



**PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD
PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 August 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce & Organisational Development Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce & OD
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Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

In 2019, Hywel Dda University Health Board's (HDdUHB) ten year Workforce, Organisation Development and Education Strategy was agreed and it was recognised that a rightsizing investment would be required to facilitate strategy implementation through the development of new roles within the function.

The COVID-19 pandemic demanded an urgent response from the Workforce and Organisation Development (W&OD) function to mobilise the existing workforce and ensure a sufficient new workforce supply was in place to meet service delivery requirements. The organisation wide response to COVID-19 has resulted in key learning about our culture, our relationship with staff, enabling their wellbeing at work and beyond. It required changes in working practices to be implemented more rapidly than ever before.

Work is in progress and discussions are underway within the W&OD Senior Team and with staff side representatives to learn from and progress through COVID-19 in our cultural acceleration towards a social model for health.

The Transformation Steering Group engagement events around "Joy at Work" have reinforced the acceleration of certain aspects of the strategy, including (1) creating a culture which treats employees as adults, consumers and human beings and moves away from a parent/child relationship; (2) supporting the health and wellbeing of all staff by treating employees as whole people with other 'life' responsibilities and events; and (3) creating an agile workforce optimising technology and working practices.

Therefore, the strategy remains a valid ambition for the future, however we must view it through a new lens and build on the achievements during the last 6 months.

It is within this context that this report is to provide the People, Planning and Performance Assurance Committee (PPPAC) with an update from the four pillars of the function in terms of contributions made to enable organisational performance during Quarter 1 and plans in place for Quarter 2 to continue and sustain organisational impact.

Cefndir / Background

The contributions to performance delivery are captured under the four organisational pillars of the function, namely:

1. Workforce Performance and Well-being
2. Resourcing and Utilisation
3. Organisational Development
4. Workforce Development and Education.

Asesiad / Assessment

1. Workforce Performance and Well-being

Quarter 1 Look Back

OPERATIONAL WORKFORCE

A Bronze Workforce Group was promptly established to oversee and manage the workforce aspects of the internal planning response to COVID-19. The Group was chaired by the Deputy Director of Workforce and consisted of a representative group of workforce professionals from all pillars and various other lead professionals. The frequency of the meetings remains on a weekly basis.

Frequently Asked Questions (FAQs) were produced in response to the vast number of workforce related queries received from staff. The substantial volume of queries necessitated a full-time member of staff from the Workforce & OD Department to be placed in the COVID-19 Command Centre seven days a week. In addition, the Team drafted and agreed policy guides and protocols in relation to deployment, key workers, accommodation for staff, home working advice, risk assessments, etc. Senior members of the Team were also integral to the production of the All Wales advice and guidance and the initial iteration of the All Wales FAQ' was based on that of HDdUHB.

The Team established a COVID-19 workforce intranet page enabling easy one stop access to information for staff. This swift response and the dynamic actions by the Workforce Team were also involved in the initial establishment and management of a Deployment Centre. This enabled requests for additional staff/new roles to be processed and prioritised swiftly and for existing staff whose skill sets could support these requests to be deployed from their existing roles to meet these priorities. The deployment process also enabled those staff who were shielding or who had other underlying health issues to be able to deliver care for our patients through different working arrangements.

Due to the focus on COVID-19 related issues, a decision was made across Wales for employee relations cases to be placed 'on hold' for a period of time due to the capacity of Workforce Team members, the availability of managers to deal with matters, and the impact of social distancing, self isolation and staff shielding. The normal level of support for line managers in relation to absence management was also put on hold due to the focus of planning in relation to COVID-19. Therefore, absence reviews, auditing and training did not take place.

Whilst the management focus switched to COVID-19, sickness absence rates increased only marginally: 6.24% (April 2020), 5.44% (May 2020) and 4.74% (June 2020) compared to the previous year: 5.14% (April 2019), 4.78% (May 2019), and 4.89% (June 2019).

The Operational Workforce Team members have also been heavily involved with assisting the Resourcing Team in undertaking pre-employment checks in order to help with the mass recruitment exercise. The Team have also supported the drafting of documentation in relation to secondments and honorary contracts and assisted with the devising and implementing of new consultant, SAS doctor and junior doctor rotas. The Team have undertaken new tasks such as sourcing and monitoring all accommodation requirements of staff requiring accommodation due to the risk of infection to partners at home with underlying health conditions. In addition, they have regularly supported each of the other Bronze Command Groups with Operational Workforce support, enabling connections to be made in order that appropriate decisions relating to staffing matters could be made.

A key commitment from the W&OD team was to continue to work in close partnership with Trade Union colleagues during these challenging times. The W&OD Director has met twice weekly with Trade Union chairs from each of the three counties, together with a monthly Partnership Forum online platform meeting.

OCCUPATIONAL HEALTH

The Occupational Health Team have been under pressure regardless of COVID-19, due to a high level of absence due to illness amongst staff and due to some resignations. However, senior members of the Occupational Health Team were instrumental from the outset of the pandemic planning and response. The number of queries and requests for advice soared due to queries in relation to self-isolation, shielding and also underlying health condition interpretations. Occupational Health staff also featured prominently in the COVID-19 Command Centre seven days a week. Management requests for support in relation to risk assessments, staff with underlying health conditions and pregnant staff also featured strongly and significantly impacted the workload.

Quarter 2 – Forward Look

OPERATIONAL WORKFORCE

The Team continues to deal with COVID-19 related workforce queries, due to the constantly evolving position in relation to Government advice regarding self-isolation, shielding and quarantine. The Team have contributed to revisions to the All Wales FAQs and provided advice and guidance to all line managers and staff routinely. The main focus of late has been in relation to risk assessments, in particular the issues relating to the Black, Asian, Minority Ethnic (BAME) workforce and also in relation to the quarantine requirements of staff returning from overseas countries not included on the Government list of exempted countries. The demands on senior members of the Workforce Team remain significant, although business as usual in respect of employee relations has been reintroduced. There are numerous highly complex cases within HDdUHB at the present time which is having an impact on capacity within the Team.

With regard to absence management, the operational teams have started to undertake sickness reviews and the Absence Advisors are due to re-commence sickness auditing imminently via Microsoft Teams. In addition, remote training is being developed.

It is evident that through the COVID-19 planning and response arrangements, service directorates are requiring increasing support from Workforce Team members. It is anticipated that this will represent the next step in the “Rightsizing Plan” in relation to Business Partners. The Director of Workforce & OD is leading a review of strategy in order that key aspects of learning from the COVID-19 experience will help inform and revise the initial proposals.

In order to build on the work undertaken with Trade Union colleagues in 2019, and the proposed review of facilities time off agreement, it has been determined that HDdUHB will also take the opportunity to work in close collaboration with Trade Union partners in trying to create true partnership working which is reflected in the recent policy direction of all new Wales wide policies.

With the introduction of the Healthy Working Relationships Programme and the new Respect and Resolution Policy across Wales in October 2020, these will provide a great opportunity to do things differently in partnership. HDdUHB will work with Trade Union partners to put trust at the heart of how dignity at work is managed, grievance issues and to encourage managers to do the right thing in resolving issues by treating each matter individually and each member of staff as an adult. Our Trade Union chairs are keen to work with us to develop pledges to ensure we achieve and monitor success of this new approach, putting people at the heart of it.

