



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	18 August 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce Planning Model for Health Visiting
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce & OD. Alison Shakeshaft, Director Therapies & Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Tracy Walmsley, Head of Workforce Planning & Transformation. Bethan Lewis, Interim Assistant Director Public Health Directorate

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to update the People, Organisational Development & Culture Committee on the short, medium and long-term approaches to workforce planning and how the development of a sustainable workforce model for Health Visiting is being approached based on the needs of our population.

This needs to be placed within the context of the immediate risks, mitigations that have been taken and the wider strategic vision of the Health Board in the aspirations of "A Healthier and Mid & West Wales". Due regard has been given to an approach that takes account of best practice and will support engagement and discussion to address these elements.

A strategic vision has been developed for the Health Visiting Service which incorporate the following key components:

- Leading the HV Profession
- Stabilise and build resilience in the HV Workforce
- Making the HV Profession Attractive
- Improving Health & Care Outcomes
- Developing Equity in Delivery of Health Visiting – for Care and the Profession

We will build on the work undertaken as part of the Nurse Staffing Levels Review and evolve this in line with the Six Step Workforce Integrated Planning Methodology we will explore the workforce need to implement the strategic vision. We will utilise the Six Steps to address the strategic implications and we will reflect on the operational and tactical options available to support in the interim to manage risks and continue to build resilience into the Health Visiting workforce model.

The Committee is being asked to take Assurance on how the approach to workforce planning for Health Visiting is being approached within the Public Health Directorate.

Cefndir / Background

Summary – Workforce Baseline and risks:

The Health Board position under cost centre 0185 “Generic Health Visiting” identifies an over established position of 6 WTE. Critically, to note the Band 6 line below shows the under establishment of our Specialist Community Public Health Nurses (SCPHN) Health Visitors by 8.6 WTE (a slight reduction on 10.2 WTE last month)

Generic Health Visting (Cost Centre 0185)

Row Labels	Budget	Actual	Vacancy	Maternity
ADDITIONAL CLINICAL SERVICES	4.6	7.4	(2.8)	0.0
ACS NURSERY NURSES	0.0	2.0	(2.0)	0.0
Nursery Nurse Band 4	0.0	2.0	(2.0)	0.0
NURSING ASSISTANTS	4.6	5.4	(0.8)	0.0
Nursing HCA/HCSW - Bank	0.0		0.0	
Nursing HCA/HCSW Band 2	0.0		0.0	
Nursing HCA/HCSW Band 3	2.6	1.6	1.0	0.0
Nursing HCA/HCSW Band 4	2.0	3.8	(1.8)	0.0
ADMINISTRATIVE & CLERICAL	1.8	3.5	(1.6)	0.0
SENIOR MANAGERS & A&C	1.8	3.5	(1.6)	0.0
Admin & Clerical Band 2	1.8	3.5	(1.6)	0.0
Admin & Clerical Band 3	0.0		0.0	
Admin & Clerical Band 4	0.0		0.0	
Admin & Clerical Band 7	0.0		0.0	
NURSING AND MIDWIFERY REGISTERED	61.9	63.4	(1.5)	1.5
NURSE MANAGER	1.0		1.0	
Nurse Manager Band 8A	1.0		1.0	
REGISTERED NURSE	60.9	63.4	(2.5)	1.5
Registered Nurse - Bank	0.0		0.0	
Registered Nurse Band 5	1.6	12.0	(10.4)	1.0
Registered Nurse Band 6	52.0	43.4	8.6	0.5
Registered Nurse Band 7	6.3	6.0	0.3	0.0
Registered Nurse Band 8A	1.0	2.0	(1.0)	0.0
Grand Total	68.3	74.3	(6.0)	1.5

Flying Start

NURSING AND MIDWIFERY REGISTERED	37.3	33.5	3.8
NURSE MANAGER	1.0		1.0
REGISTERED NURSE	36.3	33.5	2.8
Registered Nurse - Bank	0.0		0.0
Registered Nurse Band 5	0.0	5.2	(5.2)
Registered Nurse Band 6	32.3	23.3	9.0
Registered Nurse Band 7	4.0	5.0	(1.0)
Grand Total	46.6	42.6	4.0

The Flying Start cost centre position is underfilled currently as per table above:

- A deficit of 9 WTE Band 6 mitigated as per note above by 5.2 Band 5 posts

This is a critical deficit to address and to align to the strategic intention for the profession and the wider organisation for the benefit of children and families.

