-	-	-	-
Commissioning ask to HEIW	225	304	288	247	259	250	250	250	250	250
Streamlining Registrants (Actual Received)	100	100	100	200	200	200	200	200	200	200
Bank to substantive	10	10	10	10	10	10	10	10	10	10
Registrant Agency to substantive	5	5	5	5	5	5	5	5	5	5
Registrant Direct Hire	10	10	10	10	10	10	10	10	10	10
Return to Practice	5	5	5	5	5	5	5	5	5	5
Returned from Retirement	28									
Centralised RN Recruitment	10	10	10	10	10	10	10	10	10	10
Conversion to substantive from FTC	5	5	5	5	5	5	5	5	5	5
Workforce Development Based (BUILD)										
AP Development Pipeline (Potential)	33.6	57.6	104.4	142.8	174.8					
Impact on RN Residual Deficit of AP Pipeline	-413.3	-54.6	194.8	382.6	564.4	631.4	728.4	898.4	1088.4	1278.4
RN Outturn				12	72	102	125	145	145	145
Impact on RN Residual Deficit of RN Outturn	-446.9	-112.2	90.4	251.8	461.6	733.4	853.4	1043.4	1233.4	1423.4
Total Impact on RN Residual Deficit	**-413.3**	**-54.6**	**194.8**	**394.6**	**636.4**	**733.4**	**853.4**	**1043.4**	**1233.4**	**1423.4**

Recognising the increasing need to 'Grow Our Own' workforce, we must design opportunities to provide additionality to the external supply of a skilled workforce. The focus will be to:

a. Provide an ambitious expansion of our apprenticeship scheme
b. Increase the pipeline of the Band 4 Assistant Practitioner roles
c. Increase the pipeline of nurses through the internal part-time programmes
d. Create a support system that recognises the pastoral needs of the future workforce pipeline.

This is a complex piece of work to model through and deliver for two reasons a) to balance supply and attrition against a changing service profile and b) to manage the education & commissioning pipeline as they are interdependent educational pathways, subject to personal choice, service need, local labour market supply and funding/places from HEIW/HEI respectively (which we will be dependent on for this programme of work). This is the first iteration of this pipeline which will need to be modelled against our demography to ensure a pipeline of apprentices can be sourced at scale on a recurrent basis from our local labour market – further work against census data will be needed to test this approach. Based on recent practice 50 is feasible and expansion by 100 also appears feasible based on internal support mechanisms).

If we focus purely on modelling of the three areas above apprenticeships, the Band 4 Assistant Practitioners, internal part-time programmes into our workforce pipeline over the next 10 years and building on the assumptions made in the retention and resourcing sections; our workforce profile could present as follows:

Nursing & Midwifery	Year 1 22/23	Year 2 23/24	Year 3 24/25	Year 4 25/26	Year 5 26/27	Year 6 27/28	Year 7 28/29	Year 8 29/30	Year 9 30/31	Year 10 31/32	PBC Projected Need at year 10	PBC Projected Gap +/-
Funded establishment /SIP / Projected Gap	-499.9	-207.2	-54.6	194.8	394.6	636.4	733.4	853.4	1043.4	1233.4	3350	699.60
Workforce Development Based (BUILD)												
AP Development Pipeline (Potential)	33.6	57.6	104.4	142.8	174.8							
Impact on RN Residual Deficit of AP Pipeline	-413.3	-54.6	194.8	382.6	564.4	631.4	728.4	898.4	1088.4	1278.4		
RN Outturn				12	72	102	125	145	145	145		
Impact on RN Residual Deficit of RN Outturn	-446.9	-112.2	90.4	251.8	461.6	733.4	853.4	1043.4	1233.4	1423.4		
Total Impact on RN Residual Deficit	**-413.3**	**-54.6**	**194.8**	**394.6**	**636.4**	**733.4**	**853.4**	**1043.4**	**1233.4**	**1423.4**	**3350**	**889.6**

If we maintain all of the interventions identified in the table above between years 1- 4 dependent on service models being similar today we may be in a position to have a “workforce oversupply” subject to external/internal labour market influence by year 5 and we may want to reflect on the ability to increase workforce development activities earlier, if feasible. This needs to be an iterative piece of workforce planning and link into IMTP, and wider business cases to ensure alignment overall. Please note this need to be heavily caveated as noted above - demography and attrition within education and establishment may shift this position considerably. Further work based on a range of assumptions and scenarios linked to internal and external research on demand and supply will be needed.

The below table shows the correlation between the HCSW supply route and the RN pipeline. To maintain our Grow Your Own pathways we must ensure the educational options are available in the L2-4 apprenticeships to ensure RN success for years 4-10.

Additional Clinical Services	Year 1 22/23	Year 2 23/24	Year 3 24/25	Year 4 25/26	Year 5 26/27	Year 6 27/28	Year 7 28/29	Year 8 29/30	Year 9 30/31	Year 10 31/32	PBC Projected Need at year 10	PBC Projected Gap +/-
Funded establishment /SIP / Projected Gap	-112.9	58.5	185.9	336.5	403.7	418.9	466.1	513.3	560.5	607.7	2814.8	-105.30
Resourcing Based Activity (BUY)												
TRAC (BAU) Resourcing (Apprentice. B2,3 &4)	144	144	144	144	144	144	144	144	144	144		
E&C - L4 Prog.(TO BE CONVERTED TO EXPECTED STREAM	8	20	65	20								
Bank to substantive												
Agency to substantive												
HCSW initiatives												
Assumption WTE Resourcing TOTAL	**152**	**164**	**209**	**164**	**144**	**144**	**144**	**144**	**144**	**144**		
Workforce Development Based (BUILD)												
Development Pipeline - TOTAL Apprentices	167	155	180	180	180	180	180	180	180	180		
Number to be deducted for movement to RN pipeline	-33.6	-57.6	-104.4	-142.8	-174.8	-142.8	-142.8	-142.8	-142.8	-142.8		
Total WTE Increase from Development	133.4	97.4	75.6	37.2	5.2	37.2	37.2	37.2	37.2	37.2		
Total Impact on Workforce	58.5	185.9	336.5	403.7	418.9	466.1	513.3	560.5	607.7	654.9	**2814.8**	**-58.1**

Points for consideration (as inherent risks to programme of workforce development):

- Requires commitment for the Level 4 from HEIW and HEI to ensure funding through HCSW Funding Allocation or the commissioning process
- Depending on the agreement of HEIW/HEI for the commissioning of nursing places to supporting this proposal
- No distance learning provision offered, requiring consultation with HEIW and HEI’s in relation to how local provision will be provided.

All of the workforce supply routes need to be balanced and then aligned to the identified workforce gap by priority and risk assessment, to achieve this in a systemic way**,** there is a need to strengthen the approach to workforce planning at a strategic and operational level to support the development of the workforce plan to meet identified and anticipated workforce gaps through organisational analysis, workforce planning activity and workforce design.

This includes:

a. **Significant research and data analysis to understand and align:**

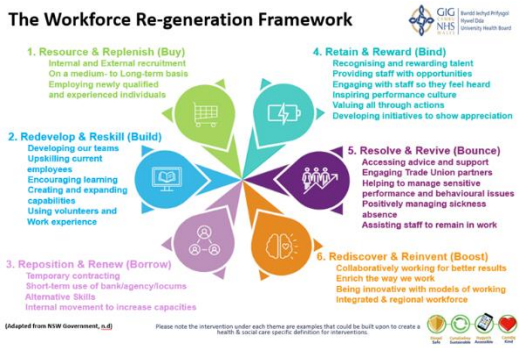
- Population Health Data
- Labour Market Intelligence
- Census Data i.e., Education, Employment, Travel
    - NB new Census data will start to emerge from March 2022.
    - **b. Data modelling tools to enable organisational analysis, workforce planning and workforce design:**
- Currently no “end to end” tool exists within HB and unlikely to be in “market place” so a mixture of buy and build will need to be employed to:
    - Create internal capacity for supply modelling
    - Align all data sources for demand.
    - **c. Investment in capability in workforce planning:**
- Six Steps Workforce Planning Methodology and specific training approaches with facilitation and elements of PM support
    - Population Health Based
    - Scenario Based
    - Competency Based (links to role design).

Although our efforts to reduce the gap using the interventions outlined within the ‘Bind, Buy and Build’ elements of the Regeneration framework, it also important that we focus on all elements of the framework, to include activity relating to ‘Borrow, Bounce and Boost’, each of which is summarised in the Appendix 4. We are alert that further work on refinement of the definitions is needed, however, this gives us a framework from which to develop our thinking and language with colleagues and partners.

Chapter 7 Strategic developments for enabling the Workforce (by the Workforce & OD Directorate)

New Strategic Planning Objectives

Opposite are the new strategic planning objectives for Workforce & OD linked to the Workforce Regeneration Framework as below:



Resolve & Revive

- By February 2023 develop an integrated Occupational Health & Staff psychological wellbeing offer with a single point of contact which supports staff to remain in work, offers support when absent and provides alternative opportunities when health impacts on an individual's ability to be in role.
- By March 2023 demonstrate progression of actions from the first Staff Discovery Report. Conduct a second Staff Discovery Report focused on how we can better support staff in work and their wider lives to support Health and Wellbeing.
- To sustain and develop the Arts in Health Programme by March 2023 to promote and encourage the use of the arts in the healthcare environment to make a positive contribution to the well-being of our patients, service users and our staff.

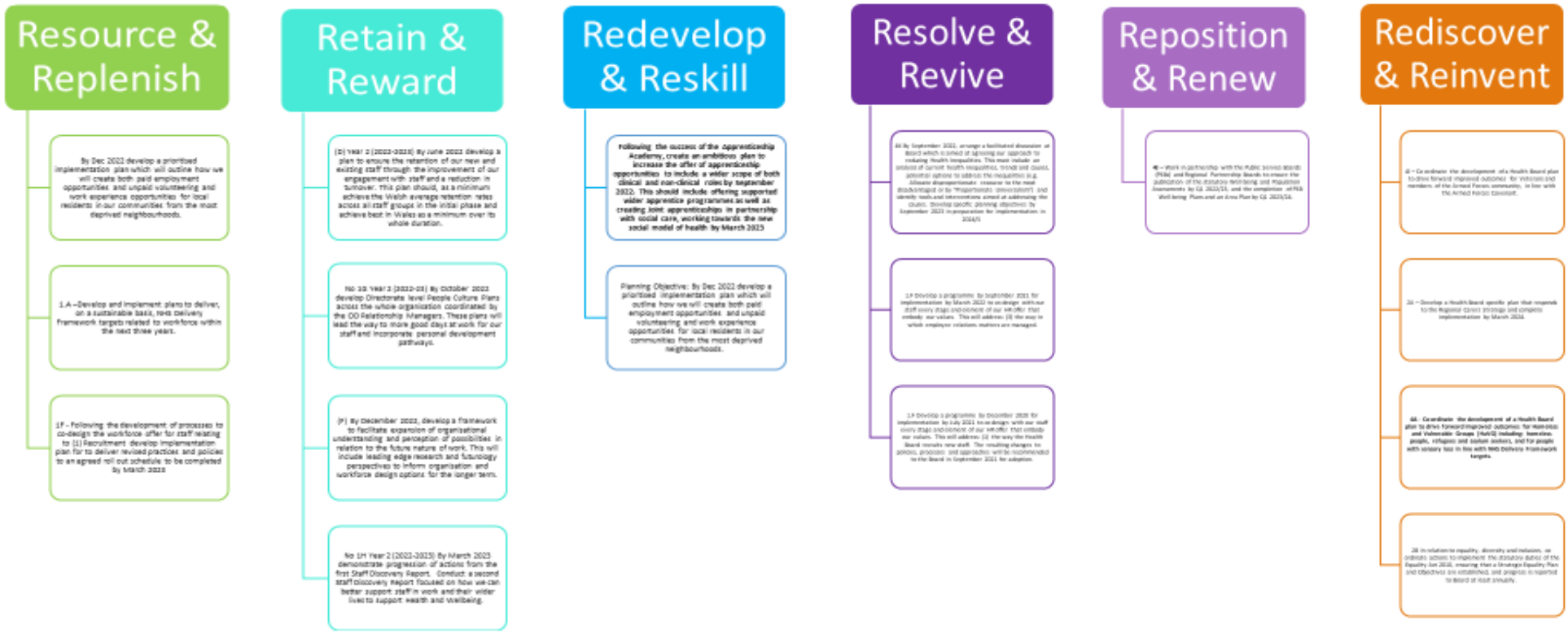
Retain & Reward

- By June 2022 develop a plan to ensure the retention of our new and existing staff through the improvement of our engagement with staff and a reduction in turnover. This plan should, as a minimum achieve the Welsh average retention rates across all staff groups in the initial phase and achieve best in Wales as a minimum over its whole duration

Redevelop & reskill

- By March 2023 design a comprehensive range of Leadership Development Pathways to create cohorts of leaders needed to address the challenges ahead. This will include the design of a Graduate Leadership Team Programme for Health and Social Care.
- By September 2022 to develop a multi-disciplinary clinical and non-clinical education plan and begin implementation from October 2022. This plan will incorporate the expansion of the Apprenticeship Academy in terms of its scope, scale and integration with social care

Workforce & OD Strategic Planning Objectives accompanied with Plans on a Page:



Please refer to Appendix 4 for full details of all Health Board wider Strategic Planning Objectives.