OCCUPATIONAL HEALTH

In Quarter 2, the demand has continued for specialist advice and input in relation to risk assessments, staff returning from shielding and the re-commencement of absence referrals. However, Occupational Health staff have been highly involved in planning for both Flu and COVID-19 vaccination programmes and waiting lists remain moderately high. Occupational Health is a shortage profession and there are no easy solutions in respect of appointing additional staff. The Head of Occupational Health is currently reviewing the structure in order to consider how to maximise the best use of available staff.

WORKFORCE PLANNING

Increasing Workforce Challenges/Demands

Based on the capacity and demand modelling undertaken for COVID-19, non-COVID and planned care requirements by our operational service teams, HDdUHB is seeking to maximise workforce availability. However, there are some potential limiting factors i.e. the 2-metre rule on social distancing; the need to maintain staffing levels within the Nurse Staffing Act (NSA) and also the availability of additional registered nurses (RNs) to be able to safely staff surge areas. In addition, as this will need to be a sustained effort, we are alert to the need to build ongoing capacity and capability within teams and resilience to cope with unforeseen circumstances.

Additionally, as services are commenced under the requirements of the Welsh Government Operating Framework, challenges are being experienced in planning, delivery and performance, again as part of social distancing to create safe environments for staff and patients. Across HDdUHB, services are flagging up to a 50% capacity reduction which has impacts on performance of services for patients and on our current workforce to meet ever increasing demands.

An assessment of nurse staffing levels, based on a “worst case scenario” of requiring 500 surge beds within field hospitals and maintaining the maximum number of beds within ward configurations, indicates that our nursing and healthcare support workforce would require a substantial increase. However, the reality is such that under normal circumstances, HDdUHB operates at a significant registrant deficit (approximately 200-400 RNs). It is therefore likely that a smaller proportion of our RN workforce will be able to transfer into the 200-500 surge beds required within our community and field hospitals (this is based on the assumptions that patient acuity within field hospitals will be 0-3 and therefore greater acuity will reside in acute sites requiring a higher number of RNs).

To understand the scale of our challenge, a detailed assessment of our current workforce demand and availability is ongoing. To date, the estimated workforce required within field hospitals for 500 beds relates to approximately:

- 267 WTE (with 26.9 uplift) Registered Nurses
- 535 WTE (with 26.9 uplift) Healthcare Support Workers.

Therefore, within an escalated position due to COVID-19 and Winter pressures, there will be a significant burden on our current workforce and we are working to understand the workforce deficit across all services and professional groups. This is an iterative process due to understanding the availability of our substantive and contingent workforce cohorts: students, staff on temporary contracts of 3 and 6 months established as part of a COVID-19 response, bank and agency workers.

Assessment of Workforce Availability

A significant recruitment campaign has been undertaken which increased the workforce numbers overall since March 2020 by 912 wte. Of these, approximately 175 wte student nurses and approximately 27 wte medical students will return to academic study. It is anticipated that approximately 25% of new recruits from the 3 and 6 month contracts offered will be lost, reducing numbers by approximately a further 177 wte. This leaves approximately 532 wte to continue to develop and retain services across our HCSW and Facilities Teams.

It is recognised that a review of our registrant workforce is required and the following matters have been identified:

- 91 new nursing registrants will qualify in September 2020, covering all specialities.
- Approximately 20 new Allied Health Professions (AHPs) and Health Care Scientists (HCS) registrants will qualify in September 2020.
- RN recruitment increased in April 2020 by 39 wte (30 substantive & 9 bank).

In analysis of our contingent registrant workforce, i.e. bank, agency and additional hours, we have seen a reduction of approximately 30% between January 2020 to June 2020, an equivalent of approximately 200-250 wte. However, it does provide some intelligence on where efforts are required to be focused. Further analysis is required going forward to assess the feasibility of these assumptions.

Actions to support workforce availability and mitigate risk

To build on and develop our workforce, we are assessing a series of proposals to take forward. These measures have been included in the estimated demand set out above and currently include:

1. Development of a “wrap around team” model and will include the development of new roles and ways of working and include a development pathway facilitated by:
 - Creation of 50-100 Band 4 (or Trainee AP) roles.
 - Creation of 50-100 Band 3 roles.
 - Creation of 50-100 Band 2 roles.
 - A focus on developing key competences needed within our workforce i.e. venepuncture, cannulation as appropriate to context: setting, patient acuity.
 - Roles may see “extension” in different ways i.e. porters supporting “housekeeping” activity in field hospitals etc.

2. Further expansion of higher level skills development in key areas i.e. Critical Care, Independent Prescribing, Advanced Nurse Practitioner (ANP)/Minor Injuries.
3. Creation of flexible and rapid response teams for anticipated critical needs at times of escalation:
 - Creation of a “mortuary bank” of porters (40) trained in core skills to support each county.
 - Creation of a “phlebotomy” bank of HCSWs to meet increasing demand.
 - Creation of a “rapid response team” cleaning & infection control team across counties for care home, schools, field hospitals etc.
 - Creation of a county specific or wide approach to respond to critical escalation at key sites.
4. Continue the development and embedding of alternative methodologies for remote working of clinical teams i.e. virtual wards, telephone triage, development of virtual “huddles” of remote workforces to respond to escalation/crisis.
5. Consideration of developing a “volunteer” or reservist model with other agencies with skilled clinical staff i.e. Coastguard, Military, private sector contractors etc.
6. Development of a “designation” and “rotational” model for general, community and field hospital deployment to maintain resilience and skills development to be able to flex the workforce at times of escalation.
7. Consider the opportunities for a collaborative approach depending on need with local, bordering health board’s i.e. Powys Teaching Health Board and Swansea Bay UHB in relation to flexible and contingent models of workforce.
8. Ongoing monitoring of our recruitment and contingent workforce usage alongside assessments of sickness absence, retention and potential retirees/leavers.

These actions seek to address and mitigate against the risks identified previously i.e. a possible and significant shortfall in our registrant and non-registrant workforce.

2. Resourcing and Utilisation

Quarter 1 Look Back

RESOURCING AND UTILISATION

The main focus for the pillar in Quarter 1 was to ensure that HDdUHB had a sufficient number of staff to respond to the additional demands of COVID-19. We needed to act at pace to secure an additional supply of staff. We introduced new processes, continuously balancing the need to recruit at pace, whilst at the same time adhering to ‘safe recruitment principles’ as closely as was reasonably practicable in these specific circumstances. During the same period, demand increased for workforce information held on our Electronic Staff Record (ESR) and a new requirement to report absence data to Welsh Government and Health Education & Improvement Wales (HEIW) on a daily basis.

Large Scale Recruitment Campaign

A campaign was initiated at the end of March 2020 to recruit Health Care Support Workers and Facilities staff i.e. Porters, Catering Assistants, Domestic Assistant, Laundry and Semi-Skilled. NHS Jobs and Social Media were used as advertising platforms. The response rate was extremely positive and interviews were conducted intensively by telephone over a period of 5 days.

