GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Recovery and Sustainability: workforce redesign
Performance & Finance Committee

Christine Morrell
16th July 2018

Current Agreed Plan

Current Agreed Plan	18/19	19/20
	£m	£m
Workstream Savings :		
Workforce Resizing	1.7	2.5

Current Agreed Plan	18/19	19/20
	£m	£m
Indicative savings targets:		
Morriston Delivery Unit		
Singleton Delivery Unit		
Neath Port Talbot Delivery Unit		
Princess of Wales Delivery Unit		
Primary Care and Community Delivery Unit		
Mental Health and Learning Disability (would be identified in ringfence)		
Workforce Resizing	1.7	2.5

Current Agreed Plan

- The current agreed plan approach has been developed using benchmarking to identify opportunities. This benchmarking was based on PWC review.
- The workstream has an Executive lead:- Director of Therapies and Health Science and supports across Health Board working and shared learning.
- Indicative savings targets have been allocated to Service Delivery Units and Directorates for each workstream.
- There is no project support for workstream
- The workstream is well supported by Service Units but corporate support has been limited- now being picked up as mitigating action

Savings Delivery Confidence and Mitigating actions

Savings Delivery Assessment

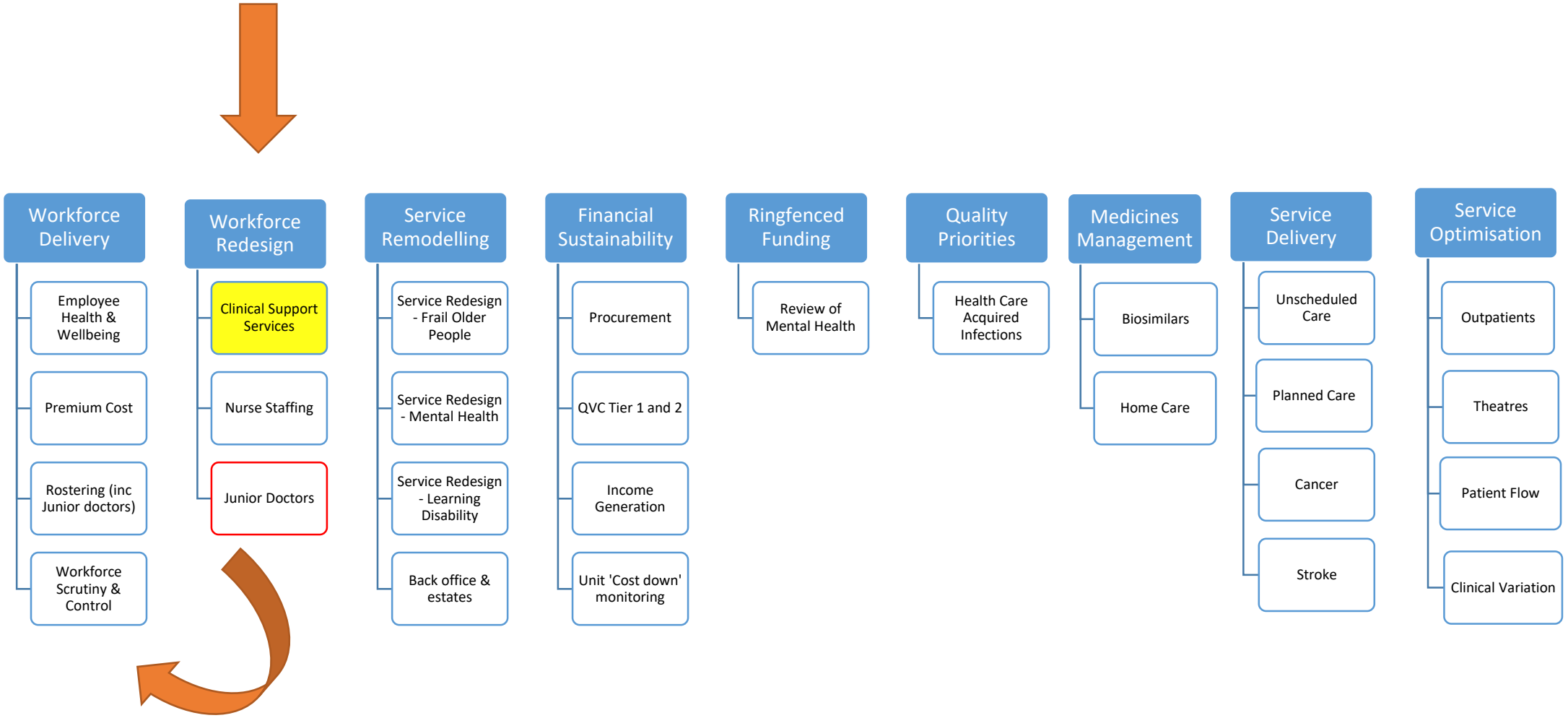
	18/19	18/19	18/19	19/20	19/20	19/20
	Target	Delivery Assessment	Shortfall	Target	Delivery Assessment	Shortfall
	£m	£m	£m	£m	£m	£m
Workstream Savings :						
Workforce Resizing	1.7	0	1.7	2.5	0	2.5