The demand within Health Visiting has historically been greater than capacity. Therefore, analysis of demand and capacity aligned to population health and wellbeing needs to be

accounted for as we move forward to align resource to need or to redesign a service to meet increased need through new roles or ways of working.

The present risk was identified circa 2 years prior and an additional uplift was added to the budget to enable appointment to Band 5 and Band 4 roles to mitigate and create a future pipeline of Health Visitors as reflected above demand appears to be outstripping capacity considerably and when adding in other factors:

Consolidation of work to date:

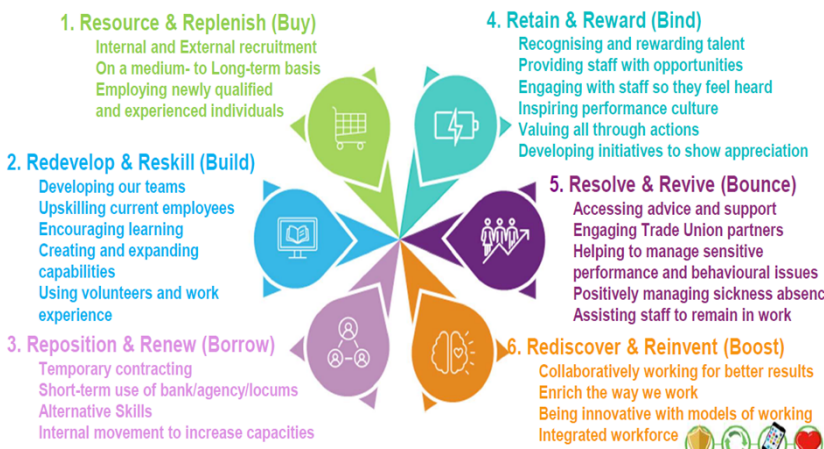
A workshop was undertaken in August 2021 to facilitate discussion around an approach to workforce planning for the Health Visiting Workforce. Slides summarising discussions are embedded for reference which details the processes to work within a six step workforce planning methodology and align to improving together philosophy. This was the start of a long-term process with subsequent facilitated sessions within the Health Visiting Team by Team Leaders, Assistant Director of Public Health and Executive Director of Nursing. (Please refer to slides in Appendix 1 on page 8.)

The work around the Nurse Staffing Levels Act for Health Visiting identified a requirement for a significant uplift within the Health Visiting workforce. This gap identified a need for 67 WTE across registered and unregistered groups. This is a requirement to effectively double the HV workforce. The Chief Nursing Officer has put a hold nationally on a further implementation of the NSL for Health Visiting until a wider review has taken place. This covers all nursing fields not only Health Visiting. It is important to recognise this work as a benchmark for a triangulated approach to assessing workforce needs and continue to build on the analysis undertaken to critically assess future demand and the workforce gap in terms of roles and skills.

Taking into account the immediate pressures and risk in the service short term actions were taken to support the existing Health Visiting Teams and to foster the cultural climate needed to embed future changes. The Organisational Development Relationship Managers (ODRM) were instrumental in supporting and engaging closely with teams.

Asesiad / Assessment

Assessment of the current position in relation to a on Health Visiting Workforce Plan:



Using the Workforce Regeneration Tool we can reflect upon the work which has progressed across the 6 elements to stabilise the workforce, most significantly around:

- Redevelop & Reskill:
- Band 4 integration into teams
 - Band 5 pipeline
 - New routes into study

- being explored
- Resource & replenish
- Recruitment through targeted University fairs
 - Use of campaigns 'Work Train Live' and 'Here For Life'

Retain & reward

- Overnight accommodation and support to work in Ceredigion
- Introduction of newsletter

Resolve & revive

- Agile working
- Working with Workforce leads and TU to support agility of team cover required

Rediscover & reinvent

- Introduction of clinic-based client contact
- Encourage networking across multidisciplinary teams

Reposition & Renew

- Introduction of Health Visitor bank utilising neighbouring HB staff and retire/return own staff
- Movement of own staff across Teams to provide Ceredigion cover holding greatest risk

Based on the 6 step approach to workforce planning will need to reflect on the elements that comprised the NSL assessment and evaluate alternative options that can be taken to move towards the “Team around the Family” and “Community” approach to strengthen workforce pipelines.