Whilst the process was not aligned to our traditional recruitment pathway, measures were taken to manage and mitigate risks appropriately. Managers have been supported locally by members of the Workforce Team to manage any issues arising post start date. The extent of the recruitment exercise was unprecedented in terms of numbers recruited and on-boarded, however it has positioned HDdUHB well in terms of the support staff required to respond to the pandemic. In total, almost 1200 individuals were offered contracts of employment (part time, full time or bank). The campaign has therefore proved extremely successful. HDdUHB had 8,434 wte staff in post in July 2019 compared to 9,418 wte in July 2020. This represents an increase of 984 wte (11.7%). An example of positive feedback from a new starter is shared below:

"I recently started work as a HCSW through the Covid recruitment initiative and I would like to sincerely thank you and all your team for the remarkable work you are doing behind the scenes. The support I have received to get to the hospital floor, has been compassionate, caring and truly magnificent. I have had texts at weekends from your team with updates on training, start dates etc and all in a matter of days. Building Field Hospitals was nothing compared to the way you got us mobilised, trained and ready for work in days, WOW. I'm on the frontline (like you) because of you, thank you, you are all truly beautiful people. My Deepest Respect."

35 individuals volunteered to help with the telephone interviews which was an intensive process including weekend working. Many of those involved found the process extremely rewarding. Some points of feedback are referenced below:

"I supported the interview process over four or five days so probably attempted to speak to around one hundred people. The process for distributing the names and contact details was very smooth and the team should be commended for what they have achieved in such a short time. Similarly, I understand some 700 of the 1000 or so offered roles have now received a contract and start date, which is fantastic, and over 500 have already started. Some 99% of those who started were still with us two weeks later. We should reflect on what it took to get people into the organisation within three weeks when we really had to, and how our normal recruitment process can be improved."

There was a wide range of experience on offer, and reasons for coming forward, but broadly they fell into: Students or school leavers who were at least temporarily at home and were available until September. People who had been laid off by current employers but were not eligible for furlough schemes. Self employed people who were not eligible for Government support schemes. A smaller number of people who just wanted to help. I didn't personally speak to anyone who had retired from the NHS/care sector and wanted to come back, but there may have been examples elsewhere.

Reasons for coming forward therefore included:

- ***"My parents are telling me to get a job..."***
- ***"I need the money."***
- ***"I just want to do what I can to support the NHS" - reasons included personal or family history of being treated by the NHS or just wanting to support because they could.***
- ***"I already work on a bank contract with you and I want a more regular/permanent arrangement".***

- ***"I work in the care sector and have always wanted to work for the NHS" - some of these conversations got quite involved given our commitment not to take from our care provider partners.***
- ***A lady who had been furloughed by her current employer but decided to give that up so that she could come and help us.***
- ***One man said he was continuing to run his business but would fit that in around any hours we wanted him to work with us.***

"I was left with an overwhelming sense of people wanting to do what they could, and that was no less true for those who also "needed the money". Some had run their own businesses very successfully. Many had relevant experience but some had none. Some were prepared to travel but most wanted to work locally, especially in view of the cost of travel. Many were prepared to work evenings, nights and weekends."

On-boarding of students into paid employment

The Recruitment Team were heavily involved in the on-boarding of 246 wte nursing, medical and allied health professional students into paid roles as employees in accordance with arrangements centrally agreed between HEIW, WG and the Universities. The Team worked closely during this time with professional leads to achieve clarity in many areas relating to hours of work, working patterns, placement areas, contract length and annual leave, etc.

Individuals who returned to the NHS on temporary registers

A number of registrants who had previously retired or allowed their professional registration to lapse for other reasons and left the NHS in recent years were offered the opportunity to re-register and to return to HDdUHB to support with the increase in demand associated with COVID-19. Potential candidates were contacted by the Workforce Team to discuss individual circumstances. 7 wte nurses were offered temporary posts to support increase in demand relating to testing and occupational health. Engagement with medical staff who may still be interested in joining HDdUHB continues.

Interim processes to manage the pressures in the recruitment function

In order to improve our ability to recruit in the shortest time possible, an 'Expressions of Interest' and 'Direct Hire' process was introduced where it could be demonstrated that specific criteria could be met. Both processes have been well received by managers. An evaluation has been undertaken of the impact of both following one month of operation to ensure they were being implemented as intended both in terms of process and benefits. The conclusion of the evaluation was to continue for the 6 months as initially intended, subject to a further review at that time.

Continuation of contracts for those appointed via the mass recruitment campaign

Employees who were offered 3 month contracts were contacted during June 2020 to ascertain whether they would wish to continue with their contract if service demands indicated the need for posts to continue. A process was developed and centrally supported by the Workforce Team to support managers with their decision making to conclude whether contracts would be extended, converted to bank or brought to an end at the expected contract end date.

The detailed review provided an opportunity for us to validate start and end dates of contracts, contractual hours and the specific ward areas where the new employees had been placed. Overseeing this exercise centrally in the team required significant capacity, however the benefits on conclusion of the exercise far outweighed the investment in time needed to validate

the quality of the data held for each employee. This was important due to the sheer volume of new employees recruited and the pace of working during March and April 2020. Of the 137 employees who were engaged on 3 month contracts, 52 were extended for a further period of 3 months, 53 were converted to bank contracts and 32 left the employment of HDdUHB. It was highlighted that some new employees may not have had as positive an experience as was hoped for. Nevertheless, some employees had exceptionally positive experiences, an example of which is shared below:

“Here’s a quick, honest overview of my experience. I’ve found my time with the Care at Home Team and A.R.T over the past 3 months to be extremely positive. Everyone I have worked with has been genuinely lovely, and there really is a wealth of experience within the teams. I have been made welcome and have been able to relax and be myself – this started from our first day at SPH when you introduced everyone. I hadn’t really expected to end up in a community-based role when I signed-up, and hadn’t felt valued as an employee when I worked for 6 months on the community in the Social Care sector last summer. So, I was hesitant but still wanted to help the NHS response to the pandemic. However, I really cannot fault the way I’ve been treated and looked-after in the NHS, and to be involved in delivering end-of-life and ‘bridging’ care has been a privilege. I’ve had a lot of new experiences in a short space of time: some very challenging, but rewarding. It’s all been a heartening lesson in delivering real care. It’s been an unpredictable time for everyone but despite these challenges I’ve found the NHS recruitment process, timescales, communication, and working environment to be excellent (and I have experiences with many other Public and Private Sector organisations to compare this with). The compressed Skills to Care training was really well delivered – there are still gaps in my knowledge, but this is to be expected: I only signed-up for 3 months and was due to finish next week, but my contract has now been extended (which I’m very pleased about). My previous employer is not in a position to take me back, so I’m in the process of pursuing further opportunities with Hywel Dda HB if something suitable arises.”

One individual who was recruited to a HCSW role has since applied for and been accepted to complete a nursing degree. A number of enquiries have been received in relation to the nursing degree and possible options for progression through the ‘Grow your Own’ route. There are others employees who have decided that they wish to remain working for HDdUHB and have been successful in securing permanent employment.