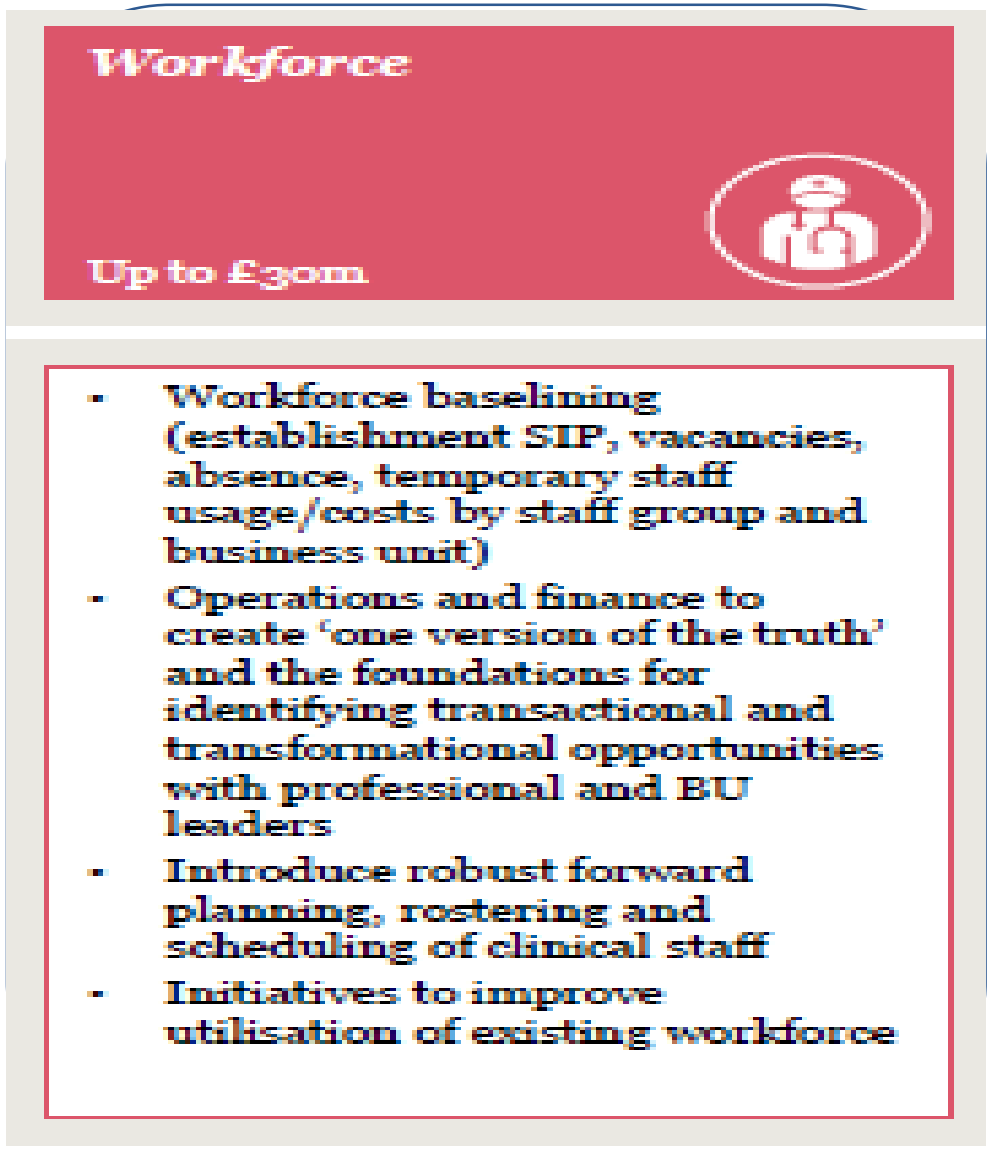
- There is delivery challenge with workstream as there has been no allocation of resource to develop and not being fully aligned in a strategic frame.
- Continue to develop and drive the workstreams for 2018/19 to maximise benefits and to deliver in full in 2019/20.
- It is recognised that there are significant risks of workstream savings delivery shortfalls in 2018/19 and actions to mitigate the shortfall have been identified

Mitigating Actions

What	How	Team -	When	Estimated Impact £000
Paybill Review	Systematic review of all aspects of paybill including variable pay usage and control, non-standard payments, establishment review	Hazel Robinson/Lynne Hamilton (Samantha Lewis/Sam Moss/WOD)	Scoping work by 1st June	1000
Senior Clinical Recruitment	Process for senior clinical recruitment to enhance control. Linked to service redesign and remodelling and future HB requirements. There is delivery challenge with workstream no alllocaton of resource to develop and not being fully aligned in a strategic frame. • Therefore we must continue to develop and drive the workstreams for 2018/19 to maximise benefits and to deliver in full in 2019/20. • It is recognised that there are significant risks of workstream savings delivery shortfalls in 2018/19 and actions to mitigated the shortfall need to be identified	Hazl Robinson (Sam Moss)	Draft Process by 8th June	TBC
				11800

Enhanced Turnaround Controls and Risks





Workforce size and shape

Workforce size

•Benchmarking suggests that the Health Board has more WTE than its peer group.