Chapter 8 Workforce Analytics & Measures

The metrics noted below are the first step in indicating how we will measures improvements in engagement will be illustrated link to our work streams.

Staff vacancies	Staff engagement	Finance
In 2022/23 we will continue to work to reduce our vacancy rate	Throughout 2022/23 we will continue to engage with staff to ensure their voices are heard to help drive forward improvements	We will strive to ensure our closing financial balance for March 2023 is no greater than a £25 million deficit.
tbc	77%	£2.08
6%	76%	£2.17

NB Additional data to be gathered before July 2022.

Appendices: Appendix 1 Workforce Planning MDS and notes from HEIW reference Education & Commissioning

Hywel Dda ULHB

Please fill in the lightly yellow shaded cells with WTEs.
Section 1 is intended to capture the organisations total workforce plan in whole time equivalent (WTE's) as at the end of each quarter.
Section 2 is intended to capture organisations key workforce information in relation to BAME assessments and anticipated absences.
Section 3 is a memorandum (subset) table of the total WTE's included in Section 1, specifically intended to capture workforce plans relating to the key major projects in the COVID-19 response.
Please ensure your narrative plan captures details in respect of the organisations ability to flex the available workforce to address the varying COVID-19 scenarios in the coming twelve months.
More specifically within the narrative plan, organisations are asked to indicate 1) Any areas/staff groups anticipating high levels of retirements, 2) Any areas/staff groups experiencing high levels of long term vacancies
3) Any areas/staff groups experiencing increase flexible working and reduction of the participation rate 4) Any areas/staff groups where you are planning to develop alternative clinical practitioners or the multi-disciplinary team
5) Any areas/staff groups where you are planning to develop the support worker workforce.

WORKFORCE PLANS – WTE	ACTUAL WTE							
	ACTUAL as @ 31/3/2021	FORECAST as @ 31/03/22	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Plan End 2023/24	Plan End 2024/25
Section 1			WTE					
		Based on 2/22	Based on workforce projectsions linked to Regeneration Framework (will be adjusted for July 2022)					
CORE WORKFORCE								
Board Members	12.0	12.0	12.0	12.0	12.0	12.0	12.0	12.0
Medical & Dental	639.5	620.2	620.2	624.2	634.2	638.4	656.4	674.4
Nursing & Midwifery Registered	2,759.7	2,816.2	2772.2	2887.8	2901.8	2902.8	3055.4	3327.4
Additional Professional, Scientific and Technical (incl. Physican Associates)	311.7	346.0	351	356	361.7	361.7	396.7	447.7
Healthcare Scientists	185.8	197.1	200.1	203.1	206.1	209.1	221.1	233.1
Allied Health Professionals	590.2	620.2	630.2	670.2	707.2	707.2	798.2	882.2
Additional Clinical Services	1,968.0	1,915.0	1,915.0	1,915.0	1,865.0	1,865.0	1,816.0	1,765.0
Administrative and Clerical (inc Senior Managers)	1,749.3	1,984.0	2,000.0	2,000.0	2,000.0	2,000.0	1,992.0	1,952.0
Apprentices	48.0	101.0	101.0	101.0	151.0	151.0	200.0	251.0
Estates and Ancillary	919.2	888.7	895.0	895.0	895.0	895.0	895.0	895.0
TOTAL CORE WORKFORCE	9,183.5	9,500.3	9,496.7	9,664.3	9,737.0	9,742.2	10,042.8	10,439.8
VARIABLE WORKFORCE - Further work is underway to assess feasibility.								
Board Members	-	-	-	-	-	-	-	-
Medical & Dental	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	89.9	88.0	88.0	88.0	88.0	88.0	30.0	30.0
Additional Professional, Scientific and Technical								
Healthcare Scientists								
Allied Health Professionals								
Additional Clinical Services								
Administrative and Clerical (inc Senior Managers)								
Estates and Ancillary								
Students								
TOTAL VARIABLE WORKFORCE - Further work is underway to assess feasibility.	89.9	88.0	88.0	88.0	88.0	88.0	30.0	30.0
AGENCY/LOCUM - Further work is underway to assess feasibility.								
Board Members	-	-	-	-	-	-	-	-
Medical & Dental	15.0	15.0	15.0	15.0	15.0	15.0	3.0	3.0
Nursing & Midwifery Registered	187.0	118.0	118.0	118.0	118.0	118.0	100.0	80.0
Additional Professional, Scientific and Technical								
Healthcare Scientists								
Allied Health Professionals								
Additional Clinical Services								
Administrative and Clerical (inc Senior Managers)								
Estates and Ancillary								
Students								
TOTAL AGENCY/LOCUM - Further work is underway to assess feasibility.	202.0	133.0	133.0	133.0	133.0	133.0	103.0	83.0

Summary	ACTUAL as @ 31/3/2021	FORESCAST as @ 31/03/22	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Plan End 2023/24	Plan End 2024/25
Board Members	12.0	12.0	12.0	12.0	12.0	12.0	12.0	12.0
Medical & Dental	654.5	635.2	635.2	639.2	649.2	653.4	659.4	677.4
Nursing & Midwifery Registered	3,036.6	3,022.2	2,978.2	3,093.8	3,110.8	3,108.8	3,185.4	3,437.4
Additional Professional, Scientific and Technical	311.7	346.0	351.0	356.0	361.7	361.7	396.7	447.7
Healthcare Scientists	185.8	197.1	200.1	203.1	206.1	209.1	221.1	233.1
Allied Health Professionals	590.2	620.2	630.2	670.2	707.2	707.2	798.2	882.2
Additional Clinical Services	1,968.0	1,915.0	1,915.0	1,915.0	1,865.0	1,865.0	1,816.0	1,765.0
Administrative and Clerical (inc Senior Managers)	1,749.3	1,984.0	2,000.0	2,000.0	2,000.0	2,000.0	1,992.0	1,952.0
Apprentices	48.0	101.0	101.0	101.0	151.0	151.0	200.0	251.0
Estates and Ancillary	919.2	888.7	895.0	895.0	895.0	895.0	895.0	895.0
Students	-	-	-	-	-	-	-	-
Totals for Staff in Post & Contongent Workforce (Bank & Agency)	9,475.4	9,721.3	9,717.7	9,885.3	9,958.0	9,963.2	10,175.8	10,552.8

Section 2	WTE							
COVID 19 - anticipated absence data (projected by quarter)								
Anticipated sickness rate (%)	2.5%	2.5%	2.5%	2.5%	4.0%	5%	n/a	n/a
Anticipated COVID 19 sickness (headcount)	144.0	235.2	235.2	235.2	489.3	494.4	n/a	n/a
Anticipated Self Isolating (headcount)	209.0	234.0	234.0	234.0	117.0	58.0	n/a	n/a
Anticipated Shielding (headcount)	349.0	552.0	200.0	104.0	50.0	50.0	n/a	n/a
	Assumed Dec 2020 if an anticipated COVID variant re-appeared							

Section 3	WTE							
COVID-19 WTE BREAKDOWN PER PROJECT (Please detail out WTE used in relevant major project that is included in the total workforce above)								
TEST, TRACE & PROTECT								
Administrative, Clerical & Board Members	8.2	18.2	18.2	9.0	9.0	9.0	n/a	n/a
Medical & Dental	-	-	-	-	-	-	n/a	n/a
Nursing & Midwifery Registered	24.3	20.0	20.0	10.0	10.0	10.0	n/a	n/a
Prof Scientific & Technical	-	-	-	-	-	-	n/a	n/a
Additional Clinical Services	77.0	56.4	56.4	25.0	25.0	25.0	n/a	n/a
Allied Health Professionals	-	-	-	-	-	-		
Healthcare Scientists	-	-	-	-	-	-		
Estates & Ancillary	-	-	-	-	-	-		
Students								
TOTAL TEST, TRACE & PROTECT	109.3	94.6	94.6	44.0	44.0	44.0	-	-
	Assumed reduction, however core maintained							
MASS VACCINATIONS								
Administrative, Clerical & Board Members	91.0	29.0	29.0	29.0	29.0	29.0	n/a	n/a
Medical & Dental	0.5	0.5	0.5	0.5	0.5	0.5	n/a	n/a
Nursing & Midwifery Registered	145.0	42.0	42.0	42.0	42.0	42.0	n/a	n/a
Prof Scientific & Technical	-	-	-	-	-	-		
Additional Clinical Services	-	79.0	79.0	79.0	79.0	79.0	n/a	n/a
Allied Health Professionals	-	-	-	-	-	-		
Healthcare Scientists	1.0	1.0	1.0	1.0	1.0	1.0	n/a	n/a
Estates & Ancillary	4.0	4.0	4.0	4.0	4.0	4.0	n/a	n/a
Students								
TOTAL MASS VACCINATIONS	241.5	155.5	155.5	155.5	155.5	155.5	-	-
	Assumed reduction, however core maintained							
PLANNED AND UNSCHEDULED CARE SUSTAINABILITY								
Administrative, Clerical & Board Members	n/a	1,251.0	1,251.0	1,251.0	1,251.0	1,251.0	n/a	n/a
Medical & Dental	n/a	603.0	603.0	603.0	603.0	603.0	n/a	n/a
Nursing & Midwifery Registered	n/a	2,957.2	2,957.2	2,957.2	2,957.2	2,957.2	n/a	n/a
Prof Scientific & Technical	n/a	280.2	280.2	280.2	280.2	280.2	n/a	n/a
Additional Clinical Services	n/a	1,867.0	1,867.0	1,867.0	1,867.0	1,867.0	n/a	n/a
Allied Health Professionals	n/a	632.0	632.0	632.0	632.0	632.0	n/a	n/a
Healthcare Scientists	n/a	185.0	185.0	185.0	185.0	185.0	n/a	n/a
Estates & Ancillary	n/a	727.0	727.0	727.0	727.0	727.0	n/a	n/a
Students	n/a							
TOTAL PLANNED AND UNSCHEDULED CARE SUSTAINABILITY	-	8,102.2	8,102.2	8,102.2	8,102.2	8,102.2	-	-
TOTAL COVID-19 RELATED WTE - Query: should Planned and Unscheduled Care Sustainbility figures be included in this formula? (currently they are from lines 104-112)								
Administrative, Clerical & Board Members	#VALUE!	1,298.2	1,298.2	1,289.0	1,289.0	1,289.0	#VALUE!	#VALUE!
Medical & Dental	#VALUE!	603.5	603.5	603.5	603.5	603.5	#VALUE!	#VALUE!
Nursing & Midwifery Registered	#VALUE!	2,619.0	2,619.0	2,609.0	2,609.0	2,609.0	#VALUE!	#VALUE!
Prof Scientific & Technical	#VALUE!	280.2	280.2	280.2	280.2	280.2	#VALUE!	#VALUE!
Additional Clinical Services	#VALUE!	2,002.4	2,002.4	1,971.0	1,971.0	1,971.0	#VALUE!	#VALUE!
Allied Health Professionals	#VALUE!	632.0	632.0	632.0	632.0	632.0	#VALUE!	#VALUE!
Healthcare Scientists	#VALUE!	186.0	186.0	186.0	186.0	186.0	#VALUE!	#VALUE!
Estates & Ancillary	#VALUE!	731.0	731.0	731.0	731.0	731.0	#VALUE!	#VALUE!
Students	#VALUE!						-	-
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	#VALUE!	8,352.3	8,352.3	8,301.7	8,301.7	8,301.7	#VALUE!	#VALUE!

NB *Additional data to be gathered before July 2022 to reflect priorities.*

The following workforce planning responses from individual services will provide a rationale to support their education and commissioning requests and will provide an overview of any emerging workforce hotspots that could impact on the shape and supply of our workforce.