Underpinning this is the work with the ODRM's, we will continue to work closely to ensure elements such as staff retention and leadership capability is explored, understood and the challenges recognised and solutions successfully developed to enable our culture to evolve and provide many “Good Days at Work”.

As identified a Strategic Direction of Health Visiting has been developed which is reflective of the interventions above, however goes much further:

- Attractively position the Health Visiting Profession as a career choice
- Building future leadership capacity and capability to lead the profession
- Creating an ambition for the workforce to reflect the population it serves and address inequity in services and the workforce
- Design an approach to delivering improved health outcomes that draws on the latest thinking and technology to master the system, partners, and intelligence we hold
- Engages a safe and sustainable workforce now and evolves a workforce model for the future

The principles of the strategic vision will drive the workforce development and transformation agenda over the next 1-3-5 years and it is anticipated that this will require far reaching change across wider teams, directorates and partners. We will also work to reflect the requirements of the whole system by undertaking a population health-based approach and delivering on the creation of a Safe, Sustainable Accessible and Kind workforce – the ASKS Framework:

Accessible

- a) Assessing need and alignment of methods of access
- b) Rethinking delivery mechanism across Public Health & Health Board

Safe

- a) Ensuring skilled professionals are aligned and developed to teams requiring support i.e. Safeguarding related
- b) Skill & Competence based approaches to workforce development will be aligned to Band 2, 3 and 4 roles

Kind

- a) Reflect on the wellbeing of our workforce and the demands which are placed upon them are in line with their capacity to respond
- b) We will recruit, train and develop in line with Values and Principles of the Health Board and Social Model of Health

Sustainable

- a) Career pathways will be aligned for pre & post registration candidates for Health Visiting to evolve our Grow Your Own philosophy
- b) We will develop an approach to succession planning to support our future retirements profile

Organisational risks to address:

Health Visiting is a fragile service - it is important that we critically assess the risk on the system in terms of demand versus capacity and the pressures these place on our workforce, if not we risk negative impacts on our existing workforce. Additionally, misalignment to the Community Workforce Model/Children & Young People (CYP) Plan and a whole system approach could open up further risks or unintended consequences on service users and our workforce.

Evidence base to help inform decision making:

Further review & analysis will take place to assess what are the “must do’s” and what can be managed positively against the retirement profile for the workforce and the changing population demographics.

A new pilot is proposed to test a new role to facilitate a service led, workforce planning approach. The development of the plan for Health Visiting will be set within the governance framework being developed for strategic workforce planning, learning & education development and team around the patient, family, community governance structures.

A full report outlining the strategic workforce planning will be brought to a future Committee to update on the plan and implementation.

Argymhelliad / Recommendation

For the Committee to take an assurance from the Workforce Planning Model for Health Visiting that:

- there is a defined process
- engagement from the Health Visiting Team has been sought from the outset
- a plan is in place to develop the strategic approach to align to our aspirations of a social model of Health
- operational and tactical interventions have been taken to mitigate risk in the short to medium term, supported by ODRM’s
- reputational, operational and financial risks will be reflected in the final report/plan for the Committee.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:

Cyfeirnod Cylch Gorchwyl y Pwyllgor:

3.4 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.

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	940 – risk score 12
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2.1 Managing Risk and Promoting Health and Safety 2.7 Safeguarding Children and Safeguarding Adults at Risk 3.1 Safe and Clinically Effective Care 7.1 Workforce
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services 4. The best health and wellbeing for our individuals, families and communities 6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	4B Public Health Local Performance Targets 5I_21 Children and young people services improvement
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

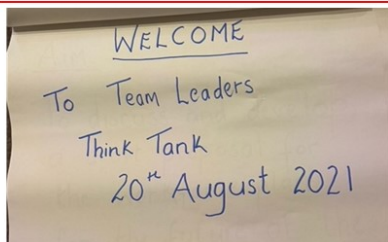
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Nurse Staffing Levels Act
Rhestr Termiau: Glossary of Terms:	Contained within body of report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Noted within report

Ansawdd / Gofal Claf: Quality / Patient Care:	Noted within report
Gweithlu: Workforce:	Noted within report
Risg: Risk:	Noted within report
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	Noted within report
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A

APPENDIX 1

Think Tank - Health Visiting Team Leaders Stradey Park



Workshop 20 August 21 Summary with "Follow Ups"





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Aim
To discuss and develop
a draft proposal for
the workforce plan
for the future of the
health visiting in
Hywel Dda University Health
Board.