–£2.3m is driven by Scientific, therapeutic & technical staff

–£0.7m is driven by nursing, midwifery and health visiting staff group

Workforce shape

• Increased workforce shape costs associated with Scientific, therapeutic and technical staff. **This is due to the Health Board having a higher proportion of senior staff than its peers in this staff group.**

•The Health Board also has £2.9m lower workforce shape costs in the Nursing, midwifery & health visiting staff group, largely driven by having fewer Nurses and health visitors at Band 6 than its peers

The Health Board has a greater number of WTEs than peers

At a glance

There is a £2.5m opportunity associated with the size of the Health Board's workforce. This equates to 195 WTEs – 2% of the current permanent workforce.

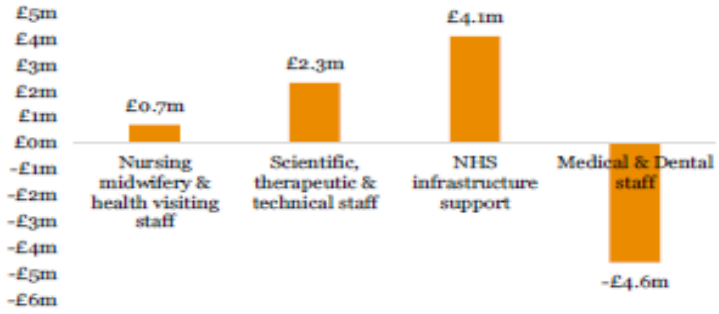
£4.1m of the workforce size costs are driven by the NHS infrastructure support staff group.

Workforce size analysis

- The Health Board is facing **£2.5m** of additional costs compared to peers due to the larger size of its workforce. This equates to **195** WTEs – **2%** of the current permanent workforce.
- **£4.1m** of the workforce size costs are driven by the NHS infrastructure support staff group. Of this, the hotel, property and estates sub-staff group drives **£2.5m**
- Scientific, therapeutic and technical staff drive **£2.3m** of the workforce size opportunity. There is a 4% WTE difference compared to peer levels.
- There is a **£0.7m** financial opportunity associated with the nursing, midwifery and health visiting staff group, driven by a 1% WTE difference compared to peer average levels.
- Medical and dental staff drive a -£4.6m difference, as there are 10% fewer WTEs in this staff group at the Health Board than at the peer average level.

Staff Group	Current WTE	Adjusted WTE	WTE Difference	Difference %	Financial Opportunity
Nursing, midwifery and health visiting staff	5,481	5,453	28	1%	£0.7m
Scientific, therapeutic and technical staff	1,533	1,474	59	4%	£2.3m
NHS infrastructure support	3,314	3,141	173	5%	£4.1m
Medical and Dental staff	656	691	-65	-10%	-£4.6m
Grand total	**10,984**	**10,759**	**195**	**2%**	**£2.5m**

Workforce opportunity by staff group



Peer Comparison and suggested transactional opportunities

Risks identified

Risks identified:

- Poor matching to benchmark- matched to English Trusts with 50- 65% match
- Based on bed days, hospital services and did not take into account these figures also covered PCC and MH&LD
- Many short term actions suggested by PWC were picked up in Unit Vacancy controls A&C Controls or in other workforce workstreams and so scoped out and flagged as risk of delivery
- Workforce shaping opportunities can not be realised early, particularly as many require recruitment, training or rely on turnover which is low
- **Of 400 vacancies scrutinised in A&C panel 17 were deferred. Some have been replaced as alternate roles**

Analysis of Benchmark

- Welsh Health Board including Primary Care and Community and Mental Health and learning disabilities
- English Trusts have Any Qualified Provider models and outsourcing for many services in peer group, which we provide
- Regional and National Services, e.g.
  - - EMERTS, ALAC, WHSSC funded services e.g. Neuro Rehab,Lymphoedema, Welsh Fertility Institute, Maxillo- Facial
  - - Cancer including Macmillan funded posts
  - Learning Disabilities
- Vacancy in medical has been offset in Advance Practise nursing, therapies, scientific and technical in many cases- the prudent workforce

Transactional opportunities

They said

1. Housekeeping

Workforce baselining (for example, funded establishment, SIP, vacancies, absence, temporary staff usage) aligned to pay costs by staff group and business unit). HR to be owners of the establishment

2. Transactional opportunities

2.1 Introduce robust forward planning, rostering and scheduling of clinical staff and non clinical staff

2.2. Initiatives to improve utilisation of existing workforce

3. Workforce size and shape

3.1. £2.5m associated with size of workforce. This equates to 195 WTEs ~2% of workforce. 4.1m are driven by NHS Infrastructure support (=173 on benchmark)

3.2. Reduce reliance on short-term transactional savings in favour of long-term and transformational savings which aim to reduce pressure on future budgets. For example by ensuring savings related to pay are linked to long-term service change.