Workforce Planning Questions - MANDATORY - PLEASE COMPLETE
The following workforce planning questions will provide extra information to support your education commissioning requests and will provide an overview of any emerging workforce hotspots that could impact on the shape and supply of your workforce.

Department	**1) Indicate any areas and staff groups where you are anticipating high levels of retirements over the next 5 years**
Cardiorespiratory	Estimated retirements: 25% band 8 leadership and managerial workforce 25% band 7 workforce (predominantly echocardiographers) 25% band 3 (to be replaced with assistant and associate grades)
Clinical Engineering	Clinical Engineering (Healthcare Scientists) - see recent age profile across Wales.
Radiology	We have a number of Radiographers who have retired and returned, with some individual working on a bank basis. These senior staff work in areas such as film reporting, mammography and general radiography areas.
SALT	Adult Service: we currently only have 1 WTE (AHP) who will be retiring within the next 5 years. In the period following we may have approx. 3 WTE (AHP). Carmarthenshire Children's Service: 1wte (AHP) who may be retiring in the next 5 years. In the period following we have approx. 2 WTE (AHP). Ceredigion Children's Service: 1 WTE (AHP) who may be retiring in the next 5 years. Pembrokeshire Children's Service: 1wte Band 6 to retire within the year. 1 x 0.8wte B4 will be retiring in the next 5 years
Audiology	"Estimated retirements: 20% band 7 workforce (Paediatric Audiologist at end of retire and return scheme)"

Pathology	"Based on a retirement age of 60. There will be a high turnover of staff in Blood Science. Many of the senior management team (Senior BMS) have indicated potential desire to retire. We also have a cohort of staff who have already gone through retire and return. Over the next 5 yrs there are potential changes to workforce modelling due to regional collaboration and health board transforming services strategy."
OT	In the Occupational Therapy Service 19.4% of the headcount is aged 55 years and over and 30% aged 50 years and over. This is spread across a range of grades, specialty areas and geographical locations. This is for the service directly managed by occupational therapy. Figures for Occupational Therapy workforce in mental health & learning disabilities directorate is not included.
Dietetics	
Podiatry	No particular area of service
Dental	Dental Nurses in the community service

Department	**2) Indicate any areas and staff groups where you are experiencing high levels of long-term vacancies**
Cardiorespiratory	Respiratory and Sleep physiology Glangwili, Withybush and Bronglais hospitals have long term vacancies and are reliant on agency. Given that we have repeatedly requested comparatively high numbers of PTP places yet continue to face recruitment challenges into rural Wales we will change our workforce development strategy. Reduced PTP direct applicant requests and increase in-service PTP and level 3 and level 4 for respiratory physiology. Cardiac / Echocardiographers Bronglais has long term vacancies. We will increase the number of advanced practice modules to support the development of existing staff from band 5/6 to band 7 echocardiographers

Clinical Engineering	No long-term vacancies but we have been required to use agency staff to support the increase in COVID related work and we envisage this will continue due to the additional (circa 11,000) medical devices purchased with ongoing maintenance and clinical training requirements.
Radiology	We have long term Radiographer vacancies which include general and specialist areas such has ultrasound. We rely on locum agencies to help staff these areas and have linked with Maternity and Child Services to propose different ways of working which would reduce the workload of obstetric ultrasound by training midwife sonographers which would allow Radiographer sonographers to undertake general ultrasound work, this has been cited in the relevant IMTP's. We are also actively recruiting from overseas. It must be noted that the 2021 streamlining process was unsuccessful for Hywel Dda with only 4/15 commissioned posts recruited.
SALT	Adult service: we do not have any areas where we have long term vacancies. Our main issue though is that our workforce is quite stagnant with very little turnover. This results in very limited opportunities for progression. If we continue to take on streamlining students at the current rate of 2 a year we will soon be oversaturated. Children's Services: As above but Paeds allocation from the streamlining process is 4 a year. Specific difficulties with recruitment of Band 6 therapists.
Audiology	"Audiology has no long-term vacancies. However, should Audiology 1st Point of Contact in Primary Care, included in Scheduled Care IMTP, be approved there may had a need for additional staff at all hospital locations. "
Pathology	"Long term Consultant vacancies in Cell Pathology and Clinical Haematology. This is a national issue and is further impacted by our geography. On a regional basis the strategy will focus on advanced practice to mitigate for cell pathology pressures. We experience difficulties recruiting suitably qualified specialist BMS staff. To overcome this issue, we often to recruit to a lower level and utilise Annex 21 to facilitate this."
OT	Registered Occupational Therapists in Mental Health, acute hospital and Senior leadership posts. Geographically Ceredigion has been challenging for attracting staff, but we are also experiencing challenges in Carmarthenshire. Recruitment to band 6 posts is an area of concern. There are a number of new opportunities, i.e., developments in mental health, intermediate care, where this additionality and internal movement puts additional pressures on harder to recruit posts and areas. Within Mental Health there is a risk of losing Occupational Therapists to generic mental Health practitioner posts particularly in adult mental health services.

Dietetics	Dietetics: Experienced / specialist dietitians (Band 6) are difficult to recruit, this is the services largest % of vacancy. This may be impacted by the slower than usual progression of graduates in preparation for Band 6 roles, than pre-Covid.
Podiatry	Always difficult to maintain advanced practice skill set for CMATs, Orthopaedics, IP, ultrasound, Injection therapy. Hence the need to encourage staffing to complete advanced practice courses.
Dental	Dental nurses, dental therapists.

Department	**3) Indicate any areas and staff groups where there has been increase flexible working and reduction of the participation rate**
Cardiorespiratory	The workforce is predominantly female, approximately 45 to 50% of the qualified workforce are of childbearing age. There is a concentration of part time staffing numbers in the Llanelli area. There is the potential for staff approaching retirement or considering starting a family to opt for part time contracts. It is anticipated that this will be a high proportion of the current band 6 and 7 workforce. Staffing uplift to support 7-day services for all IP and OP diagnostics within admitting hospital sites. In addition, supporting community diagnostic hub models.
Clinical Engineering	Clinical Engineering (Healthcare Scientists) - two staff members have requested reduced hours.
Radiology	No flexible working for staff other than for retire and return who have taken up bank posts.
SALT	In SLT we are predominantly a female orientated profession and therefore we consistently have a high rate of maternity leave which is often difficult to backfill. As a consequence of maternity leave flexible working is consistently requested. This predominantly has an impact on our Band 6 and 7s.
Audiology	"The workforce is predominantly female and approximately 50-55% the qualified workforce are of childbearing age. Staff with children are requesting to reduce / amend their work pattern to accommodate childcare.

	There is a concentration of part time staffing (band 5 and 6) in the Carmarthen and Pembrokeshire areas. Participation rate = 0.86"
Pathology	Due to a 24/7 service, it is difficult to accommodate, and flexible working is given on a case-by-case basis. No significant increase in flexible working.
OT	There has been a recent increase in requests for flexible working, particularly requesting reduced hours, as well as younger staff leaving the profession on career break or longer term. This seems to be linked to the impact of the pandemic and staff wanting to improve their work/life balance.
Dietetics	Dietetics: all staff requests for flexible working which may include a reduction in hours overall, are considered and supported where possible to ensure we retain and recruit the required knowledge and skills in the service. This is most likely to affect band 6 and band 7 roles and leaves a challenge with small capacity gaps that we aim to utilise creatively, for example, through alternative skill mix.
Podiatry	Service has moved towards a high-risk model only together with an emphasis on Prevention model. This has been associated with a change in eligibility criteria and a strong discharge taxonomy.
Dental	Dental nurses in CDS and D2S services.

Department	**4) Indicate any areas and staff groups where you are planning to develop alternative clinical practitioners or the multi-disciplinary team**
Cardiorespiratory	Increased in-reach to ward areas for echo staff, developing specialty in echo in intensive care and emergency care. This is likely to increase the use of echo in these areas; involvement in ward-based teams may reduce overall capacity but will help retention within this difficult area of the service. Development of advanced practice roles in echo to support increase in complex echo and valve surveillance clinics. Also, development of specialists in adult congenital disease and paediatric echo.
Clinical Engineering	Developing the HSST Consultant Clinical Scientist provision within Triptych to support future R&D workforce requirements.

Radiology	Please see point 2, however the IMTP has yet to be approved as this does rely on financial investment by the HB as it involves a new model of care being introduced and requires a post at 8b level to oversee and implement. Cardiff University have announced that they will not be running the Assistant Practitioner (Radiography) course in 2022 which is disappointing as the HB were planning on training staff this year and at this time, we have no alternative way of developing staff which we had intended on sending on this course. This leaves a level of uncertainty when predicting workforce requirements for 2022-2025.
SALT	We recognise that our current workforce structure requires reviewing e.g. due to the advent of the ALN bill. Within the Adult Service we are currently exploring the potential for developing additional practitioners however this would be dependent on commissioning services. These could include stroke MDT practitioners, Palliative Care Specialist SLT, Critical MDT, Dementia Services e.g. Memory Assessment Clinic, Instrumental assessment and Mental Health. Children's Service: Due to the ALN Bill the need to support the process up to the age of 25 means that additional work may need to be done to support the transition of some CYPs from secondary education into tertiary. We currently only have 0.4 WTE B7 therapist and 0.4 WTE B5 therapist who specialises in this age group and who works in Pembrokeshire only. Additional time to fund a lead therapist across the 3 counties would be needed if this service were to extend beyond Pembrokeshire.
Audiology	"Development of advanced practice roles in 1st Point of Contact in Primary Care, to ensure compliance with Welsh Health Circular. Development of advanced practitioner roles to develop dementia hearing screening. Development of Audiology Screeners (Band 2) should the service take over School Entry Hearing Screening (in line with Welsh Health Circular) for which access to a HCSW diploma course may be required. General staffing uplift to support 7-day services (if introduced)"
Pathology	"In Cell Pathology there are plans to develop advanced practitioners to assist with consultant workload. In Blood Science there are also plans to develop BMS staff skills and knowledge in multi-disciplinary working covering Biochemistry, Haematology and Blood Transfusion."
OT	There has been an increase in development of multi professional therapy assistant practitioner roles at Band 4 within acute and community settings. Trusted assessor roles are also being discussed to develop inter-professional working. Opportunities for Occupational therapy within Primary Care teams are increasing and roles with commissioning in mental Health are in development. There are increasingly alternative roles open to Occupational Therapists i.e., mental health practitioners, leading multi-disciplinary teams. Where these roles attract occupational therapist, it can deplete the workforce in other areas. Important these numbers are factored into workforce planning but can be challenging to do this.

Dietetics	
Podiatry	Podiatric Surgery. MDT with Vascular/Orthopaedics for the Vascular foot. MIU/A&E practitioner
Dental	Would like to develop L4 oral health practitioners. This apprenticeship scheme aimed at developing dental nurses to be competent to an enhanced level that sits below the scope of a dental therapist but still is very useful for patient interactions was approved in the UK in 2019. GDP fellows aimed at just post DFT are also planned.

Department	**5) Indicate any areas and staff groups where you are planning to develop the support worker workforce**
Cardiorespiratory	Development of band 3 and 4 roles in cardiac and respiratory diagnostics, across all sites. Providing structured education and support for existing staff and recruiting into new band 4 associate practitioner roles. These roles will support the expansion of diagnostics into community hubs and enable the qualified workforce to develop into specialist and difficult to recruit areas of practice.
Clinical Engineering	Clinical Engineering (Healthcare Scientists) within Hywel Dda was the first across Wales to develop and implement to L4 apprenticeship provision. This work continues to support future workforce requirements.
Radiology	Please see answer to question 4
SALT	Adult service: we would be looking to expand our support worker workforce. We currently only have 3.8wte who are required to work within both the acute and community settings. It must be noted as well that within the HB the numbers of HCSWs are increasing resulting in a greater expectation for SLT to provide training. Again, due to our limited capacity at the Band 6 level this places a bigger strain on our service. Children's Service: all Support workers are Band 4 and as things stand have no opportunities to progress any further with the SLT service unless they were to undertake a post graduate course. As a whole service we would welcome further discussion around development opportunities e.g., apprenticeships.