Nurse Bank/Agency

The service experienced a decrease in demand to source supply of registered nurses and HCSW via the bank or agency during Quarter 1. The usage in July 2019 for Bank, Contract and Off-contract agency was 498 wte compared to 378 wte in July 2020 (reduction of 120 wte). Their activity focussed on increasing the number of individuals registered to work on the bank by a rolling advert for recruitment. The number of individuals engaged as bank HCSWs increased from 744 in July 2019 to 794 in July 2020 (a 6.7% increase). The number of individuals engaged as bank registered nurses has risen from 266 in July 2019 to 295 in July 2020 (a 10.9% increase). Significant work has taken place to undertake a risk assessment for bank workers and agency workers in accordance with the COVID-19 risk assessment tool. The skills of the bank HCSWs are being reviewed to ensure that the skill set will mature future requirements of the service.

Risk Assessments for agency workers (Medical and HCS/AHP)

In addition to our employees, we also have a duty of care to agency workers. Many of our agency workers work in front line services and are working with HDdUHB medium to long-term and full time. Whilst the legal duty of care is not the same, it is important for HDdUHB to recognise any risks. We have worked in partnership with the agencies to take appropriate

action to manage or eliminate these risks by ensuring that risk assessments are completed for all current and future assignments.

Workforce Information Systems

The ESR Team's work was key to ensuring that all our new starters were recorded accurately on ESR to ensure they were paid in a timely manner. A number of actions were required e.g. setting up positions, allocating new starters to the correct manager, ensuring all new starters had email addresses and access to ESR to view payslips etc. There have been a minimal number of queries from new starters as the ESR Team ensured that payments were made promptly. In light of the volume of employees requiring to be set up on the system in the timescales available, it is remarkable that the queries in relation to pay accuracy have been minimal. Work continues on data validation and quality to ensure accurate information is held for all our new starters.

Workforce Information Reporting

There has been an increase in demand for workforce information held on our ESR, in particular information relating to staff sickness, self-isolation and shielding. A new requirement to report absence data to WG and HEIW on a daily basis has been introduced. The Team have developed a tool which reports on bank and agency usage. The Team have regularly reported information on the number of new employees appointed via the mass recruitment exercise compared to the identified demand for those posts.

E-Rostering

The service has focused on developing new rosters in readiness to support the opening of the field hospitals. All new HCSWs who commenced as part of the mass recruitment exercise were required to be set up on rosters.

Quarter 2 Forward Look RECRUITMENT

A small project team are working through an action plan to ensure that any risks taken during the recruitment of the large cohort of new employees in Quarter 1 are addressed. The team will ensure that all the pre-employment checks which were not actioned 'at risk' are fully completed, for example, DBS, Occupational Health, etc. Any of the individuals recruited during this process will proceed through the full recruitment process if they apply and are successful at obtaining a substantive post. An internal audit has commenced to review the process which was followed, the findings and recommendations of which will be welcomed to inform any future exercises. A reflective practice on the process followed for this exercise has been undertaken, which has been adapted in the event of the need to re-advertise for a second cohort of new employees for Q3 and Q4 service demands.

General Recruitment

Advertising for general vacancies has been re-commenced. There are currently 482 wte vacancies, which are advertised on NHS Jobs.

Staff Group	Authorisation	Interview	Longlisting	Shortlisting	Total
Additional Clinical Services	5.74	16.69	19.47		41.90
Additional Professional Scientific and Technical	2.60	1.40	7.30	1.00	12.30
Administrative and Clerical	20.02	15.90	18.00	1.00	54.92
Allied Health Professionals	15.60	19.00	11.31	5.00	50.91
Estates and Ancillary	2.60	10.40	0.80	4.01	17.81
Healthcare Scientists	1.00	4.00	3.50		8.50
Medical and Dental	7.00	18.00	18.80	14.40	58.20
Nursing and Midwifery Registered	32.06	69.37	91.32	45.06	237.81
Grand Total	86.62	154.76	170.50	70.47	482.35

Opportunities are actively promoted to internal candidates, bank staff and employees recruited during the mass recruitment exercise to apply for permanent HCSW or facilities vacancies, to provide them with the first opportunity to secure permanent employment with HDdUHB.

A recently advertised vacancy in the administrative and clerical staff group generated 219 applications, 15 of which were shortlisted to attend for interview. 4 were offered posts into 4 wte vacancies. All 4 candidates scored 20/22 for the essential criteria and 10/10 for the desirable criteria set out in the person specification. The outcome suggests that 4 very strong individuals have been recruited as new employees into HDdUHB. However, this recruitment episode raises a number of issues for us to consider which may have been triggered by an increase in unemployment following the economic downturn associated with COVID-19:

- A need to understand changes in the labour market in terms of supply, trends, candidates seeking employment security etc.
- Increase in the quantity of candidates resulting in additional administrative tasks for the appointing manager and Recruitment Team.
- As a result of an increase in quantity, the likelihood is that the quality of candidates may improve.
- The challenges it presents in time and administrative resources for the appointing manager to shortlist large numbers of applicants and providing feedback if requested.
- Managing our reputation as an employer of choice in the labour market when many candidates will not be successful with their applications.

Registered Nurse Recruitment

There has been an increase of 2.6% in the number of registered nurses employed within HDdUHB in July 2020 (2,698 wte) compared to July 2019 (2,629 wte). However, we continue to recognise the shortfall of registered nurses and the team have developed a comprehensive recruitment campaign to include traditional methods of recruitment e.g. radio, newspaper, professional journal advertising as well as using NHS Jobs and social media advertising. We are hopeful that the investment in a range of attraction methods will increase our success in appointing nurses.

Newly qualified nurses

A total of 95 student nurses have been offered posts in HDdUHB with the majority due to commence employment in September 2020. 88 Student Nurses have been offered employment via the auto allocation/student streamlining process. However, 5 students

suspended their studies due to COVID-19 and will be qualifying in either December 2020 or March 2021. Services are aware of this and have agreed to hold posts open for the students concerned. 7 student nurses have also been offered posts outside of the streamlining process. All of the above students are currently undertaking their pre-employment checks in readiness for their start date. A draft timeline for March 2021 qualifiers has been circulated by the NWSSP Streamlining Team and it is indicated that all vacancies for student streamlining are required to be submitted by 14th September 2020. The Team will be liaising with Heads of Nursing imminently to identify the vacancies they wish to submit for allocation. The streamlining system will be live for students to apply between 21st September 2020 and 23rd October 2020.

Quarantine arrangements for overseas arrivals/local lockdown areas in UK

Robust arrangements have been introduced to ensure new starters adhere to the 14 day quarantine requirements where appropriate.

Continuation of contracts for those appointed via the mass recruitment campaign:

Employees who were offered 6 month contracts and those initially engaged on 3 month contracts which were extended were contacted during July 2020 to enquire whether they would wish to continue with their employment if service demands indicated that posts needed to continue. The conclusion of the exercise is not yet available. On responding to the correspondence, several employees have highlighted their positive experiences, examples of which are shared below:

“I’ve loved every minute of working there”

“I would love to stay on - best job I’ve ever had”

“I would love it if my contract would be extended or even a permanent contract. I have really enjoyed my time working at the Hywel dda health board.”

“I would be thrilled with the opportunity to extend my contract as I have thoroughly enjoyed my role and wish to continue developing my skills.”

“I’ve loved the opportunity this has given me. I’ve enjoyed it so much, I will be applying to do either nursing or Paramedics.”