Workshop Aim & Outputs



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

• Key Themes

9. Capacity of Team Leaders role
10. Need to explore P.T. role
11. More Specialist Posts to support the service.

- STAFF FEEDBACK from Themes
1. LACK of venues
 2. Community based teams
 3. More progression for specialised posts and career development
 4. Skill mix additionally not instead of.
 5. More involvement antenatally and more group work provision for key public health issues
 6. Accessibility- use of central line hubs
 7. More admin support.
 8. Access to safeguarding support within the service.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

- **Achievements**

What have we achieved so far:-

- Modernisation, digitalisation and improved communication.
- Implementation of skill mix and grow your own model.
- Further integration with services outside + within.
- Specialised posts
- Improved staff well being services
- Development of Health Visitor Response TEAM.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

- Themes – what would you like to see in **service**?
- Equity of Service
- Strengthening of legal knowledge (for what purpose?)
- Themes – what would you like to see in **workforce**?
- Compassionate leadership (training)
- Alignment of LA/TL roles (work with LA: strategic v operational)
- Change management training i.e. support staff with biological impact of stressful change
- Career development, specialist roles
- Apprentices

What would you like to see included in the service?

- Team leader role to embrace Michael West compassionate leadership Model. — **training**
- Training to know effects of a biological response to traumatic incident i.e. PRUDIC. How to support and manage.
- Career development for staff → specialist post
- Equity in each area i.e. in relation to 3 counties and specialist roles and ways working.
- Is the TL role strategic or operational it changes with LA input. Need to T/L roles and definition (for all bands).
- **Management Structure**: Overall health head
QA leads
Operational / Strategic for each county – Data
T/L to concentrate on development, PRUDIC + s
Permanent Band 5 in team as well as grow your
More Specialist post to support development and
to retention.
Apprenticeships when fully staffed.
- legal training
- **Apprentice??**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

- Themes: what do you need to remove or change in your work and **workforce implications**
- Data Collection & paper management: improve ways to collect through **technology & training**
- Commissioning services: understand expectations and **impact on roles/JD/team functions**
- Legal issues –safeguarding – **what does this mean?**

DEVELOPING SERVICE (OUTCOMES)

WHAT DO YOU FEEL YOU SHOULDN'T BE DOING THAT YOU ARE NOW?

- Too Much data collection - Is it all needed? Takes so much time. - software development - training
- Not duplicating paperwork.
- WCCIS - we need to go forward with this and support from IT. under specific.
- WELLCOM ??? - over service
- Paperwork Strategic → looking at job description and what is expected from commissioning services.

WHAT DO YOU FEEL IS TAKING UP TOO MUCH OF YOUR TIME AND WHAT WOULD YOUR SOLUTIONS BE TO CHANGING THIS?

- * Data reporting
- * Midwife not seeing/supporting new mums due to covid restrictions and services moving along at different paces. → regular meetings to discuss issues/communication and driven structurally between both disciplines.
- * IT and hand holding → HR development and structured training from IT to work software. → training to be offered by IT. Visual problems due to constant IT → needing to consider ocular effects.
- * WCCIS !!

STRATEGIC
WORKFORCE
PLANNING



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

- Themes:
- For service (for what?)
- Problem to solve
- For Workforce solution
- Specialist roles
- Support workers
- Skillmix
- Improve management structure
- Raise profile of work
- Value of experience on quality
- Legal training

WHAT WOULD HELP ACHIEVE THESE SERVICES?
WHAT IS NEEDED TO HELP STRENGTHEN WHAT YOU DO?

- MORE SPECIALIST ROLES
- MORE SUPPORT WORKERS/SKILL MIX
- BETTER MANAGEMENT STRUCTURE TO SUPPORT TEAMS
eg more TRs/deputies
- BETTER PROFESSIONAL DEVELOPMENT OPPORTUNITIES
CAREER PROGRESSION FOR STAFF MOTIVATION/WELL BEING
- sharing of expertise
- RAISING PROFILE OF HEALTH VISITING
- Training in legal
- Utilising experienced staff - quality and experience