Audiology	"Continued development of band 4 roles (HE Cert roles) within Audiology across all sites. These roles will support the expansion of diagnostics into community hubs and enable the qualified workforce to develop into specialist and difficult to recruit areas of practice or locations. Audiology Screeners (Band 3)".
Pathology	There are plans to recruit band 4 associate practitioners to support laboratory workload, allowing BMS to work at the top of their license.
OT	We are developing the support worker workforce across all areas and grades 3 & 4. This includes existing staff as well as new recruits. There are significant challenges with registered workforce capacity to deliver and support this education as this comes from within stretched clinical services, as well as release support staff to undertake learning. In addition to own staff, there is also a demand for occupational therapists to support development of support workers in other teams and professions across health and social care settings, i.e., trusted assessor roles. There is a need to develop the knowledge/skills of the workforce for assessment and quality assurance of in-house qualifications.
Dietetics	Dietetics: the service will fully participate in the development and implementation of the therapy assistant practitioner workforce, ensuring nutrition and dietetic knowledge and skills are integral to the role.
Podiatry	HCSW role developing in diabetic lower limb care and amputation avoidance with particular emphasis on the prevention agenda.
Dental	Support workers could be included in dentistry doing things like smoking cessation, dietary advice, signposting to services. These may be easier to recruit than dental nurses who are very hands-on and part of the registered workforce.

STATUTORY REQUIREMENTS

Alongside the priorities and enablers, there are a number of statutory requirements that the planning framework must address. Some of the statutory requirements are listed below – this is not exhaustive, but these are the main areas of focus**.** Boards will need to seek assurance regarding compliance with legislation.

- Legal duty – organisations must produce a plan and meet their financial responsivities for scrutiny by Audit Wales, and if necessary, provide additional evidence as required. No reference – implicit
- COVID 19 requirements - Coronavirus legislation and guidance law Organisations need to consider and reflect the COVID 19 regulations that have been developed and issued. No reference - implicit i.e., PPE, Social distancing, shielding etc.
- Socio-economic Duty – 'go live' 31 March 2021 - Socio-economic duty
  Please see Executive Summary.
- EU transition - EU Transition preparing Wales
  Please see Chapter 1 and 4.
- Social Services & Wellbeing (Wales) Act 2014 Social Services & Wellbeing (Wales) Act and the Social Care Wales hub No reference – implicit – integration & nature of work
- Welsh language (Wales) Measure 2011 - Welsh Language Measure 2011 Annual plans must demonstrate that organisations are meeting the statutory requirements set out in the Welsh Language (Wales) Measure 2011 and comply with the Welsh language standards agreed with the Welsh Language Commissioner. Please see Chapter 1
- Nursing Levels (Wales) Act 2016 - statutory guidance Nurse staffing levels (Wales) Act. Please see Chapter 2, 3 and 4
- Regulation and Inspection of Social Care (Wales) Act 2016 Regulation & Inspection of Social Care in Wales Act and the Social Care Wales hub - Regulation and Inspection Reference implicit in narrative i.e., competent safe workforce

- Wellbeing of Future Generations (Wales) Act 2016 Wellbeing of Future Generations Act and the Future Generations Guidance Implicit i.e., workforce planning and explicit reference in Chapter 1, and Executive Summary

- Public Health (Wales) Act 2017
  Public Health Wales Act 2017
  Smoke-free premises and vehicles (Wales)

- Health and Social Care (Quality and Engagement) (Wales) Act 2020
- Health & Social Care Quality & Engagement Act Implicit

- Equality Act 2010 Equality Act Implicit

- Health & Safety at Work etc. Act 1974 and associated legislation
  Health& Safety at Work etc. Act Implicit

References to note:

McCormack Russell: https://www.gacetasanitaria.org/en-compartir-mail?item=S0213911121000108

Appendix 3 Planning Objectives that have Strategic Workforce Planning Implications

To be utilised to map a framework of interventions to manage capacity & capability in strategic and operational workforce planning implications for the development of these planning objectives. The framework is intended for development in quarter 1 of 2022/23.

Strategic Objective One: Putting people at the heart of everything we do

	To sustain a family liaison service in appropriate inpatient and clinical settings from April 2022	Director of Nursing, Quality and Patient Experience	

Strategic Objective Two: Working together to be the best we can be

1B	Building on the success of the command centre, develop a longer-term sustainable model to cover the following: One single telephone and email point of contact – the "Hywel Dda Health Communication HUB" This will incorporate switchboard facilities and existing service-based call handling functions into one single call-handling system linking patient appointments, online booking and call handlers All specialist teams (primary care, patient support, staff support) to have their calls answered and routed through this single point of contact Further develop the operation of the surveillance cell set up to support Test, Trace, Protect (TTP) Further develop the incident response and management cell set up to support our COVID-19 response Further develop the SharePoint function, or look at similar other systems that our Local Authority partners use, to facilitate tracking, auditing and reporting of enquiries, responses and actions Develop and implement a plan to roll out access for all patients to their own records and appointments within 3 years	Director of Nursing, Quality and Patient Experience	
1E	During 2020/21 establish a process to maintain personalised contact with all patients currently waiting for elective care which will: 1. Keep them regularly informed of their current expected wait 2. Offer a single point of contact should they need to contact us 3. Provide advice on self-management options whilst waiting 4. Offer advice on what do to if their symptoms deteriorate 5. Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation 6. Offer alternative treatment options if appropriate	Director of Nursing, Quality and Patient Experience	

	7. Incorporate review and checking of patient consent This process needs to roll out through 2022/23		
	To sustain and develop the Arts in Health Programme by March 2023 to promote and encourage the use of the arts in the healthcare environment to make a positive contribution to the well-being of our patients, service users and our staff.	Director of Nursing, Quality and Patient Experience	
2A	Develop a Health Board specific plan that contributes to reducing inequalities for unpaid Carers and responds to the priorities set out in the national and regional Carers Strategy. Ensure an annual update on progress and outcomes is provided to Board by 31st July each year.	Director of Public Health	
2B	In relation to equality, diversity and inclusion, co-ordinate actions to implement the statutory duties of the Equality Act 2010, ensuring that a Strategic Equality Plan and Objectives are established, and an annual report on progress is submitted to Board by 30th September each year.	Director of Public Health	Previously deferred Planning Objective to begin in 2022/23
2E	From April 2021 develop a programme of activities which promote awareness of the Health Board's official charity and the opportunities available to raise and use funds to make a positive difference to the health, wellbeing and experience of patients, service users and staff across Hywel Dda University Health Board. Develop clear processes for evidencing the impact of our charitable expenditure on our patients, service users and staff fundraising activities and expenditure on our staff, the patients and the public with the aim of increasing our income and expenditure levels on an annual basis.	Director of Nursing, Quality and Patient Experience	

Strategic Objective Three: Striving to deliver and develop excellent services

	Wording on a Welsh Language Planning Objective will be developed		Awaiting arrival of Director of Communications and Welsh Language
	Wording on a Communications Planning Objective will be developed		Awaiting arrival of Director of Communications and Welsh Language
	By March 2023 to undertake a review of the existing security arrangements within the Health Board with particular reference to strengthening the following areas: • Physical Security	Director of Nursing, Quality and	

	• Automated locks • CCTV • Access Control Systems • Intruder Alarms • Communication Systems • Human Factors • Patient and Staff Personal Property • Local Management and staff ownership	Patient Experience	
3A	To build a Quality Management Strategy (QMS): Improving Together which supports and drives quality and performance across the organisation aligned to our strategic objectives and outcomes. The strategy will encourage a strategic improvement approach, including quality and performance, and will be clear on expectations and accountability arrangements from Board to all Health Board teams. It will include the development of a culture of continuous improvement; and the systems and tools needed to support such a culture. The focus will be to motivate and support colleagues at all levels to strive for excellence. This will be co-designed from June 2021, and rolled out across the whole organisation over three years.	Director of Finance	
3E	Advanced Analytics - creation of a self-service Advanced Analytical Platform that will, provide real-time, integrated, easily accessible data to support our clinicians and managers providing the Insight, Foresight, and Oversight to assist with day to day operational and strategic planning. Incorporate continuous innovation into our approach by utilising current and appropriate technologies, best practices and direction from latest research and publications, such as Machine Learning, Artificial Intelligence, Time Series, and Cluster Analysis. We will develop a risk stratification model approach, using predictive / cluster analytics which will look to provide evidence for new approaches to the management of chronic conditions that are needed to shift the balance of care from the acute sector to primary care and community settings. This should be in place by September 2022 with full inclusion of all health and social care data (as a minimum) by March 2024	Director of Finance	
3H	By March 2023 establish a process to gather and disseminate learning from the delivery of all Planning Objectives as part of the organisation's formal governance systems with equal importance placed on this as is placed on risk management and assurance. This learning will come from both within the organisation as it implements objectives and from our local population in their experience of the services delivered as a result of the objective being achieved	Board Secretary	
3G	Implement the Research and Innovation Strategic Plan (2021-24) to increase research, development, and innovation activity, and the number of research investigators sufficient to deliver the Health Board, Welsh Government and HCRW expectations and improvement targets (see specific requirement 3.G.i). The plan will be implemented in partnership with universities, life science companies, and public service partners, so as to maximise the development of new research, technologies and services that improve patient care and health outcomes. The portfolio will target an expansion of activity into new areas of organisational, clinical and academic strength, including ophthalmology, orthopaedics, women and children's health, sexual and primary care. A function spanning clinical engineering, research and innovation (TriTech) will also target a threefold increase in technology trials	Medical Director	

3I	To implement contract reform in line with national guidance and timescales	Director of Primary Care, Community and Long-Term Care	

Strategic Objective Four: The best health and wellbeing for our communities

	Following implementation of the local plan to deliver "Healthy Weight: Healthy Wales" measure and report the impact and develop a 3-year plan by March 2023 to promote system leadership and working across areas locally for delivery of Level 2 and Level 1 services.	Director of Public Health	Follow-on Planning Objective to 4G
	Following implementation of a comprehensive social prescribing model in line with regionally agreed Standards and Principles for Social Prescribing and Connected Communities across the Region. Measure and report the impact and develop a plan by March 2023 to increase capacity and impact which will be aligned to the new national framework.	Director of Public Health	Follow-on Planning Objective
	By March 2023 develop a Health Board plan to drive forward improved outcomes for Veterans and members of the Armed Forces community, in line with the Armed Forces Covenant and report on progress annually.	Director of Public Health	Follow-on Planning Objective to 4I
	By March 2023 establish a regional oversight group, in partnership with PSBs and the RPB, to develop and promote a broad range of actions that will promote the social and green solutions for health and well-being and contribute to addressing the climate change emergency through green health and sustainability projects.	Director of Public Health	
	By March 2024 develop and implement the strategy to improve population health so that everyone within HDUHB can expect to live more of life in good health by: 1) Having clear action plans for addressing the biggest preventable risk factors for ill health and premature death including tobacco, obesity and harmful use of drugs and alcohol and 2) by addressing health disparities to break the link between background and prospects for a healthy life through strong partnership working	Director of Public Health	
	By March 2023, implement and embed our approach to continuous engagement through: • Providing training on continuous engagement and our duties to engage / consult around service changes in keeping with The Consultation Institute's advice • Implementing structures and mechanisms to support continuous engagement, aligned to the regional framework for continuous engagement • Introducing a Continuous Engagement Toolkit, including guidance and templates to support wider teams and to promote good practice	Director of Strategic Developments and Operational Planning	Follow-on Planning Objective to 2C
	To evaluate the impact and benefits of the three WG supported Transformation Funds on our systems in order to help in the development of proposals to support the new funding streams that will become available from April 2022	Director of Primary Care, Community	Follow-on Planning Objective to 4C

		and Long Term Care	
4J	Work in partnership with the Public Service Boards (PSBs) and Regional Partnership Boards to ensure the publication of the statutory Well-being and Population Assessments by June 2022, and the completion of PSB Well-being Plans and an Area Plan by June 2023.	Director of Public Health	
4A	By March 2024 develop a Health Board plan to drive forward improved outcomes for Homeless and Vulnerable Groups including: homeless people, refugees and asylum seekers, and for people with sensory loss in line with NHS Delivery Framework targets and report progress annually.	Director of Public Health	
4H	Review and refresh the Health Board's emergency planning and civil contingencies / public protection strategies and present to Board by December 2022. This should include learning from the COVID 19 pandemic. The specific requirement set out in 4.H.i will be addressed as part of this	Director of Public Health	
4M	By March 2023 create a sustainable and robust health protection service, including a sustainable TB services model for Hywel Dda UHB.	Director of Public Health	
4P	By December 2022 develop a COVID Recovery service to provide a comprehensive individualised person centred to support the symptom-based needs of people directly affected by Covid-19	Director of Therapies	
4K	By September 2022, arrange a facilitated discussion at Board which is aimed at agreeing our approach to reducing Health Inequalities. This must include an analysis of current health inequalities, trends and causes, potential options to address the inequalities (e.g., Allocate disproportionate resource to the most disadvantaged or by "Proportionate Universalism") and identify tools and interventions aimed at addressing the causes. Develop specific planning objectives by September 2023 in preparation for implementation in 2024/5.	Director of Public Health	Previously deferred Planning Objective to begin in 2022/23
4B	By March 2024 Develop and implement plans to deliver on a sustainable basis, locally prioritised performance targets related to public health within the next 3 years	Director of Public Health	Previously deferred Planning Objective to begin in 2022/23
4D	By March 2024 Develop and implement plans to deliver on a sustainable basis, national performance targets related to bowel, breast and cervical screening within the next 3 years	Director of Public Health	Previously deferred Planning Objective to begin in 2022/23
4E	Implement a plan to train all Health Board Therapists in "Making Every Contact Count", and offer to their clients by March 2022	Director of Therapies and Health Science	
4N	Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers,	Medical Director	

	distributors, sellers, those involved in preparation and the provision of advice to individuals & organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest		