“I personally would love to stay on. In all honesty this was due to be a stop gap and to help out where I could during these testing times, however working at the hospital and seeing the difference I can make to a recovering patients day / lives has had an effect on me I didn’t think possible. Also seeing the tragic happenings has very much changed my outlook on life and taught me that nothing is a given and to be grateful for the days and what is important in life. I may not have the same approach as some health care support workers and joke with the patients often but I have had so many tell me I’ve brightened their day by making them laugh and how they appreciate just having a chat with me when others wouldn’t. I also know that I care about the role as sometimes it infuriates me, I only let this happen when it’s something I truly care about. I have been on many wards while working here, I was based on Merlin as the covid team but currently I’m in Teifi. Regardless of which ward I’m on, I want it to be the best, run the smoothest and ultimately give the patients a positive experience that they will always remember for the better. My father had a hip replacement not too long ago and he can still remember the health carers that looked after him as they would go above and beyond and also made him laugh every day in recovery. That is what my aim is every time I step on the ward.”

Workforce Information Reporting

The Workforce Dashboard is under development. The Team will continue to report information on the number of new employees appointed via the mass recruitment exercise compared to the identified demand for those posts. This information is critical to contribute to the work in

developing the workforce plan to support service delivery in Q3 and Q4. A sickness absence reporting tool is under development to allow up to date reporting.

E-Rostering

The service are preparing for the introduction of a new system “Allocate”.

Workforce Indicators

In terms of workforce indicators, it is evident that there has been a slight deterioration in sickness. Employees who are absent due to short-term self-isolation or shielding are recorded separately in ESR and not reflected in sickness absence figures. Regular communications are issued to managers and employees to reinforce the importance of accurate and timely recording of sickness absence.

Personal Appraisal Development Review (PADR) compliance rates are likely to be influenced by manager capacity to complete in light of the conflicting pressures of work associated with COVID-19, together with the availability of employees if there is absence due to sickness or self-isolation. As we return to more “business as usual”, PADR compliance rates are expected to increase. Medical appraisals are currently suspended due to the COVID-19 pressures.

Mandatory training has improved which is testament to the significant emphasis placed on improving mandatory training compliance through full use of ESR and regular reporting of performance at review meetings with Directorates. Staff working at home or self-isolating have been provided with the opportunity to improve mandatory training compliance, which is reflected in the improved compliance rates.

Measure	Performance July 2019	Performance July 2020	Change in Performance
PADR (non-medical)	78.00%	70.79%	-7.21 (deterioration)
Core Training	79.8%	83.4%	+3.6 (Improvement)
Turnover Rate - full time equivalent (fte) (12m) (excluding bank, locum, and junior doctors)	7.12%	8.63%	+1.51(deterioration)
	June 2019	June 2020	
% of full time equivalent (fte) days lost to sickness absence for rolling 12 month period	4.91%	5.33%	+0.42 (deterioration)
% of full time equivalent (fte) days lost to sickness absence – in month	4.89%	4.74%	-0.15 (improvement)

Equality, Diversity and Inclusion

The Team are represented on the recently established BAME Advisory Group. A number of actions are being progressed following discussion at this Forum. A 'buddy' system is being established for employees joining HDdUHB from overseas. Arrangements are being undertaken to contact approximately 700 employees whose ethnic group is not recorded on ESR in order to improve the quantity and quality of information we hold to improve action planning. The Annual Employment Equality Report is complete for the period April 2019 to March 2020. A number of aims and areas of positive action have been identified in relation to a range of protected characteristics following the robust analysis of our employment data.

3. Organisational Development

The early phase of COVID-19 required the OD team to be deployed to support recruitment and staff deployment activity as the suite of leadership development programmes was paused to ensure that all clinical and administrative staff were available to support front line services. Roles taken up included:

- Team Leader for HSCW interviews.
- Team Leader for Catering and Domestic Assistant interviews.
- Team Leader for Semi-skilled interviews.
- Staff Deployment Centre Co-ordinator.

For the key areas within OD listed below, a summary of progress during Q1 is captured together with a forward look into key actions for Q2.

Coaching Provision

Whilst leadership programmes were put on hold, virtual coaching provision arrangements were initially put in place for the Executive Team and 53 senior leaders across HDdUHB. This formed part of the Staff Psychological and Well-Being Plan. Virtual coaching was further extended to cover Assistant Directors and Service Delivery Managers from April 2020 onwards, increasing the reach to 112 managers. Plans are in place for this offer to continue until the end of March 2021.

Recognising the need to build further resilience for front line leaders as we approach the Winter and a potential second wave of COVID-19, the coaching provision offer is being extended to cover a further 46 staff including:

- The nursing tier reporting to the Assistant Directors of Nursing
- Service Delivery Managers in Mental Health
- Senior Nurse Managers and Clinical Nurse Leaders across HDdUHB.

Feedback about this offer and the 'safety net' for the resilience and wellbeing of our leaders has been very well received and some comments include:

"it has been incredibly helpful and would recommend her as a coach"

"I was thinking that perhaps the timing wasn't right but it was perfect and helped me think a few things through"

"I am finding the sessions beneficial and they are supporting me in my role"

At the end of July 2020, 21% of those individuals offered coaching had received it.

Leadership Development Programmes

Whilst programmes were paused in the early stages of COVID-19, some are in the process of being reprofiled and are running on a virtual basis:

STAR Programme (Band 7 Nurses)

Cohort 1: (16 participants)

- Coaching and action learning continuing virtually.
- 360 appraisals being purchased and distributed for completion by mid-September 2020 – feedback will be given between October and December 2020.
- Module 3 will take place in September and October 2020.
- Module 4 will take place in February 2021.
 - Dates for both modules are currently being finalised, taking into account Winter pressures.
 - Both modules will utilise a venue where there is enough space for social distancing compliance.
 - Plan B - should another wave occur, the modules would be delivered virtually.

Cohort 2: (16 participants)

- Nominations have been received from Senior Nurse Managers.
- Applications are being distributed to nominated participants via Senior Nurse Managers (SNM) imminently with a closing date of end of August 2020.
- Module 1 will be undertaken in early November 2020 with the remaining modules taking place in 2021.
- 1 coaching session is likely to be undertaken before Christmas 2020.

Finance Programme

- Virtual coaching is continuing.
- Arrangements are being undertaken for virtual action learning sets to take place from mid-September 2020.
- A team effectiveness questionnaire has been completed.

Institute of Learning & Managements (ILM) Level 5 Coaching

- The course will take between 9-12 months to complete and will be delivered virtually predominantly, however where possible participants will also be able meet in person in 2021.
- Information sessions (1 hour) will be delivered virtually via Microsoft Teams on the 11th September 2020.
- The course will begin week commencing 12th October 2020.

Doctors Development Programme

- A meeting has been arranged with the Medical Director and Deputies in mid-September 2020 to discuss the re-commencement of the Aspiring Medical Leader Programme and the Medical Leadership Forum as well as a re-launch of the New Consultant Programme.
- Discussions were undertaken in August 2020 to begin the design of a programme specifically for SAS Doctors.
- Peer mentoring for consultants and a new virtual network is to be established in September 2020, bringing together previously trained mentors and encouraging new 'matches' with new consultants to HDdUHB.

Board Development

- Plans are being devised to re-instate the Reverse Mentoring Programme for Board members on a virtual basis, with anticipated commencement in Autumn 2020.

The re-profiling of the programmes has required the delivery team to re-design programme content and skill-up in digital learning and delivery methods.