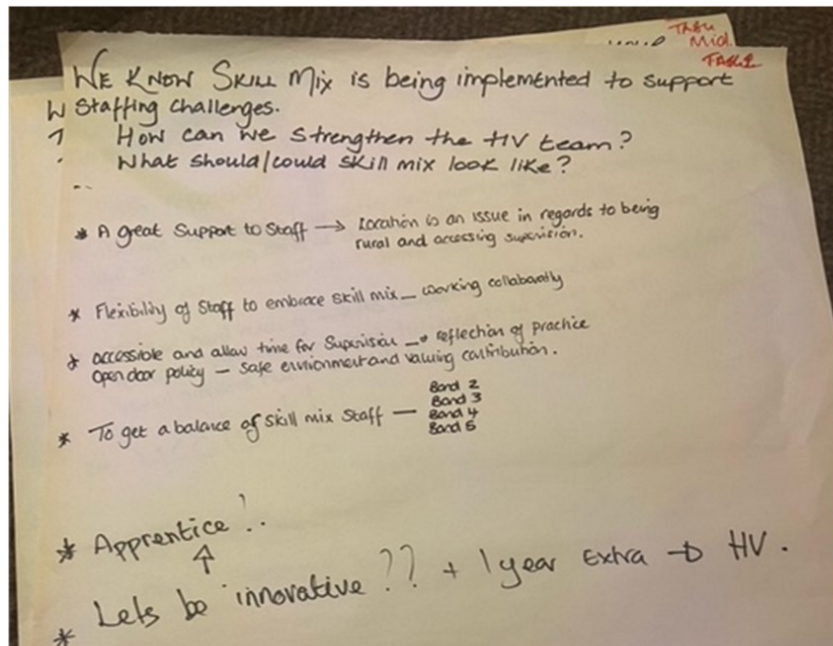
STRATEGIC
WORKFORCE
PLANNING



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

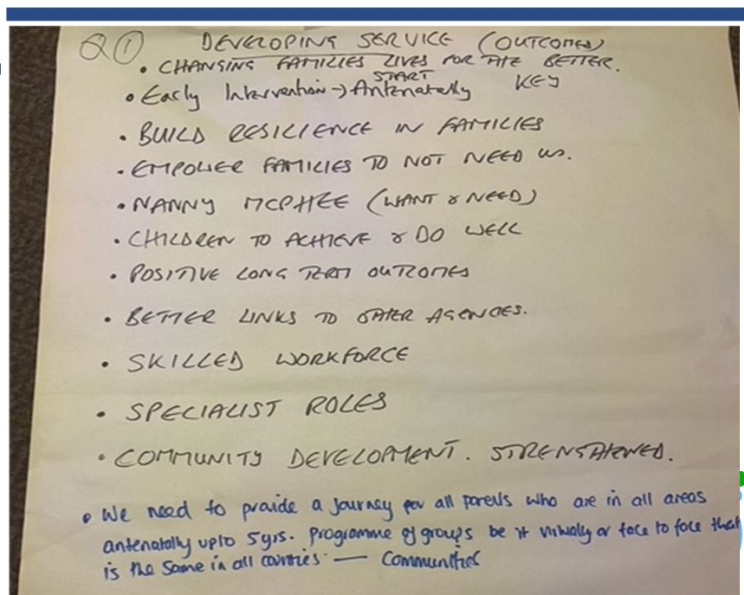
- Themes
- Development pathways & development built in i.e. reflective practice
- Create safe environment for collaboration



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

- Themes: Outcomes
- How does this translate into a vision?
- Look at Future Generations Outcomes Measures & Milestones?