Strategic Objective Five: Safe, sustainable, accessible, and kind care

4O	Develop and implement a food health literacy programme for Year 5 children with a pilot taking place in 2021/22, with scaling to all 3 counties of Hywel Dda within the next 3 years. The longer-term goal will be to make this routine for all children in the area within the next 10 years	Director of Therapies and Health Science	
	By July 2022 a Health Board wide Palliative Care Triumvirate will be established with a pooled budget to lead on the implementation of the approved Palliative Care and End of Life Care Strategy. This will deliver on five key outcomes; a regional commissioning framework for third sector delivered services, an evidenced workforce model based on capacity and demand plan with equitable training opportunities, a service model based on best practice from the Swan/Cygnet model, an outcomes and delivery dashboard in line with new national requirements, and implementation of the estates benchmarking review. By March 2023 the Triumvirate, in partnership and collaboration with the service, will clearly identify the priority gaps for next wave of strategy implementation.	Director of Primary Care, Community and Long-Term Care	
	By March 2023 the Health Board will be in a position to respond to the requirements of the Quality & Engagement Act. The specific actions that will be put in place to support organisational readiness will be informed by the work undertaken to review the Health & Care Standards during 2021/2022 and the receipt of any formal guidance related to the Act.	Director of Nursing, Quality and Patient Experience	
	By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish a clear and agreed set of shared ambitions and outcomes for the population aligned with national and regional priorities across the Whole System triangle model articulated in a co-owned Integrated Locality Plan. The Integrated Locality Planning Groups will agree a collective shared budget to support delivery of the Plans, including commissioning of services, and will demonstrate delivery of the following priorities. The Integrated Locality Planning groups will operate within a revised framework of governance which will be developed in conjunction with the national Accelerated Cluster Programme: • Connected kind communities including implementation of the social prescribing model • Proactive and co-ordinated risk stratification, care planning and integrated community team delivery • Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home • Enhanced use of technology to support self and proactive care • Increased specialist and ambulatory care through community clinics	Director of Primary Care, Community and Long-Term Care	

	By March 2023 to establish digital inclusion work programme which will intend to lead, connect and support a coordinated approach to various digital inclusion work across the Health Board and its wider partners. The programme will recognise the continuously changing role digital technology plays in the lives of individuals and society as a whole, the vision leaves open what it means to be digitally included in the future. • Sign the Digital Inclusion Charter • Develop a Digital Inclusion Programme		
5M	By March 2025 implement the existing national requirements in relation to clinical and other all-Wales IT systems within expected national timescales. Develop a plan to progress to Level 5 of the 7 Levels of the Healthcare Information and Management Systems Society (HIMSS) maturity matrix.		
5C	5C Produce and agree final business cases in line with the vision and design assumptions set out in ' A Healthier Mid and West Wales' for: • the repurposing or new build of GGH and WGH • implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears Work with partners to develop and address access, travel, transport and the necessary infrastructure to support the service configuration taking into account the learning from the COVID pandemic (See specific requirements 5ci, 5cii) Develop plans for all other infrastructure requirements in support of the health and care strategy. 5c i - ensure the new hospital uses digital opportunities to support its aims to minimise the need for travel, maximise the quality and safety of care and deliver the shortest, clinically appropriate lengths of stay. 5cii - Implement the requirements of 'My charter' to involve people with a learning disability in our future service design and delivery.		
5A	Develop and implement plans to deliver on a sustainable basis, NHS Delivery Framework targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.a.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales"	Director of Nursing, Quality and Patient Experience	
5B	Develop and implement plans to deliver on a sustainable basis, locally prioritised performance targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.b.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales"	Director of Nursing, Quality and Patient Experience	
5J	Develop and implement a comprehensive and sustainable 24/7 community and primary care unscheduled care service model	Director of Primary	

		Care, Community and Long-Term Care	
5K	Establish a new process that involves all clinical service areas and individual clinical professionals, whereby we assess ourselves against local and national clinical effectiveness standards/NHS Delivery Framework requirements and fully contribute to all agreed national and local audits (including mortality audits). All areas and clinicians will need to be able to demonstrate their findings have been used to learn and improve and the process needs to be embedded within the Health Boards Quality and Governance process	Medical Director	
5L	Implement the making nutrition matter – dietetics expansion plan within two years as agreed at Board on 26th September 2019	Director of Therapies and Health Science	
5F	Fully implement the Bronglais Hospital strategy over the coming 3 years as agreed at Board in November 2019 taking into account the learning from the COVID pandemic	Director of Operations	
5G	Implement the remaining elements of the Transforming MH & develop and implement a Transforming LD strategy in line with “Improving Lives, Improving Care” over the next 3 years and also develop and implement a plan for Transforming specialist child and adolescent health services (CAMHS) and autistic spectrum disorder and ADHD.	Director of Operations	
5I	Undertake a comprehensive assessment of all Health Board Children & Young People Services to identify areas for improvement. From this, develop an implementation plan to address the findings by March 2024 at the latest. The assessment process and implementation plan should include the voices of children and young people and have clear links to the wider work being progressed by the RPB	Director of Operations	
5N	Implement all outstanding plans in relation to National Networks and Joint Committees. This will include commitments agreed with Swansea Bay UHB/A Regional Collaboration for Health (ARCH), Mid Wales Joint Committee, Sexual Assault Referral Centre (SARC), National Collaborative	Director of Operations / Director of Nursing, Quality and Patient Experience (SARC) / Director of Therapies and Health Science (HASU) / Director of Workforce and OD (Aber Uni and cross	

		border workforce issue) / Medical Director (ARCH)	
5O	Develop and implement a plan to address Health Board specific fragile services, which maintains and develops safe services until the new hospital system is established		
No reference currently assigned	Develop and deliver an implementation programme that will ensure effective operational implementation of the Liberty Protection Safeguards legislation across the health board by 1st April 2022.	Director of Operations	The code of practice to support the implement-ation of the legislation has yet to be released by UK Govern-ment and so implement-ation will be after April 2022

Strategic Objective Six: Sustainable use of resources

6B	Develop a continuous approach to Finance Business Partnering that pioneers Financial Sustainability across all organisational areas, including service change, value improvements and income opportunities, in harmony with other corporate partners/relationship managers (Linked to Planning Objectives [Workforce #] and [Improving Together #]), establishing a consistent governance approach to financial management as part of business management meetings on, at least, a monthly basis for each service, with escalation structures incorporated.		
6F	Implementing and further developing an activity-based condition and pathway costing programme that both aligns and integrates the VHBC Plan Planning Objective. Principally:		

	• Through engagement at each project inception to offer a financial consideration of Value Based Healthcare to all potential projects. • Then prioritising and implementing costing projects with reference to furthering organisational strategy and the likelihood of producing intelligence and evidence that supports operational and clinical change. • Exploring further innovation and development in the application of this costing approach.		
6G	By first quarter 2022/23 develop and endorse a strategic roadmap to respond to the Welsh Government ambition for NHS Wales to contribute towards a public sector wide net zero target by 2030. The Health Board will set out a work programme and implement this plan to meet the targets established in the NHS Wales Decarbonisation Strategic Delivery Plan in the areas of carbon management, buildings, transport, procurement, estate planning and land use, and its approach to healthcare including promoting clinical sustainability. Where feasible through the opportunities presented via the Health Boards transformation journey it will look to exceed targets and establish best practice models and pilots, as exemplars for the NHS and wider public sector. The overall aim will be to reduce the Health Board's carbon footprint to support the wider public sector ambition to address the climate emergency.		
6H	By the end of 2022/23 develop our Social Value strategy and deliver the in-year action. The Strategy will outline our collective ambition and vision for Social Value and incorporate a clear action plan. We will also develop a means to measure and evaluate the impact of the strategy. The strategy will be an umbrella strategy which incorporates the key pillars of work being undertaken by; • Intelligence: determine the communities and impact which have the greatest needs; assess the assets within those communities and encourage delivery within those communities; • Procurement: local sourcing in support of the foundational economy; • Workforce: supporting those from our most deprived communities; • Carbon: measuring our carbon footprint and pointing to areas of greatest impact for decarbonisation measures; • Physical assets: extracting social value from our physical estate through design and build, usage and maintenance. We will establish a Social Value Community of Practice to provide a focus and momentum for delivery.		

Appendix 4 – Workforce Regeneration Framework – Modelling

Workforce Regeneration Framework

The "Workforce Regeneration Framework" is a simple tool to illustrate the options available in a complex web of interactions – digital enhancements, service commissioning and the employee lifecycle.

These are all of the tools at our disposal as managers, leaders, service, workforce and finance professionals to "regenerate" our workforce.

The principles will stand, as we change and transition into new workforce models we have yet to explore. This is why some elements in the tables overleaf are currently "blank".

(Adapted from NSW Government, n.d)

Please note the intervention under each theme are examples that could be built upon to create a health & social care specific definition for interventions.

Workforce Projections

The below tables are an illustrative projection of each staff group depicting the potential options available within the Regeneration Framework to support our workforce requirement for the PBC. The information below has also been utilised to populate our Minimum Data Set based on reasonable assumptions. Further work will be required between now and July to confirm priorities for in year action and assess risks with professional leads to create plans to mitigate foreseen issues.

YEAR 1 2022/23	BUY	BUILD	BIND	BORROW	BOUNCE	BOOST	END YEAR POSITION	VARIANCE WITH PBC PROJECTED NEED (+/-)
Add. Prof. Scientific & Technical	56	0	-24.8	1.1	0	0	12.8	-54.00
Additional Clinical Services	152	133.4	-134	20	0	0	58.5	-713.00
Administrative & Clerical	139	0	-155	18.3	0	19.78	-7.48	73.30
Allied Health Professionals	145	0	-58	2.7	0	0	-28.20	-149.60
Estates & Facilities	234.5	8	-91	111.1	0	10.25	245.55	-44.10
Healthcare Science	24	0	-12	5.5	0	0	9.6	-22.4
Medical & Dental	242	0	-224	0	0	0	-299.3	-193.50
Nursing & Midwifery	373	33.6	-320	206.1	0	0	-207.2	-533.8
TOTAL	1365.5	175	-1018.8	364.8	0	30.034		**-1,637.10**