Staff Psychological Wellbeing

1. A staff psychological wellbeing plan based on a phased approach that covers four areas (Throughout, Preparation, Sustained Acute (multiple waves), Longer Term Recovery) has been developed and is updated monthly based on a thematic analysis from multiple staff sources such as counselling sessions; coaching themes; and Facebook and media comments. It also responds to changes in guidance and advice from Welsh Government services, which may directly affect staff experience at work.

Since the early stages of COVID-19, the following aspects of the plan have been in place:

- COVID-19 Mental Health and Wellbeing Intranet page.
- Twice-weekly global updates on specific wellbeing topics.
- An in-house Staff Psychological Wellbeing Service providing counselling; listening spaces; research support.
- Establishment of the Employee Assistance Programme as a wraparound support for all staff groups.

The main wellbeing intranet page is still being heavily used by the workforce with 1441 “click throughs” in May 2020, 1530 click throughs in June 2020 and 1690 click throughs in July 2020.

Feedback on the Staff Psychological Wellbeing support has been positive and some comments received are as follows:

- ***“Just wanted to say that I think this is brilliant what you are doing. It is an important resource and if staff bookmark the links each week, they have a huge set of resources at their fingertips.”***
- ***“I was finding it hard to cope sometimes both physically and mentally and so I am finding the resources you have been sending out very helpful and thought provoking”***
- ***“Responding to the news of EAP provision for our colleagues in Hywel Dda, and thank you for getting this information out. As Macmillan information and support, we sometimes have our dear colleagues call us who are trying to cope with their own or a family member’s cancer and this kind of support is useful especially within the work situation and managers become aware of their team members struggles.”***

The referral patterns to our in-house Staff Psychological Wellbeing Service for 2020 are shown in the table below.

Month	Total No Referrals	No on sick leave at time of referral	% on sick leave at time of referral	Max wait time in weeks
January 2020	39	11	28.21%	15
February 2020	27	15	55.56%	15
March 2020	28	9	32.14%	14
April 2020	32	10	31.25%	<1
May 2020	39	19	48.72%	<1
June 2020	48	11	22.92%	<1

July 2020	39	12	30.77%	3
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Note:

1. The reason for the decrease in waiting times from March to April 2020 was due to the introduction of virtual half hour counselling sessions and re provision of the service delivery model.
2. The increase in waiting times in July 2020 is due to a reduction in counsellor availability due to a staff leaver and annual leave commitments.

As part of the rightsizing commitment for Staff Psychological Wellbeing Services, three new part time counsellors have been interviewed and one appointed for each county.

Take up rates to the Employee Assistance Programme to date have been extremely low, however increased promotion activities such as weekly global messages since mid-July 2020 and a Webinar (mid-August 2020) should help raise the profile, together with the recent "thank you" card distributed to all staff containing the details.

Research and evaluation activities of the Staff Psychological Wellbeing Service conducted in partnership with the University of Wales Trinity St David is currently in draft report form and due to be finalised in September 2020.

Early indications evidence::

- High levels of reported satisfaction by service users.
- Statistically significant reductions in psychological distress following counselling.
- Highlighting the importance of adequate resourcing in the service so as to minimise waiting times.
- Service is primarily used by nursing and healthcare support staff.
- Ongoing work required to promote the service and how to access it is needed.

Recent additional offerings by the Staff Psychological Wellbeing Service include a Resilience Webinar. A one-hour webinar (using Microsoft Teams) was offered to staff on the 9th July 2020, hosted by Blesma, The Limbless Veterans and the Drive Project. 22 staff attended the webinar, which comprised a personal story told by Jack Cummings from Blesma as well as a Q&A session. Members of staff reported a positive experience and impact with an example comment highlighted below:

"it has shown how even in life changing situations people can still be resilient, this is a very positive message to a lot of people who could then put their own situation into perspective"
"Hearing from someone outside of the NHS has given greater richness to the experience"

Positive feedback has been received from some of the 350 staff due to return to work after shielding regarding the Guidance for Individuals and the Guidance for Line Managers, which has been prepared by the Team:

"Thank you so much for the guidance included with your card. It is very useful and will help me to get back into the routine of being in the office again"

With regards to a Trauma Response Plan update, further work is underway in partnership with other health boards on the piloting of STAR (Stress and Trauma Assessment of Risk), a model that was developed and trialled in Cardiff & Vale UHB a number of years ago under the leadership of Dr Clare Wright who now works at Cwm Taf UHB. The next key steps in this area include::

- Identify 3 key teams to pilot the programme (working with clinical leads to identify those areas and staff groups most in need of the input).
- Working with colleagues from other health boards to finalise training for key staff and an implementation plan.
- Agreeing assessment and evaluation measures to use for the pilots.
- Screening plans.

Employee Experience And Engagement

Staff Surveys

In February 2020, the Nurse and Midwifery Wellbeing survey was conducted in conjunction with Swansea University and Australian academic partners. Due to COVID-19, this analysis has been delayed, however results are expected in September 2020. This will provide an invaluable snapshot of our nursing and midwifery workforce perceptions of wellbeing prior to the pandemic and will inform our plans as we move forward. The survey is due to be repeated twice in the next 12 months and will therefore provide some longitudinal data about the experience of those staff groups within our workforce.

A Stress and Burnout staff survey, covering all staff, was also conducted by our Research and Development Team, in conjunction with the Staff Psychological Wellbeing team during March and April 2020. This survey is being repeated during the Summer 2020 and will be helpful in widening the picture of our staff experience and areas of wellbeing to address as we move forward.

On an All Wales basis, two further surveys are planned for Autumn 2020, the National Staff survey and the Medical Engagement Scale. The format and engagement process for the staff survey has been changed to simplify the questionnaire around key topics and to follow up results with conversations to address the emerging issues on a local basis. Plans are being developed to ensure appropriate communication support to both surveys and the results and will be reported through PPPAC in due course.

Staff Recognition and Reward

The OD team have been working closely with the Communications Team to support the Engagement HQ concept, all with the intention of building a positive and inclusive culture across HDdUHB. One initiative is 'Praise for Peers' where staff will be encouraged to share messages and stories about their colleagues and 'Valuing Your Voice' where staff are being encouraged to share the issues that are important to them. Both these pages will need to be co-ordinated and overseen by the OD Team.

During the COVID-19 pandemic, the issue of the health and wellbeing of BAME groups of staff has received a much higher profile nationally. This has prompted Miss Maria Battle, Chair of the HDdUHB, to conduct a listening exercise with key members of our BAME staff groups. An initial working group was established to explore these issues further, and after 2 meetings, the group has now become a formal Advisory Group to the Board with specific Terms of Reference. It will be chaired by Miss Battle, with the vice chairmanship shared between Mr Baba Gana and Dr Hashim Samir.

As a way of recognising our staff and saying 'thank you', the Chair and CEO commissioned a specific design for a card for every member of staff. These were distributed to every staff member's home address, with a heartfelt message from the Chair and CEO and details of Staff

Psychological Wellbeing services on the reverse. Feedback from staff has been very positive with staff side partners also reporting the same and reinforcing messages as required.