We did

Opportunity	Workstream	Scope
1. Workforce baselining	Efficiency and Finance housekeeping	Looking at this on a service by service basis where required
2.1 Forward planning, scheduling	Efficiency	Workforce efficiency workstream
2.2. Initiatives to improve utilisation of existing workforce	Workforce Redesign	In scope e.g. mobilisation, job planning,
3.1. Workforce Size	Efficiency and redesign	Now merged with A&C - in scope all staff groups
3.2. Reduce reliance on short-term transactional savings in favour of long-term and transformational savings	Workforce Redesign	In scope

Actions: Workforce analysis - active and ongoing

	2013	2014	2015	2016	2017	%	Increase / decrease in year	Increase / decrease over 5years
Total	13,015.5	13,133.60	13,445.20	13,902.60	13,965.90		**63.30**	**950.40**
Medical and dental	1,232.40	1,233.30	1,156.00	1,186.90	1,208.10	**8.65**	**21.20**	**-24.30**
Nursing, midwifery and health visiting	6,300.50	6,376.80	6,510.60	6,719.90	6,645.20	**47.58**	**-74.70**	**344.70**
Administration and estates staff	2,296.20	2,281.50	2,420.90	2,530.00	2,624.20	**18.79**	**94.20**	**328.00**
Scientific, therapeutic and technical staff	2,035.90	2,019.10	2,111.50	2,209.40	2,235.70	**16.01**	**26.30**	**199.80**
Health care assistants & other support staff	1,141.00	1,212.30	1,224.60	1,234.30	1,225.50	**8.77**	**-8.80**	**84.50**
Ambulance staff and other non-medical	.	.	21.6	22	27			

Increases linked to:

- Increased allocations e.g.
  - to Integrated Care Fund/ Shift to Primary Care
  - Delivery plans
- Reduction in Bank/ Agency
- New services

Benchmarking reports:
PWC and Deloittes
Capita reports
Cordis Bright
Carter opportunities
NHS Improvement

Workforce Deep dive

- Skill mix tool
- Comparison across Welsh HBs
- Service configurations and organisation
- Role opportunities

Nursing:

- Ward staffing act implications

Scientific, Technical & Therapeutic

- Phase 1 analysis of workforce

Workforce Resizing	18/19 Budget	Recurrent Budget
Morriston	504	741
Singleton	312	458
Neath Port Talbot	143	201
Primary Care	253	372
Princess of Wales	268	394
Mental Health	RF	RF
Corporate		334

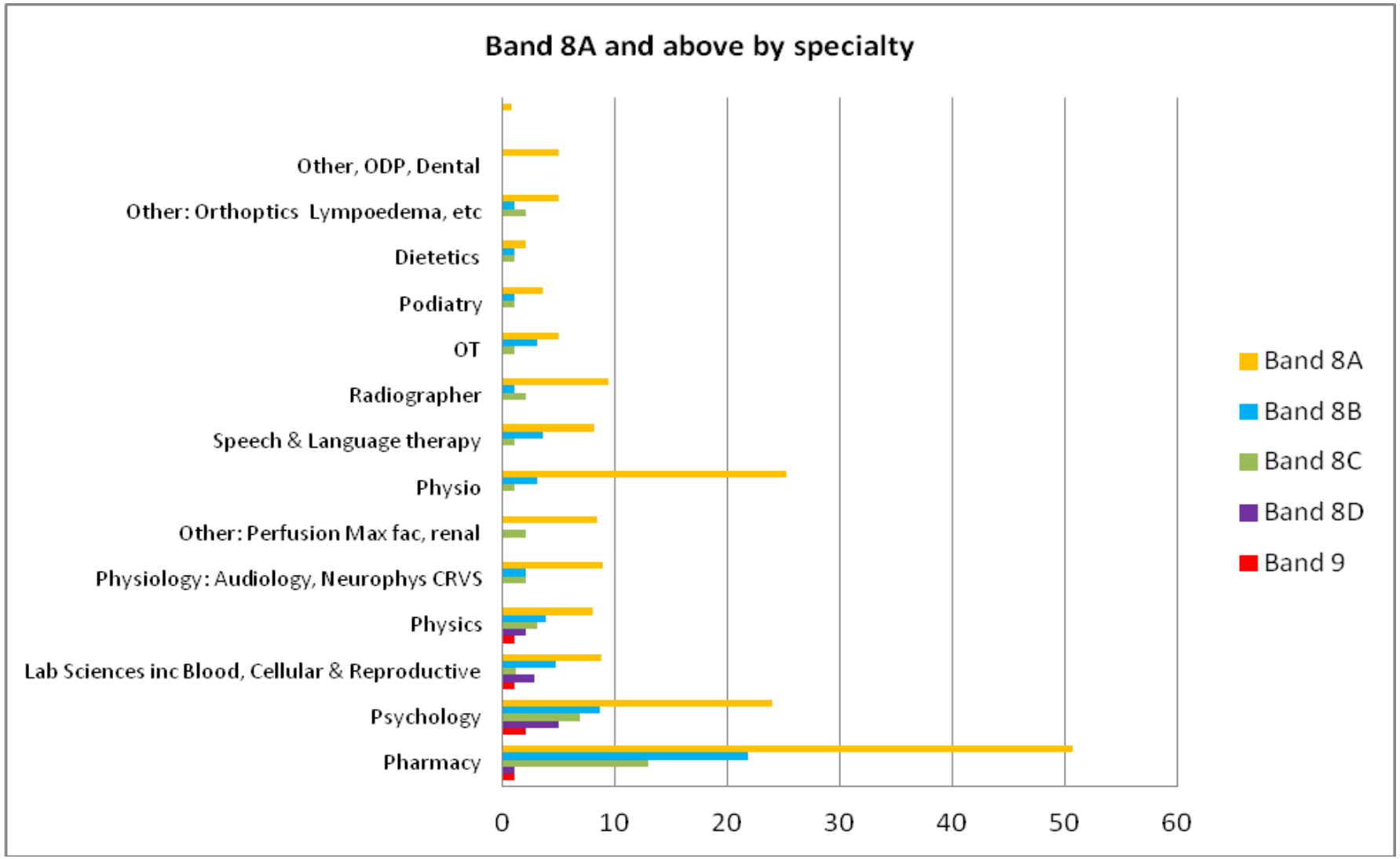
Actions: workforce analysis Scientific, Technical and Therapeutic