Nursing Workforce

Nursing & Midwifery	Year 1 22/23	Year 2 23/24	Year 3 24/25	Year 4 25/26	Year 5 26/27	Year 6 27/28	Year 7 28/29	Year 8 29/30	Year 9 30/31	Year 10 31/32	PBC PBC Projected Need at year 10	PBC Projected Gap +/-
Funded establishment /SIP / Projected Gap	-499.9	-207.2	-54.6	194.8	394.6	636.4	733.4	853.4	1043.4	1233.4	3350	699.60
Resourcing Based Activity (BUY)												
TRAC (BAU) Resourcing	100	100	100	100	100	100	100	150	150	150		
Overseas RN Resourcing	100	150	200	-	-	-	-	-	-	-		
Commissioning ask to HEIW	229	304	288	247	259	250	250	250	250	250		
Streamlining Registrants (Actual Received)	100	100	100	200	200	200	200	200	200	200		
Bank to substantive	10	10	10	10	10	10	10	10	10	10		
Registrant Agency to substantive	5	5	5	5	5	5	5	5	5	5		
Registrant Direct Hire	10	10	10	10	10	10	10	10	10	10		
Return to Practice	5	5	5	5	5	5	5	5	5	5		
Returned from Retirement	28											
Centralised RN Recruitment	10	10	10	10	10	10	10	10	10	10		
Conversion to substantive from FTC	5	5	5	5	5	5	5	5	5	5		
Assumption WTE Resourcing TOTAL	**373**	**395**	**445**	**345**	**345**	**345**	**345**	**395**	**395**	**395**		
Retention (BIND)												
Assumption WTE General Turnover (-Retention)	100	100	100	100	150	150	150	150	150	150		
Retirement	220	200	200	200	200	200	200	200	200	200		
Retention Initiatives												
TOTAL 'additional' WTE (resourcing minus turnover)	53	95	145	45	-5	-5	-5	45	45	45		
Workforce Development Based (BUILD)												
AP Development Pipeline (Potential)	33.6	57.6	104.4	142.8	174.8							
Impact on RN Residual Deficit of AP Pipeline	-413.3	-54.6	194.8	382.6	564.4	631.4	728.4	898.4	1088.4	1278.4		
RN Outturn				12	72	102	125	145	145	145		
Impact on RN Residual Deficit of RN Outturn	-446.9	-112.2	90.4	251.8	461.6	733.4	853.4	1043.4	1233.4	1423.4		
Total WTE Increase from Development	33.6	57.6	104.4	154.8	246.8	102	125	145	145	145		
BORROW												
Bank	88											
Agency	118.1											
Total WTE Increase from Temporary Workforce	206.1											
Total Impact on RN Residual Deficit	**-413.3**	**-54.6**	**194.8**	**394.6**	**636.4**	**733.4**	**853.4**	**1043.4**	**1233.4**	**1423.4**	**3350**	**889.6**

Additional Professional Scientific & Technical

Additional Professional Scientific & Technical	Year 1 22/23	Year 2 23/24	Year 3 24/25	Year 4 25/26	Year 5 26/27	Year 6 27/28	Year 7 28/29	Year 8 29/30	Year 9 30/31	Year 10 31/32	PBC PBC Projected Need at year 10	PBC Projected Gap +/-
Funded establishment /SIP / Projected Gap	-19.5	16.8	34	51.2	68.4	85.6	102.8	120	137.2	154.4	400	100.40
Resourcing Based Activity (BUY)												
TRAC (BAU) Resourcing	30	30	30	30	30	30	30	30	30	30		
ODP												
Pharmacy - Commissioning figures	14	24	46	27								
Pharmacy - Streamlining figures												
Psychology												
Physician Associates	11	7	7	7	7	7	7	7	7	7		
Initiatives	5	5	5	5	5	5	5	5	5	5		
Assumption WTE Resourcing TOTAL	**60**	**42**	**42**	**42**	**42**	**42**	**42**	**42**	**42**	**42**		
Retention (BIND)												
Assumption WTE General Turnover (-Retention)	23	23	23	23	23	23	23	23	23	23		
Retirement	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8		
Retention Initiatives												
TOTAL 'additional' WTE (resourcing minus turnover)	35.2	17.2	17.2	17.2	17.2	17.2	17.2	17.2	17.2	17.2		
Workforce Development Based (BUILD)												
ODP												
Pharmacy												
Psychology												
Physician Associates												
Total WTE Increase from Development	0	0	0	0	0	0	0	0	0	0		
BORROW												
Bank	1.1											
Agency												
Total WTE Increase from Temporary Workforce	1.1											
BOUNCE												
Regional												
BOOST												
Digital Productivity (minus ???%)												
e.g. wearable devices, robotics, AI												
Total Impact on Workforce	**16.8**	**34**	**51.2**	**68.4**	**85.6**	**102.8**	**120**	**137.2**	**154.4**	**171.6**	**400**	**117.6**

Additional Clinical Services

Additional Clinical Services	Year 1 22/23	Year 2 23/24	Year 3 24/25	Year 4 25/26	Year 5 26/27	Year 6 27/28	Year 7 28/29	Year 8 29/30	Year 9 30/31	Year 10 31/32	PBC Projected Need at year 10	PBC Projected Gap +/-
Funded establishment /SIP / Projected Gap	-112.9	58.5	185.9	336.5	403.7	418.9	466.1	513.3	560.5	607.7	2814.8	-105.30
Additionality / Changes to Staff Group												
Resourcing Based Activity (BUY)												
TRAC (BAU) Resourcing (Apprentice. B2,3 &4)	144	144	144	144	144	144	144	144	144	144		
Apprentice - Band 2												
Apprentice - Band 3												
Apprentice - Band 3 - Trainee AP												
Apprentice - Band 4 - AP (Nursing)												
Apprentice - Band 4 - AP (Therapies)												
E&C - L4 Prog.(TO BE CONVERTED TO EXPECTED STREAM	8	20	65	20								
Bank to substantive												
Agency to substantive												
HCSW initiatives												
Assumption WTE Resourcing TOTAL	**152**	**164**	**209**	**164**	**144**	**144**	**144**	**144**	**144**	**144**		
Retention (BIND)												
Assumption WTE General Turnover (-Retention)	134	134	134	134	134	134	134	134	134	134		
Retirement												
Retention Initiatives												
TOTAL 'additional' WTE (resourcing minus turnover)	18	30	75	30	10	10	10	10	10	10		
Workforce Development Based (BUILD)												
Development Pipeline - TOTAL Apprentices	167	155	180	180	180	180	180	180	180	180		
Apprentice - Band 2												
Apprentice - Band 3												
Apprentice - Band 3 - Trainee AP												
Apprentice - Band 4 - AP (Nursing)												
Apprentice - Band 4 - AP (Therapies)												
Number to be deducted for movement to RN pipeline?	-33.6	-57.6	-104.4	-142.8	-174.8	-142.8	-142.8	-142.8	-142.8	-142.8		
Impact on Residual Deficit of Pipeline												
Total WTE Increase from Development	133.4	97.4	75.6	37.2	5.2	37.2	37.2	37.2	37.2	37.2		
BORROW												
Bank	20											
Agency												
Commisioning (10%?)												
Total WTE Increase from Temporary Workforce	20											
BOUNCE												
Regional												
BOOST												
Digital Productivity (minus ??%)												
e.g. wearable devices, robotics, AI												
Total Impact on Workforce	58.5	185.9	336.5	403.7	418.9	466.1	513.3	560.5	607.7	654.9	**2814.8**	**-58.1**

Administrative & Clerical

Administrative & Clerical	Year 1 22/23	Year 2 23/24	Year 3 24/25	Year 4 25/26	Year 5 26/27	Year 6 27/28	Year 7 28/29	Year 8 29/30	Year 9 30/31	Year 10 31/32	PBC Projected Need at year 10	PBC Projected Gap +/-
Funded establishment /SIP / Projected Gap	10	-7.48	-40.7382	-76.0108	-110.931	-201.213	-287.885	-371.09	-450.966	-527.647	1910.7	-454.35
Additionality / Changes to Staff Group												
Resourcing Based Activity (BUY)												
TRAC (BAU) Resourcing - ALL	139	139	139	139	139	139	139	139	139	139		
Conversion of Agency to Substantive												
Pure Administrative Roles												
Hybrid Roles (FLO/Ward Clerk)												
Clinical Managerial Roles (Band 7 & above)												
Managerial Roles (Band 7 & above)												
Initiatives												
Assumption WTE Resourcing TOTAL	**139**	**139**	**139**	**139**	**139**	**139**	**139**	**139**	**139**	**139**		
Retention (BIND)												
Assumption WTE General Turnover (-Retention)	120	120	120	120	120	120	120	120	120	120		
Retirement	35	35	35	35	35	35	35	35	35	35		
Retention Initiatives												
TOTAL 'additional' WTE (resourcing minus turnover)	-16	-16	-16	-16	-16	-16	-16	-16	-16	-16		
Workforce Development Based (BUILD)												
Development Pipeline - Apprentices?												
Pure Administrative Roles												
Hybrid Roles (FLO/Ward Clerk)												
Clinical Managerial Roles (Band 7 & above)												
Managerial Roles (Band 7 & above)												
Total WTE Increase from Development	0	0	0	0	0	0	0	0	0	0		
BORROW												
Bank	18.3											
Agency												
Total WTE Increase from Temporary Workforce	18.3											
BOUNCE												
Regional												
BOOST												
Digital Productivity (minus 1% Year 1-4, 4% years 5-9, 10% Year 10)												
e.g. wearable devices, robotics, AI	19.8	17.3	19.3	18.9	74.3	70.7	67.2	63.9	60.7	144.0		
Total Impact on Workforce	**-7.5**	**-40.74**	**-76.01**	**-110.93**	**-201.21**	**-287.88**	**-371.09**	**-450.97**	**-527.65**	**-687.68**	**1910.7**	**-614.4**

Allied Health Professionals

Allied Health Professionals	Year 1 22/23	Year 2 23/24	Year 3 24/25	Year 4 25/26	Year 5 26/27	Year 6 27/28	Year 7 28/29	Year 8 29/30	Year 9 30/31	Year 10 31/32	PBC PBC Projected Need at year 10	PBC Projected Gap +/-
Funded establishment /SIP / Projected Gap	-28.2	61.5	152.5	236.5	337.5	404.5	409.5	414.5	419.5	424.5	769.8	274.90
Additionality / Changes to Staff Group												
Resourcing Based Activity (BUY)												
TRAC (BAU) Resourcing - ALL	38	38	38	38	38	38	38	38	38	38		
Conversion of Bank to Substantive												
Conversion of Agency to Substantive												
Commissioning ask to HEIW	102	106	79	96	62							
Streamlining Registrants (Actual Received)												
Dietitians												
Occupational Therapists												
Orthoptists												
Physiotherapy												
Podiatry												
Radiography												
Speech Therapy												
AHP Other												
Initiatives	5	5	5	5	5	5	5	5	5	5		
Assumption WTE Resourcing TOTAL	**145**	**149**	**122**	**139**	**105**	**43**	**43**	**43**	**43**	**43**		
Retention (BIND)												
Assumption WTE General Turnover (-Retention)	50	50	50	50	50	50	50	50	50	50		
Retirement	8	8	8	8	8	8	8	8	8	8		
Retention Initiatives												
TOTAL 'additional' WTE (resourcing minus turnover)	87	91	64	81	47	-15	-15	-15	-15	-15		
Workforce Development Based (BUILD)												
Development Pipeline - AP Band 4			20	20	20	20	20	20	20	20		
Dietitians												
Occupational Therapists												
Orthoptists												
Physiotherapy												
Podiatry												
Radiography												
Speech Therapy												
AHP Other												
Total WTE Increase from Development	0	0	20	20	20	20	20	20	20	20		
BORROW												
Bank	2.7											
Agency												
Total WTE Increase from Temporary Workforce	2.7											
BOUNCE												
Regional												
BOOST												
Digital Productivity (minus ??%)												
e.g. wearable devices, robotics, AI												
Total Impact on Workforce	61.5	152.5	236.5	337.5	404.5	409.5	414.5	419.5	424.5	429.5	769.8	279.9

Healthcare Scientists

Healthcare Scientists	Year 1 22/23	Year 2 23/24	Year 3 24/25	Year 4 25/26	Year 5 26/27	Year 6 27/28	Year 7 28/29	Year 8 29/30	Year 9 30/31	Year 10 31/32	PBC Projected Need at year 10	PBC Projected Gap +/-
Funded establishment /SIP / Projected Gap	-2.4	15.1	25.1	32.1	39.1	45.1	45.1	45.1	45.1	45.1	219.5	22.70
Additionality / Changes to Staff Group												
Resourcing Based Activity (BUY)												
TRAC (BAU) Resourcing	7	7	7	7	7	7	7	7	7	7		
E&C (EXPECTED STREAMLINING)	12	10	7	7	6							
Bank to substantive												
Agency to substantive												
Initiatives	5	5	5	5	5	5	5	5	5	5		
Assumption WTE Resourcing TOTAL	**24**	**22**	**19**	**19**	**18**	**12**	**12**	**12**	**12**	**12**		
Retention (BIND)												
Assumption WTE General Turnover (-Retention)	10	10	10	10	10	10	10	10	10	10		
Retirement	2	2	2	2	2	2	2	2	2	2		
Retention Initiatives												
TOTAL 'additional' WTE (resourcing minus turnover)	12	10	7	7	6	0	0	0	0	0		
Workforce Development Based (BUILD)												
Apprentices/Level 4?												
Level 4												
Total WTE Increase from Development	0	0	0	0	0	0	0	0	0	0		
BORROW												
Bank	5.5											
Agency												
Total WTE Increase from Temporary Workforce	5.5											
BOUNCE												
Regional												
BOOST												
Digital Productivity (minus ??%)												
e.g. wearable devices, robotics, AI												
Total Impact on Workforce	**15.1**	**25.1**	**32.1**	**39.1**	**45.1**	**45.1**	**45.1**	**45.1**	**45.1**	**45.1**	**219.5**	**22.7**