AIM

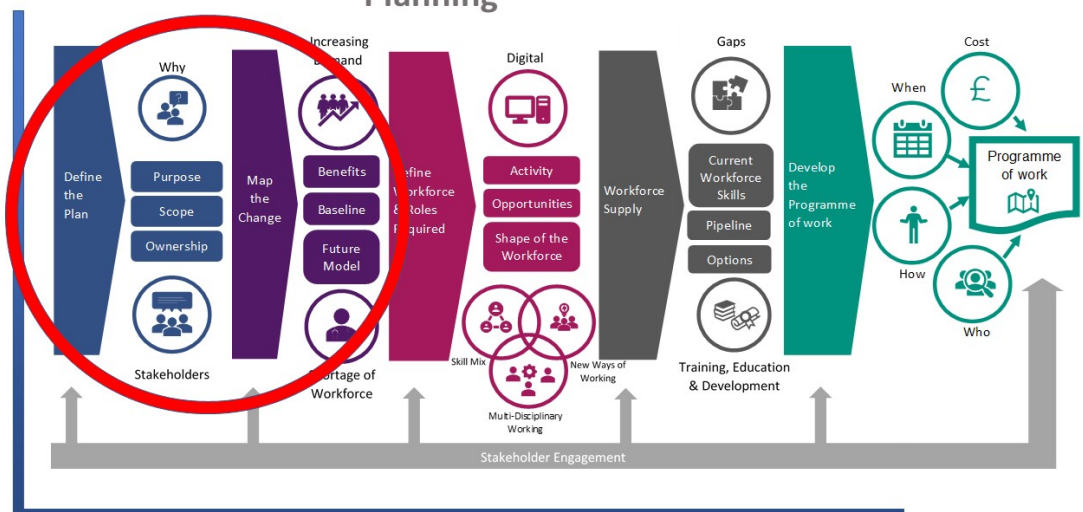
To work together utilising the **six step strategic workforce planning methodology** to develop a **sustainable workforce plan** that enables **service improvements** and **"workforce transformation"** to develop a social model of health for the health visiting service for West Wales?

(Ensuring alignment to other services to maximise opportunities)

Is this aim right for you as a team? Is this what you want to achieve?



Six Step Route Map for Strategic Workforce Planning



What do we mean by workforce planning?

In the NHS we tend to use four types of planning in relation to workforce

Tactical Planning

Emergency & Short Term
Planning – typically less
than 1 year

Operational Planning - 1-3
years

Strategic/Transformational
Workforce Planning 3– 5
years plus



How to get the future we want...?

- People own what they help create
- Real change happens in real work
- Those who do the work, do the change
- Connect the system to more of itself
- Start anywhere, follow everywhere
- The process you use to get to the future is the future you get



SWOT Analysis



Your Vision & Priorities



Vision...



Priorities...

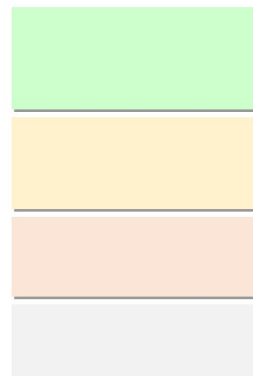
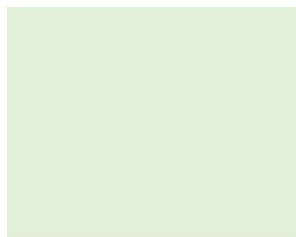


Vision & Priorities...

- What is your vision for the future?
- What are your priorities?
- What are the problems that need solving?

What?

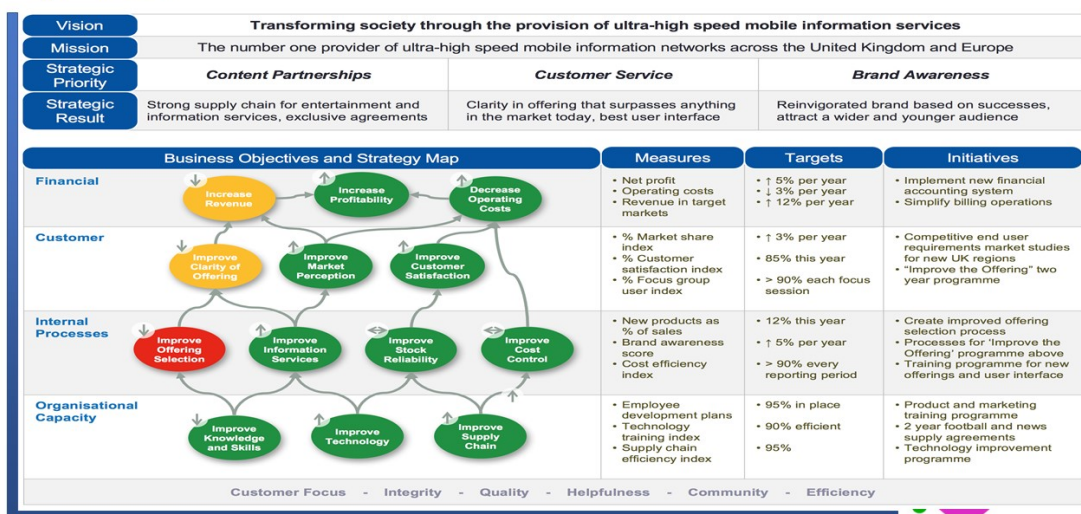
How?