Stats Wales Sept 2016												
2016	WALES	BCU	ABHB	ABMU	C&V	HD	CT	Powys	PHW	Vel	WAST	Total
Physiotherapy	1,624.70	311.2	260.1	334.8	333.9	176.7	138.3	62.2		7.5		1624.7
Pharmacy	1,530.90	356	180.5	323.7	293.3	168.3	155.7	15.2	5.1	33.1		1530.9
Occupational Therapy	1,336.00	227.1	227	304.2	236.9	158.6	133.3	45.2		3.7		1336
Blood Sciences	1,244.20	207.4	170.7	205	280.3	150.4	103.5	.	.	126.9		1244.2
Radiography (Diagnostic)	1,210.50	254.8	188.1	208.8	203	146.3	114.4	12.1	72.4	10.6		1210.5
Operating Theatres	801.2	142.4	71.9	88.7	369.4	67.3	58.3	3.1	.	.		801.1
Dental	521.5	107.7	60	67.4	207	25.8	24.5	20	.	.	9.2	521.6
Clinical Psychology	558	153.1	102.3	60.7	137.1	52.5	38.8	11.3	.	2.2		558
Speech & Language Therapy	516.8	107.2	75.9	101.6	86.9	75	51.1	17.1	.	2		516.8
Dietetics	399.7	49.9	80.7	66.3	110.8	39.4	40.3	5.7	1	5.6		399.7
Infection Sciences	360.6	.	53.3	.	3	7.1	26.9	.	270.3	.		360.6
Cardiac, Vascular, Respiratory and Sleep Sciences	324.1	57.6	38.5	73.4	78.4	30.9	33.5	.	11.8	.		324.1
Neurosensory Sciences inc Audiology	320.1	69.8	24.5	45.7	34.5	24	18	3	*100.7*	.		320.2
Cellular Sciences	311	56.8	47.4	77.9	55.6	24.2	20	.	29	.		310.9
Clinical Engineering	262	43.3	1	57.4	131.4	3	18			8		262.1
Chiropody / Podiatry	252.6	39	46.8	40.2	44	34.7	37	10.9		.		252.6
Medical Physics	188.4	22.9	6	50.4	52.9	1	7	.	1	47.2		188.4
Other Scientific, Therapeutic and Technical staff	174.5	30.4	10.1	33.6	53.5	26.2	16.4	4.3	.	.		174.5
Radiography (Therapeutic)	170.2	41.5	2	39	.	.	.	.	1.5	86.2		170.2
Social Services	85.3	60.7	8.3	2.4	7.8	5	0.2	0.9	.	.		85.3
Genetics	81.9	.	.	.	81.9	.	.	.	.	.		81.9
Orthoptics / Optics	67.7	10.1	7.8	15.1	6.2	15	12.4	.	1	.		67.6
Psychotherapy	48.4	18	6.6	5.1	0.8	8	8.5	1.4	.	.		48.4
Multi Therapies	26.1	5	1	6.5	7	0.8	0.8	3		2		26.1
Art / Music / Drama Therapy	11.6	2.6	3.4	1.4	1.5	2	0.8	.		.		11.7
Gastrointestinal and Urodynamic Sciences	0.8	.	.	.	0.8	.	.	.		.		0.8
	12,428.80	2,374.50	1,673.90	2,209.30	2,817.90	1,242.20	1,057.70	215.40	493.80	335.00	9.20	12428.9