Estates & Ancillary

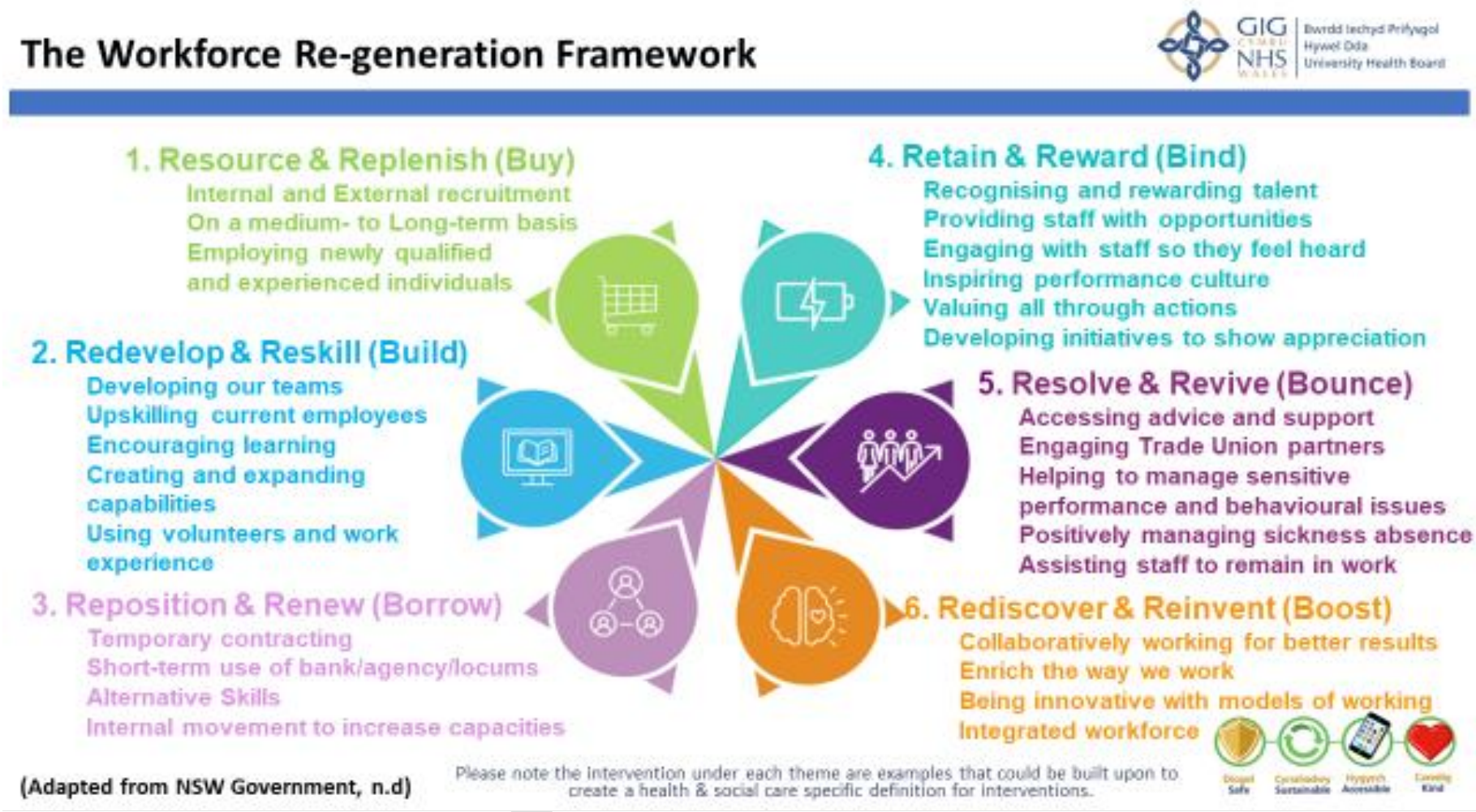
Estates & Ancillary	Year 1 22/23	Year 2 23/24	Year 3 24/25	Year 4 25/26	Year 5 26/27	Year 6 27/28	Year 7 28/29	Year 8 29/30	Year 9 30/31	Year 10 31/32	PBC Projected Need at year 10	PBC Projected Gap +/-
Funded establishment /SIP / Projected Gap	-6.8	245.5	272.4	299.0	325.3	264.2	208.1	156.4	108.8	65.1	932.8	20.99
Additionality / Changes to Staff Group												
Resourcing Based Activity (BUY)												
TRAC (BAU) Resourcing	121.5	121.5	121.5	121.5	121.5	121.5	121.5	121.5	121.5	121.5		
Bank to substantive												
Agency to substantive												
Initiatives - Enhanced Cleaning	113											
Assumption WTE Resourcing TOTAL	**234.5**	**121.5**	**121.5**	**121.5**	**121.5**	**121.5**	**121.5**	**121.5**	**121.5**	**121.5**		
Retention (BIND)												
Assumption WTE General Turnover (-Retention)	81	81	81	81	81	81	81	81	81	81		
Retirement	10	10	10	10	10	10	10	10	10	10		
Retention Initiatives												
TOTAL 'additional' WTE (resourcing minus turnover)	143.5	30.5	30.5	30.5	30.5	30.5	30.5	30.5	30.5	30.5		
Workforce Development Based (BUILD)												
Apprentices	8	8	8	8	8	8	8	8	8	8		
Total WTE Increase from Development	8	8	8	8	8	8	8	8	8	8		
BORROW												
Bank	111.1											
Agency												
Total WTE Increase from Temporary Workforce	111.1											
BOUNCE												
Regional												
BOOST												
Digital Productivity (minus 1% Year 1-4, 8% years 5-9, 15% Year 10)	10.25	11.65	11.9	12.2	99.6	94.7	90.2	86.0	82.2	147.6		
e.g. wearable devices, robotics, AI												
Total Impact on Workforce	**245.55**	**272.40**	**298.983**	**325.301**	**264.241**	**208.065**	**156.384**	**108.837**	**65.0945**	**-44.05**	**932.8**	**-88.1**

Medical & Dental

Medical & Dental	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	PBC	
	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	PBC Projected Need at year 10	Projected Gap +/-
Funded establishment /SIP / Projected Gap	-317.3	-299.3	-281.3	-263.3	-245.3	-227.3	-209.3	-191.3	-173.3	-155.3	800	-348.80
Resourcing Based Activity (BUY)												
TRAC (BAU) Resourcing	226	226	226	226	226	226	226	226	226	226		
Conversion of Bank to Substantive	8	8	8	8	8	8	8	8	8	8		
Conversion of Agency to Substantive	8	8	8	8	8	8	8	8	8	8		
Foundation												
SAS												
Consultants												
Other Medical Grades - GP												
Dental												
Physicians Associates E&C (Streamlining) include for awareness												
MAPS roles?												
PAA Surgical Practitioner												
Medical Apprenticeships												
Initiatives												
Assumption WTE Resourcing TOTAL	242	242	242	242	242	242	242	242	242	242		
Retention (BIND)												
Assumption WTE General Turnover (-Retention)	213	213	213	213	213	213	213	213	213	213		
Retirement	11	11	11	11	11	11	11	11	11	11		
Retention Initiatives												
TOTAL 'additional' WTE (resourcing minus turnover)	18	18	18	18	18	18	18	18	18	18		
Workforce Development Based (BUILD)												
Foundation												
SAS												
Consultants												
Other Medical Grades - GP												
Dental												
PA E&C (Streamlining)												
MAPS roles?												
PAA Surgical Practitioner												
Medical Apprenticeships												
Total WTE Increase from Development	0	0	0	0	0	0	0	0	0	0		
BORROW												
Bank												
Agency												
Total WTE Increase from Temporary Workforce												
BOUNCE												
Regional												
BOOST												
Digital Productivity (minus ??%)												
e.g. wearable devices, robotics, AI												
Total Impact on RN Residual Deficit	-299.3	-281.3	-263.3	-245.3	-227.3	-209.3	-191.3	-173.3	-155.3	-137.3	800	-56.2

Appendix 5 Workforce Regeneration Framework – Mapping of Interventions

This reflects the work within the Workforce & OD Directorate to illustrate interventions in progress to regenerate our workforce for today and tomorrow. Regional work across social care is also noted on the template and is ongoing (complete as at 28 March 2022)



2 Map the interventions being progressed...BUY

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

What are you doing?

Resource & Replenish (Buy)

Definition:

To recruit the right workforce through our internal and external labour market, whilst creating opportunities that allows individuals from local communities to join the Health Boards (HB) workforce and develop themselves in a way that satisfies both the individual and the organisation.

Examples of Resourcing & Replenishing:

- Recruitment of Overseas Professionals
- Conversion of COVID-19 Temporary Contracts to Permanent
- Student Streamlining Processes
- Centralised Registered Nurses (RN) Recruitment Pathway
- Local & National Targeted Advertising
- Increased Online Presence to Promote the HB as Best Choice of Employer
- Inclusive Recruitment Initiatives including Social Value
- Regional Collaboration of Recruitment Initiatives
- Launching of new *'Working For Us'* Internet Page
- Key Performance Indicator (KPI) Scrutiny & Accountability
- Launching of Targeted Recruitment Training to Promote Best Practice
- Reviewing of Job Description/Personal Specification Templates
- Reviewing & Transforming of Recruitment Pathway's to ensure Best Practice & HB Values are Embedded
- Promotion of Network Groups including the *'Buddy Scheme'* for Overseas Arrivals
- Targeted Recruitment into Hard to Fill/High-Cost Vacancies to ensure Efficiency where Possible
- Linking Attraction to our Culture Change Work on Retention
- Corporate Comms/Media Team Developing a Marketing Strategy to Promote Working in Social Care in Carmarthenshire
- Apprenticeship Programmes as part of Care Academy Developments
- Refining Training Agreements and Explore Funding Streams for Secondments

Outcomes:

- Safer Staffing Levels throughout the HB from recruiting Overseas, Apprentices and Local Applicants
- Safer Staffing Levels Leading to Better Quality Care
- Less Vacancies through Conversion to Permanent Contracts
- More Engagement through Local & National Advertising
- Easier Application Forms & Internal Recruitment through Constant Reviewing

Red: Social & Regional Input
Non-Red: HB Input

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2 Map the interventions being progressed...BUILD

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

What are you doing?

Redevelop & Reskill (Build)

Definition:

To create and develop the capacity of existing staff through short and long-term programmes. By delivering programmes that build on the existing skills and knowledge of staff to enhance and expand their competencies through theoretical and practical learning.

Examples of Redeveloping & Reskilling:

- Development of *'Grow Your Own Nurses'* Programme
- Development of Apprenticeship Programmes
- Using Social Work Structures to Recognise Specialist Skills, Responsibility & Experience
- Job Shadowing & Job Swaps
- Development of Lateral Moves
- Development of Blended Roles
- Diversification of Roles
- Delivery of Leadership Development Programmes
- Development of Customer Service Programme
- Development of Educational Planning
- University & College Partnerships
- Embedded Learning through ODRM's
- Looking at Social Work Structures to Recognise Specialist Skills

Outcomes:

- Homegrown Healthcare Professionals through *'Grow Your Own Nurses'* & Apprenticeship Programmes
- Increased Knowledge & Building of Skills amongst the Workforce
- Continued Professional Development amongst the Workforce
- Enhanced Competencies & Capabilities amongst the Workforce
- Developing of Proactive & Effective Leaders

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2 Map the interventions being progressed...BORROW

What are you doing?

Reposition & Renew (Borrow)

Definition:

A temporary method of accessing talent to meet the urgent and short-term needs of the service/organisation. The continuing of the relationships built through partnerships with external agency organisations and engaging with individuals benefiting from flexible circumstances to assist services when a need arises.