During the COVID-19 pandemic and for the duration up until March 2021, the Chair has instigated a small thank you of cakes and fruit platters to accompany the certificates when presenting the Employee/Team of the month to award winners. These gifts for staff have been made available utilising monies from Charitable Funds and have been well received by the award winners.

The thank you cards, which were distributed to over 12,000 staff, were labelled and sealed by members of our volunteer workforce, who were delighted to be part of our way of showing appreciation to staff. All of our volunteers have also received the same cards to say 'thank you' to them too. These small steps are helping to create a more positive culture where staff can feel appreciated and valued.

Volunteers continue to work across HDdUHB in specific roles, including:

- Transporting equipment/staff
- Check and Chat Volunteer
- Gardeners
- Community Response Drivers.

A robust risk assessment process, introduced during COVID-19 remains in place to protect the health and wellbeing of our much-valued volunteers. There are currently 132 volunteers within our volunteer pool with 83 actively deployed in roles.

Quarter 1 Lookback

4. Workforce Development and Education

In order to manage the mass recruitment of staff to deal with COVID-19, the Learning & Development (L&D) Department changed their way of working to ensure the right people were ready to start in the workplace at the right time. There were approximately 1,100 job offers in Q1 where new employees were inducted, trained and placed in service. To enable this, the face to face induction programme was replaced by a virtual system. Due to the mass numbers and social distancing requirements, it was not feasible to continue with the usual welcome day consisting of presentations and various guest speakers and the day was replaced with a phone call, welcome email and handbook of organisational information. Mandatory training e-learning modules normally completed in a classroom with facilitator support were replaced with a username and password being emailed to the new employee along with a link to the e-learning platform and contact numbers for telephone support. Staff were paid 7.5 hours to complete these modules at home, monitored by the L&D Department.

The "Skills2Care" bespoke programme for all health care support workers was reduced from 7 days to 3 days, in order to be able to deliver to an increased number of staff. Innovative methods of delivery whilst adhering to social distancing and infection control guidelines were considered for each county. Live streaming of training into several classrooms was introduced in order for four classrooms to be taught at any one time. Assessments were then undertaken in clinical practice.

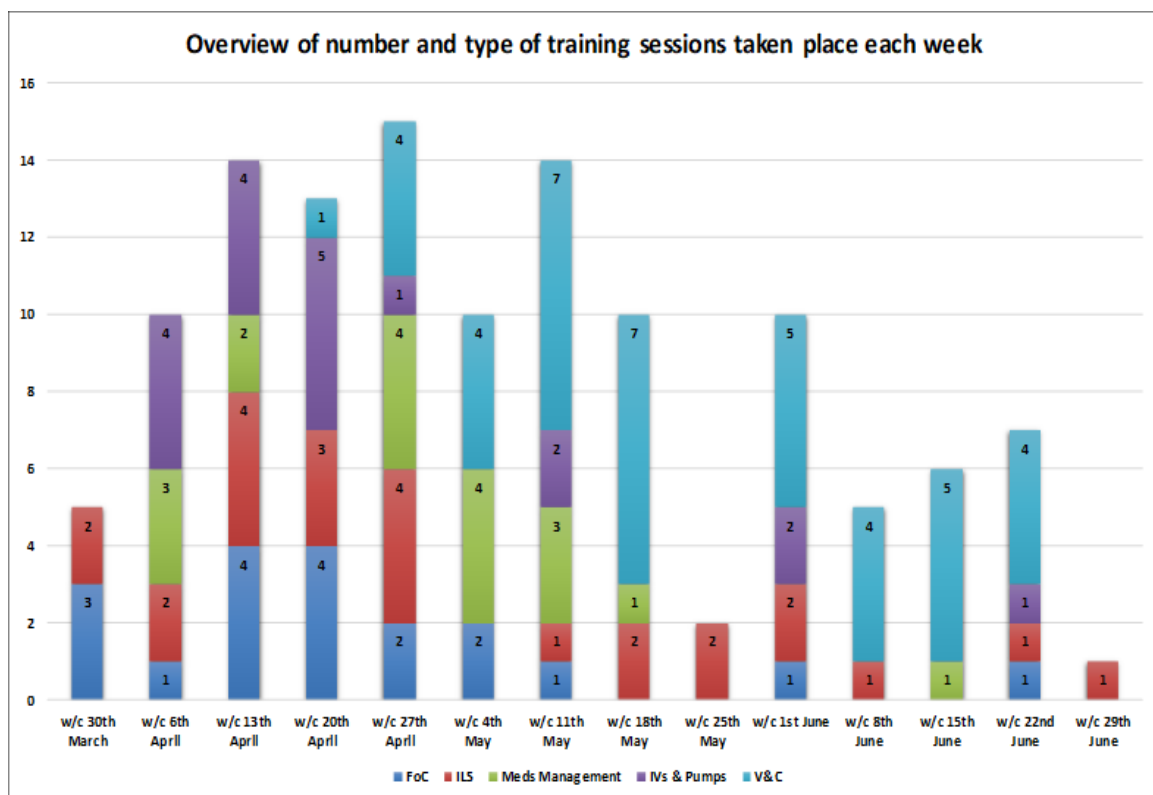
The chart below indicates the specialities/areas of staff who attended the bespoke 3 Day "Skills2Care" course for COVID-19:

- 270 COVID

- 116 Bank
- 24 Wards
- 24 Speech and Language Therapy
- 16 Occupational Therapy team (OT)
- 19 Podiatry team
- 20 Physiotherapy team
- 8 Dietetic team
- 9 Pharmacy team
- 3 Outpatients Department (OPD)
- 5 Flying Start
- 3 Acute Response Team (ART)
- 6 Out of Hours Service (OOH)
- 2 Winter funding
- 2 Hotel Services
- 13 Other

Manual Handling training was reduced from 2 days to 1 day, again to allow for safe delivery to the sheer volume of new starters.

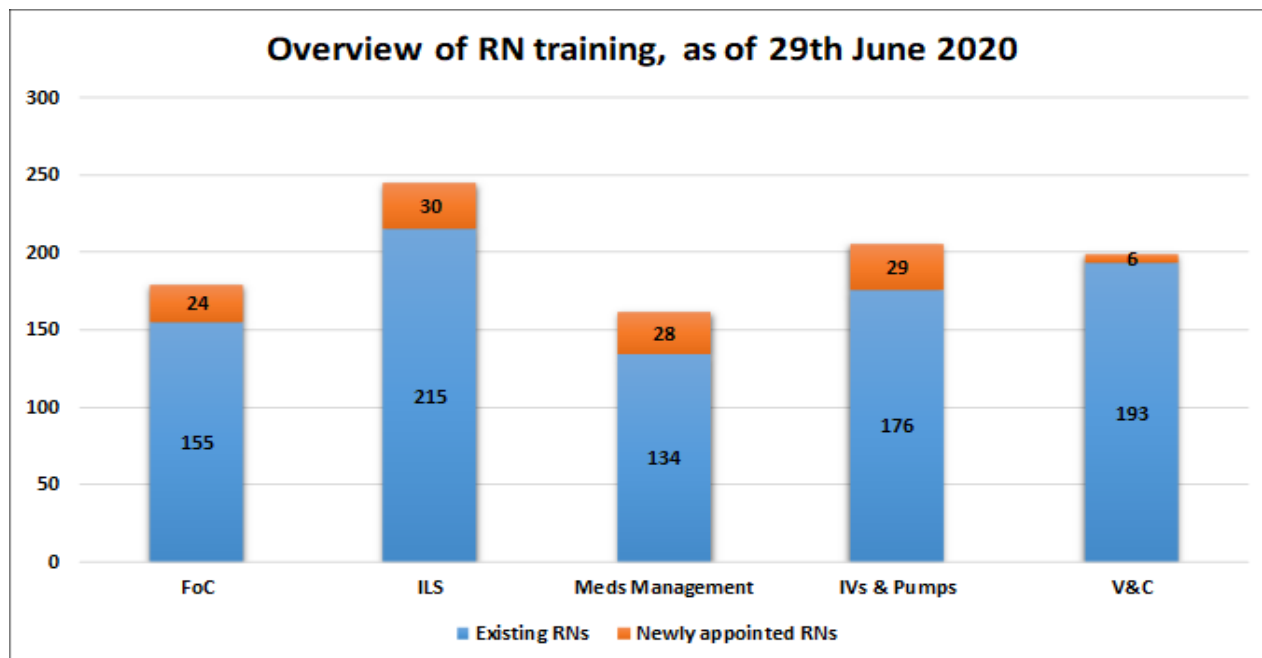
A registered nurse redeployment programme was developed to support nurses to go back into clinical practice from corporate or non-clinical roles should the need arise. A 3.5 day condensed training programme was developed by specialist practitioners, supported with background reading and the opportunity to undertake further e-learning modules.