Focus on:

- Top 5
- Where we stand out
- Triangulation with medical workforce intelligence
- Shape of the workforce

Actions: workforce analysis- 2017 data



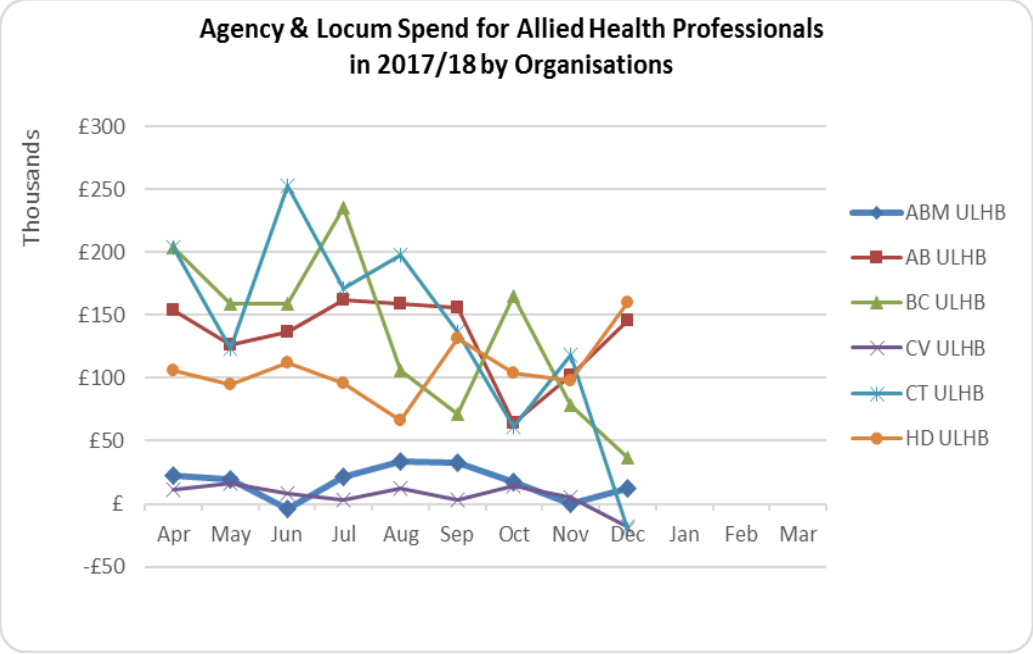
Areas that stood out here:

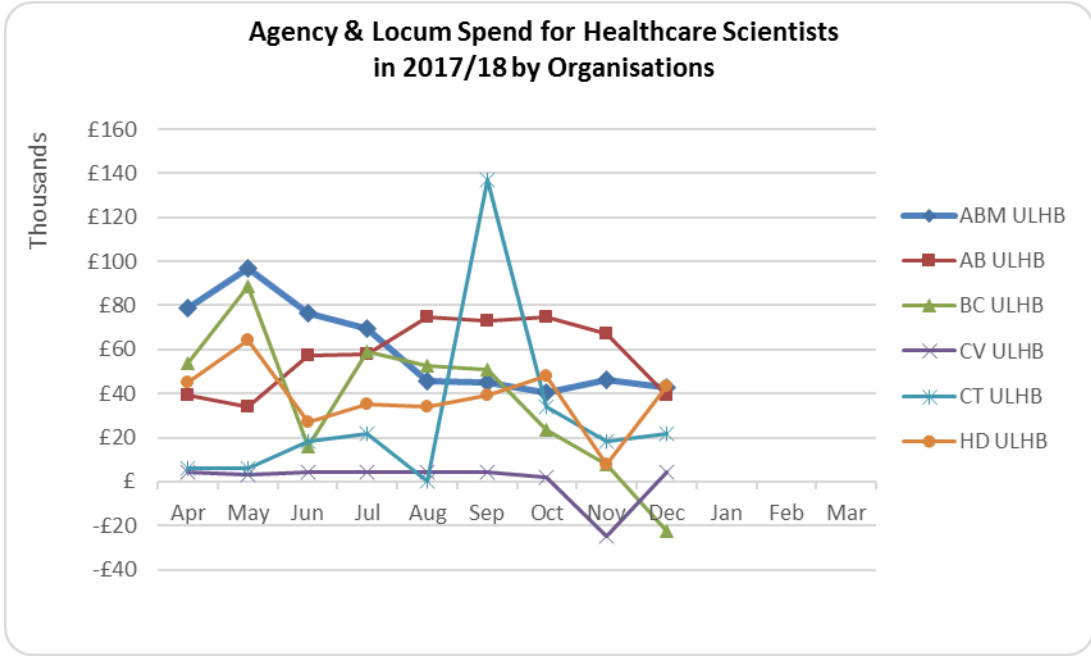
- Pharmacy
- Psychology
- Physiotherapy

Rationale

- Regional, UK Specialised services, high band posts
- Market Forces, particularly Pharmacy