Strategy Map



An example....what would this look like for Health Visiting?



Strategy mapping can help to support you in defining your plan, particularly if you are looking at a whole system impact

Strategy mapping will help you to define:-

- ◆ What the system does e.g. what service you are delivering
- ◆ Who is part of the system
- ◆ How is/how will the service be delivered
- ◆ What is the Patient Pathway

Mission Statement e.g. to deliver safe xx services to meet patient needs			
What Strategies does this align to?			
e.g. A Healthier Wales		e.g. LHB Service Strategy	
Who is part of the system?			
e.g. Primary Care	e.g. Staff Groups	e.g. Community Partners	
System Purpose e.g. what services do you deliver?			
e.g. Assessment		e.g. Referral	
What are your goals?			
e.g. Sustainable Workforce	e.g. Prudent Healthcare	e.g. Improved Patient Access	
How will you measure success?			
e.g. Assessment within xx days	e.g. Referral within xx days	e.g. Staff Satisfaction	e.g. PROMS

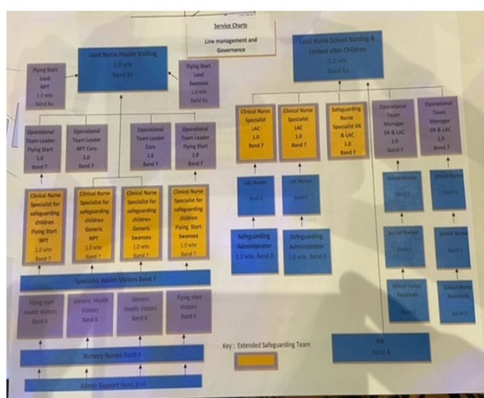


Route Map Exercise



Workforce Baseline Data





STRATEGIC WORKFORCE PLANNING

- Analyse Data Set

STRATEGIC
WORKFORCE
PLANNING

What do we know now?

RISKS

- High proportion of staff potentially reaching retirement age therefore loss of skills and knowledge for the directorate
- Technology
- Legal – safeguarding knowledge base?

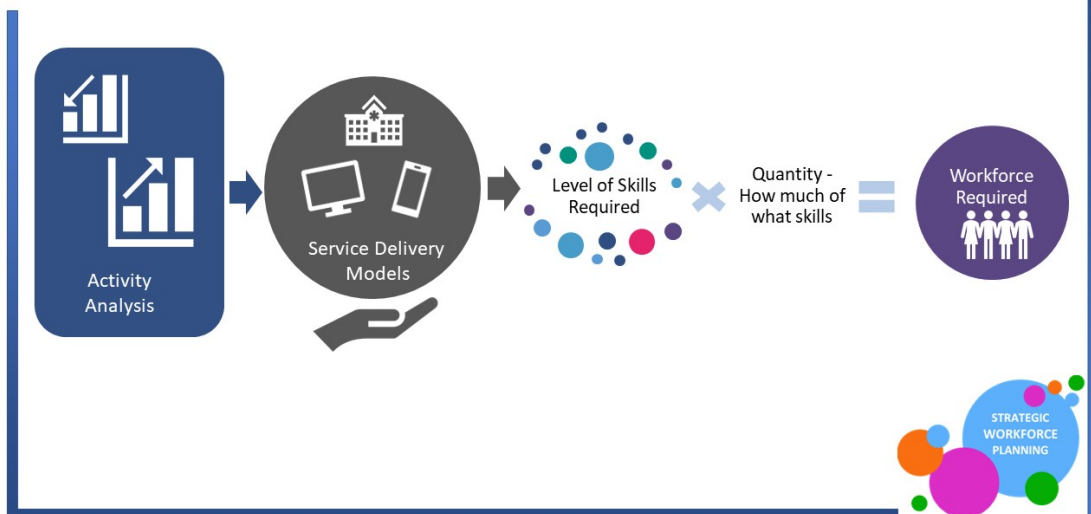
OPPORTUNITIES

- Options for working differently
- Skills Analysis – WHAT is needed for WHAT, not WHO
- Themes from Service SWOTT Analysis to inform next steps?



What's Next?





Align to:

- Community Model
- Children & Young People Plan & Charter

Reflect on:

Performance measures
 WBFGA