By the 29th June 2020:

- 584 staff attended 1 or more training sessions
- Of these 584, 38 were newly appointed RNs recruited through the COVID-19 recruitment process. 546 were existing staff.

- 179 staff in total have completed Fundamentals of Care.
- 245 staff in total have completed Intermediate Life Support (ILS).
- 162 staff in total have completed Meds Management.
- 205 staff in total have completed IVs & Pumps.
- 199 staff in total have completed Venepuncture & Cannulation (please note, some attended venepuncture only e.g. HCSWs).



Specialist training sessions were arranged at short notice for staff in Prince Phillip Hospital (PPH) as surgery was restarting and new procedures were going to be moved to Ward 7 PPH. Attendees were from Ward 7, Day Surgery Unit, Theatres, Intensive Care Unit and pre-assessment. Sessions included:-

- Enhanced recovery following colorectal and urology surgery, fluid balance, wound care, physio and occupational therapy support, mobility support, and nutritional needs. This was well attended and delivered in Parc Y Scarlets. Additional sessions on pain management and gynaecological sessions were delivered on Ward 7 in PPH.
- Venepuncture and cannulation training has been delivered to 255 staff between 8th April 2020 - 30th July 2020 inclusive. A mapping process is now in progress to support the phlebotomy service and the antibody testing.

Apprenticeship Academy

Following on from the success of the Health Care Apprentice Programme 2019, it was agreed to accelerate the progression of the Health Care Apprentices to Band 2, providing protected study leave to ensure timely progression. This allowed the apprentices to be stretched, whilst increasing workforce skills when needed. As a result, Health Care Apprentices have been trained in many areas including venepuncture and screening, allowing them to support the COVID Testing Units (CTU's). Their contribution has been recognised across the HDdUHB and an example of the feedback received is shown below:

“The apprentices have really embraced the experience here at the CTU. There was one boy who was refusing to have his test and I tried to persuade him several times. An apprentice talked to him and within less than ten minutes, he not only persuaded him to have the test,

but undertook it personally. It has been great to watch them grow in confidence and I can see them being the nurses of the future.”

Qualification Delivery

Prior to COVID-19, internal delivery of qualifications included the Level 3 Diplomas in Physiotherapy Support, Occupational Therapy Support and Podiatry Support were being undertaken, however this was paused to focus on service needs and will now recommence. Currently, 237 substantive staff are accessing apprenticeship funding from level 2 – degree apprenticeships to upskill in areas including clinical healthcare, health and social care, healthcare support services, management, informatics, hospitality, administration, accounting, information technology, medical terminology and electro technical services. Due to the number of inductions cancelled during COVID-19, there are currently 128 staff awaiting induction dates to embark on their learning journey.

Quarter 2 – Forward Look

The intention now is to commence a return to business as usual whilst recognising and utilising the innovative ways of working that presented themselves during the COVID-19 recruitment drive:

- A project to consider a future induction day is being undertaken and work is underway to develop an interim virtual welcome day utilising Microsoft Teams.
- Mandatory e-learning will continue to be accessed at home with ongoing L&D support.
- Skills2Care will be delivered using a variety of techniques and methods whilst still maintaining social distancing. Guest speakers and subject matter experts are developing alternative methods to deliver some of the content and face to face training will be limited where possible.
- Mandatory training levels 2 & 3 will be delivered using technology instead of the usual face to face sessions.
- A Digital Learning Task and Finish Group is being arranged to consider future ways of delivering the learning and development agenda.

New learning opportunities

Work is underway to strengthen the assessment and verification structure within Workforce Development and Education, which includes a focus on developing registered professionals to undertake assessments whilst strengthening assessment practices. In addition, the introduction on workplace mentors for internal qualification delivery will support the need to develop a greater learning culture across the HDdUHB.

A pilot is planned to deliver the Rehabilitation Support Level 3 Diploma, covering the ART team (Community), Ceri Ward (Glangwili General Hospital), Ward 9 (PPH) Ystwyth and Ceredig Wards (Bronglais General Hospital) rehabilitation wards and South Pembrokeshire Hospital, which will see the qualification delivered with all services working in collaboration including nursing, therapies and the internal workforce development and education team.

The first cohort of staff working towards the Level 3 in Perioperative Care Support will also be registered as well as working with other health boards to agree the delivery of the Speech and

Language Level 3 qualification, recognising the need to deliver this on an 'All Wales' basis due to the limited numbers of learners expected.

Argymhelliad/Recommendation

This report is presented to provide assurance to PPPAC that:

- Robust measures and responses have been put in place by the W&OD function to ensure that there has been an appropriate mobilisation of the existing and new workforce to respond to the pandemic.
- Provision of adequate staff psychological wellbeing support is being delivered during each stage of the pandemic.
- Workforce teams are involved in leading the delivery of workforce plans and workforce supply to enable some 'business as usual' services to resume and potential future COVID-19 waves to be responded to as necessary.
- Provision of learning and education has adapted and continues to be reviewed as service requirements change.
- Staff side colleagues have been fully engaged and staff are supporting via ongoing dialogue relating to difficult matters.
- Staff recognition and reward remains a high priority to keep morale high and build organisational resilience.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.3 Seek assurances that people and organisational development arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe services/programmes and functions across the whole of HDdUHB's activities.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	To be confirmed
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7.1 Workforce
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Living and working well.

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2019-19	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Performance data collected on corporate systems
Rhestr Termiau: Glossary of Terms:	Included in report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	Workforce Bronze Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	NA
Ansawdd / Gofal Claf: Quality / Patient Care:	NA
Gweithlu: Workforce:	Improved wellbeing
Risg: Risk:	NA
Cyfreithiol: Legal:	NA

Enw Da: Reputational:	NA
Gyfrinachedd: Privacy:	NA
Cydraddoldeb: Equality:	NA