Actions: Workforce analysis – WEDS skill mix tool





Driven by gap in Biomedical Science in Laboratory Medicine to provide 24/7 services

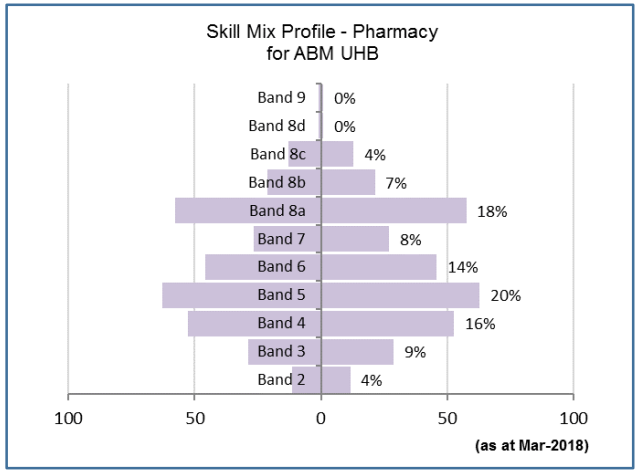
This is being mitigated by pump priming and trainees who are now beginning to come on stream

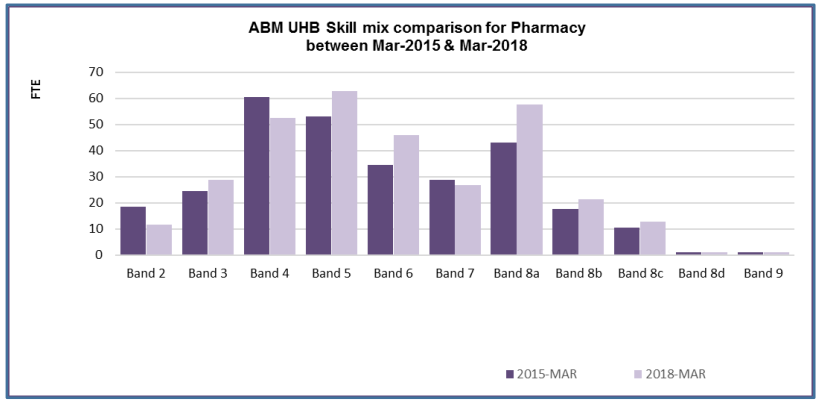
Bank spending in AHP largely driven by winter pressures

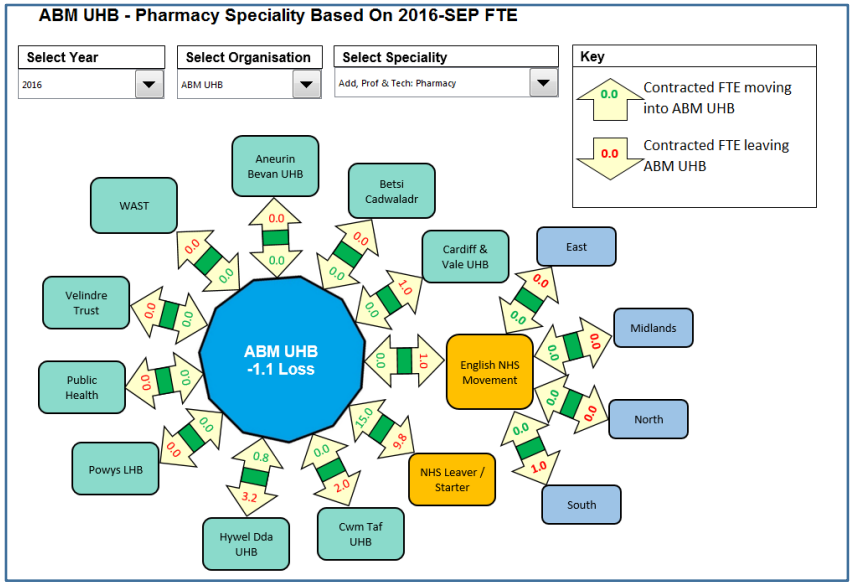
Pattern explained by availability of graduates- coming on line. Streamlining will have an impact.