Examples of Repositioning & Renewing:

- Utilising of Bank/Agency/Locum Staff
- Deployment/Redeployment of Staff
- Offering Secondments to Staff
- Resourcing Additional Temporary Recruitment to Support Recruitment Flow
- Regional Collaboration of Recruitment Initiatives
- Reviewing of the Internal Recruitment Process
- Continued Relationships with Partner Organisations
- Continued Research into Best Practice and Learning from Lived Experiences
- Engagement with New on-contract Agencies
- Regular Meetings with on-contract Agencies; to Discuss Current Requirements of the HB
- All Wales Temporary Staffing Group to ensure Best Practice is embedded for Bank and Agency Staff
- Student Nurse Recruitment
- Working with the Service to Identify Additional Demand in Advance
- Implementing Partnership Agreements i.e., Ty Pili Pala to Support Stepdown Discharge from Hospital
- Growing Inhouse Provision further Whilst Maintaining a Healthy Market Position

Outcomes:

- Safer Staffing Levels through Utilisation of Bank/Agency/Locum Staff
- Safer Staffing Levels Leading to the Delivery of Better-Quality Care
- Broadening Knowledge of other Departments by offering Staff Secondments
- Collaboration & Integration with Partner Organisations leads to more Effective Service Delivery & Better Quality of Life Outcomes

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2 Map the interventions being progressed...BOOST

What are you doing?

Rediscover & Reinvent (Boost)

Definition:
Using creative and transformative means to accelerate or improve ways of working through collaborative partnerships, experimental pathways, technology or other means. Whilst anticipating future trends/needs through data modelling techniques and being innovative in meeting those. Also, working with services to facilitate transformative and integrated working to provide high quality care with realistic resources.

Examples of Rediscovering & Reinventing:

- Utilising AI/Digital Solutions
- Creative & Innovative Planning
- Role (Re)Design
- Implementing Transformation i.e., New Recruitment System
- Development of Change Mapping
- Innovative Modelling
- Promoting Integration & Collaboration
- Regional Initiatives
- Promoting Third Sector & Local Authority Involvement
- Promoting Opportunities in Social Work & Care in Carmarthenshire e.g., Attending Roadshows
- Transformational Opportunities e.g., Procurement underway for a New Recruitment System

Outcomes:

- Promoting Better Ways of Working through Integration & Collaboration with Partnerships
- Development of Integrated Roles across Local Authority and NHS
- Providing High Quality Care through Resourcing

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2 Map the interventions being progressed…BOUNCE

What are you doing?

Resolve & Revive (Bounce)

Definition:
A resource for managers and staff in the positive management of absence and performance, ensuring appropriate standards of behaviour throughout the HB. Appreciating the skills and recognising talent of existing staff and using them in the best way through positive performance management. Fully engaging with staff to understand what they want and can offer and being flexible in meeting those requirements. Whilst ensuring that policies and procedures are people centred, flexible, relevant and help the HB to achieve its strategic objectives. Also, providing an accessible and professional Occupational Health and Wellbeing service to assist in recovery and wellbeing.

Examples of Resolving & Reviving:

- Supporting the Return from Absence in the Workplace
- Providing Expert Advice from Occupational Health
- Promoting Healthy Working Relationships
- Providing Coaching & Mentoring Programmes
- Managing Performance & Attendance at Work
- Expertise in Managing Standards of Behaviour and both Formal & Informal Processes
- Assisting in Respect & Resolution Meetings
- Engaging with Trade Unions through Consultative Forums
- Assisting in the Management of Locum Gaps
- Provision of Specialist Medical and Dental Terms & Conditions Advice
- Advising on AFC Terms & Conditions, and Policy Application
- Drafting & Reviewing of Workforce Policies and Procedures
- Assisting with Contractual Changes
- Helping Managers to Effectively Manage Change
- Promotion of Flexible Retirement

Outcomes:

- Staff Feeling Supported in their Roles Leading to Better Morale
- Improvements relating to Performance & Absence Rates
- Coaching & Mentoring Aiding in the Achievement of Personal & Organisational Goals
- Better Working Conditions through Occupational Health Advice, Leading to Better Performance of Staff
- Heightened Staff Engagement through Flexibility

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2 Map the interventions being progressed...BIND

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

What are you doing?

Retain & Reward (Bind)

Definition:
Retain valued and critical staff by optimising their skills/talents and opportunities to enrich roles and pathways whilst creating a positive culture that enables good performance. Also, developing and delivering retention strategies that allow staff to feel listened to and valued and providing opportunities for development, progression and stability.

Examples of Retaining & Rewarding:

- Implementing a Culture Change Programme - Making Every Day a Good Day at Work
- Development of Retention Programme - Ensures a Good Start to Work; Good Day at Work and a Good end to Work
- Applying Organisational Development (OD) Interventions
- Delivery of Leadership Development Programmes
- Promoting Speaking up in Confidence and Having a Voice
- Conducting 'Thinking of Leaving' and 'Exit' Interviews
- Offering of Staff Psychological Wellbeing Programmes
- Flexibility of Contractual Arrangements
- Development of Rostering Practices
- Reviewing of Application of Workforce Policies
- Reviewing of Market Supplement for Social Workers
- Reviewing of 'Home Carer' Job Role to reflect Complexity
- Conducting Score Surveys to Identify & Implement Better Ways of Working
- Launch of Staff '*ICOM Rewards Hub*' to Provide Staff with Savings in Retailers

Outcomes:

- Implementing Better Organisational Culture Leading to Better Staff Engagement
- Better Organisational Culture Leading to Better Staff Performance and Morale
- Better Staff Wellbeing Leading to Better Performance
- Launch of Rewards Hub to ensure Staff feel Valued and Boost Morale
- Encouraging Staff to Have a Voice Leads to Staff Feeling Listened to, Promoting Better Staff Engagement & Culture

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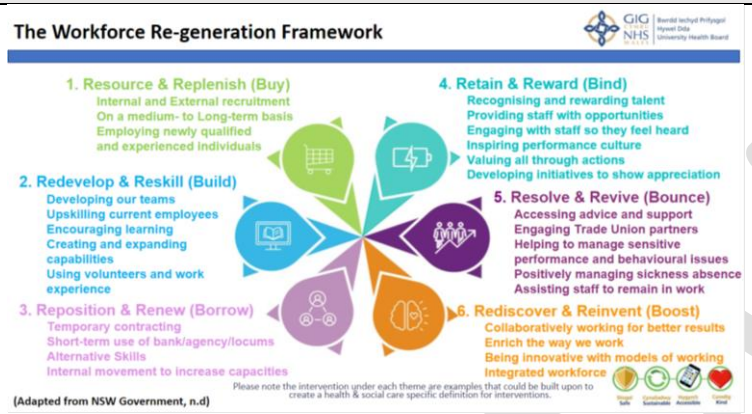
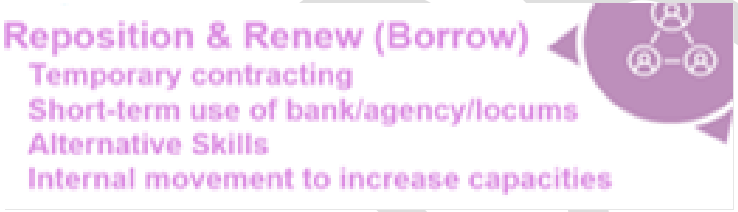
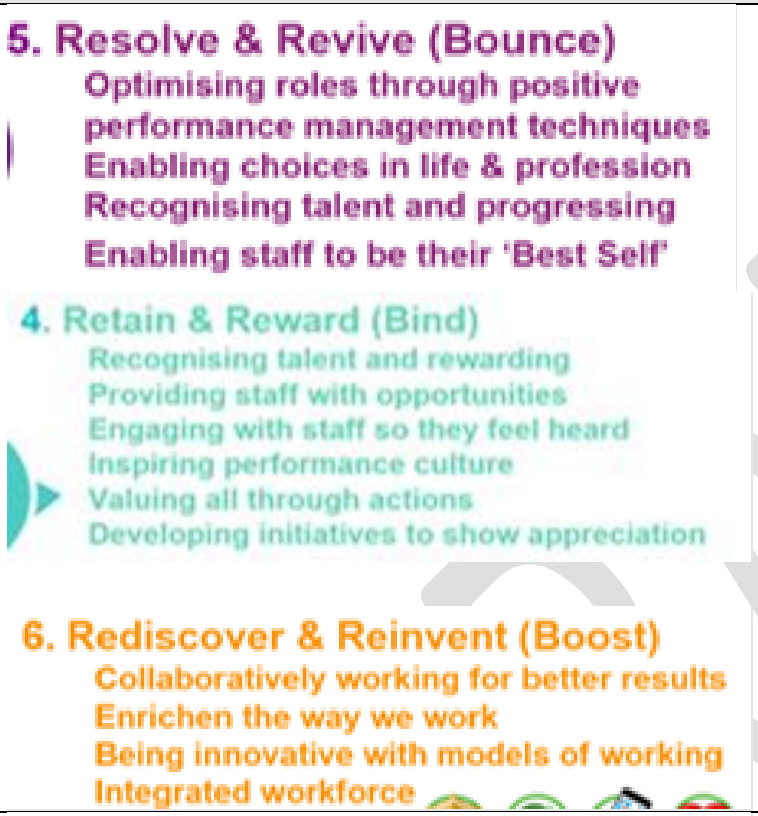
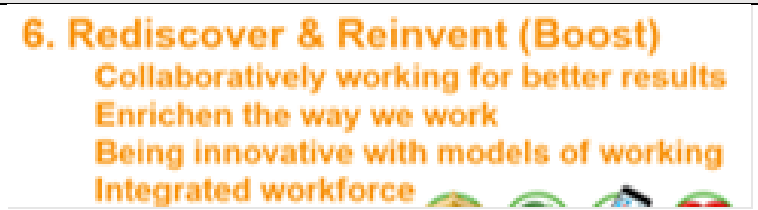
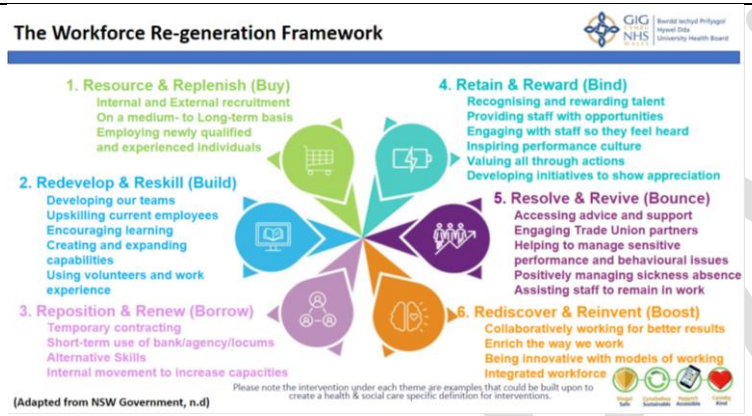
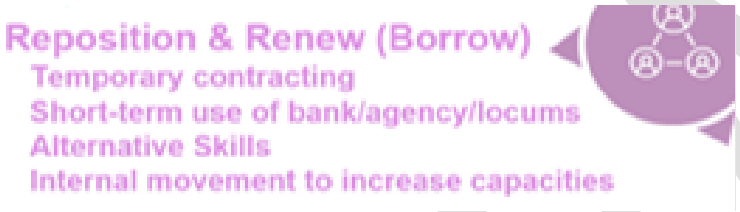
Appendix 6 Mapping the Regeneration Framework to the All Wales Health & Social Care Strategy

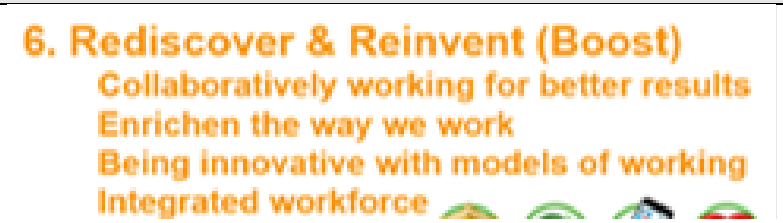
This is a draft framework subject to All Wales and local discussions as at 28 March 2022..

Workforce Strategy Themes	Regenerating our workforce framework
Workforce Supply and Shape	 This covers our whole framework with specific focus on:  Develop modelling assumptions – short, medium and long term

Workforce Strategy Themes	Regenerating our workforce framework
Engaged, motivated and healthy workforce	
Attraction and Recruitment	

Workforce Strategy Themes	Regenerating our workforce framework
	
Seamless workforce	 This covers our whole framework with specific focus on: 

Workforce Strategy Themes	Regenerating our workforce framework
	 
Digitally ready workforce	

Workforce Strategy Themes	Regenerating our workforce framework
	
Excellent education and learning	
Leadership and Succession	

Workforce Strategy Themes	Regenerating our workforce framework