Actions: Workforce analysis – WEDS skill mix tool

All Organisation (2018-MAR)	ABM UHB	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf UHB	Hywel Dda UHB	Powys LHB	Public Health Wales	Velindre Trust	WAST	NHS Wales	Average 6 University HBs
Band 2	0.217	0.180	0.498	0.781	0.626	0.083	0.059	0.000	0.004	0.000	0.383	0.393
Band 3	0.537	0.299	0.199	0.243	0.207	0.673	0.000	0.000	0.024	0.000	0.357	0.348
Band 4	0.985	0.316	0.776	0.287	0.656	0.640	0.000	0.000	0.019	0.000	0.605	0.612
Band 5	1.176	0.906	1.362	1.188	1.567	1.184	0.410	0.000	0.029	0.000	1.203	1.208
Band 6	0.858	0.405	0.646	0.688	0.591	0.578	0.266	0.000	0.023	0.000	0.637	0.629
Band 7	0.502	0.195	0.468	0.626	0.313	0.328	0.178	0.000	0.008	0.000	0.412	0.414
Band 8a	1.078	0.755	1.026	1.148	1.397	0.815	0.148	0.000	0.023	0.000	0.998	1.012
Band 8b	0.399	0.246	0.466	0.461	0.415	0.435	0.000	0.000	0.009	0.000	0.394	0.402
Band 8c	0.240	0.108	0.196	0.324	0.164	0.127	0.147	0.009	0.003	0.000	0.206	0.196
Band 8d	0.019	0.017	0.014	0.059	0.000	0.051	0.000	0.000	0.006	0.000	0.032	0.026
Band 9	0.019	0.017	0.028	0.020	0.034	0.025	0.000	0.007	0.000	0.000	0.029	0.023
Non AfC	0.000	0.000	0.011	0.000	0.000	0.017	0.000	0.000	0.000	0.000	0.005	0.005
Grand Total	6.030	3.445	5.692	5.826	5.969	4.957	1.209	0.016	0.149	0.000	5.260	5.269







Actions: Recommendations & Actions 30+Day Plan at 1 July 2018

1.1. Recommended Actions to be delivered in last 30 days	Lead	Planned completion date	Value Action
~~Undertake baseline review of opportunities in Radiology~~	~~Chris Morrell - Radiology Workstream Managers /Finance~~	~~30.06.18~~	~~TBC~~
~~Explore opportunities for better utilisation of HealthCare Support Worker workforce~~	~~Chris Morrell/Julie Williams/ Nursing Workstream~~	~~30.06.18~~	~~TBC~~
~~Develop processes for vacancy control for Consultants and other Clinical Staff~~	~~Medical Director/ Steering Group~~	~~30.06.18~~	~~TBC~~
~~Opportunities workshop with Therapies and Health Science Staff 20.6.17~~	~~Chris Morrell Therapies and Health Science Workstream~~	~~30.06.18~~	~~TBC~~

1.1. Recommended Actions actually delivered in last 30 days	Lead	Completion date	Value Action
Undertake baseline review of opportunities in Radiology	Chris Morrell - Radiology Workstream Managers /Finance	30.06.18	TBC
Explore opportunities for better utilisation of HealthCare Support Worker workforce	Chris Morrell/Julie Williams/ Nursing Workstream	30.06.18	TBC
Develop processes for vacancy control for Consultants and other Clinical Staff	Medical Director/ Steering Group	30.06.18	TBC
Opportunities workshop with Therapies and Health Science Staff 20.6.17	Chris Morrell Therapies and Health Science Workstream	30.06.18	TBC

1.1. Recommended Actions to be delivered in next 30 + days			
Validate case to increase radiographer reporting for Radiology	Chris Morrell - Radiology Workstream Managers /Finance	31.08.18	TBC
Scope plans for better utilisation of HealthCare Support Worker workforce and Potential around ward configurations	Chris Morrell/ Gareth Howell Nursing Workstream	30.09.18	TBC
Implement processes for vacancy control for Consultants and other Clinical Staff	Medical Director/ Steering Group	30.07.18	TBC
Produce report from opportunities workshop with Therapies and Health Science to develop plan	Chris Morrell Therapies and Health Science Workstream	30.06.18	TBC

Actions: Vacancy control

Vacancy Turnover → Service and department level resizing → Service Unit vacancy control → Corporate vacancy

Staff	Vacancy	Turnover %
M & D	236.72	8.7%
Nursing	444.52	9.07%
HCS	11.04	3.03%
AHPs	68.81	8.32%
Sci & tec	26.47	9.47%
Add. Clin.	45.42	9.32%

Roles assessed as business critical and funded considered by :
Skill mix opportunities, digital opportunities. Risk to service of not replacing etc.

Panels held weekly in all units.

Suggesting peer review audit to share best practise.

Health Board		2018/19											
		W/E 06-Apr-18	W/E 13-Apr-18	W/E 20-Apr-18	W/E 27-Apr-18	W/E 04-May-18	W/E 11-May-18	W/E 18-May-18	W/E 25-May-18	W/E 01-Jun-18	W/E 08-Jun-18	W/E 15-Jun-18	W/E 22-Jun-18
		WK1	WK2	WK3	WK4	WK5	WK6	WK7	WK8	WK9	WK10	WK11	WK12
Pay		1	2	3	4	5	6	7	8	9	10	11	12
Area	Indicator												
Tracs Forms	Approved Clinical Vacancies	8	50	21	15	15	51	34	30	29	56	28	39
	Approved Non-Clinical Vacancies	9	13	9	12	10	11	23	20	13	13	10	20
	Total Approved	17	63	30	27	25	62	57	50	42	69	38	59

Actions: Vacancy Control- Papers to Exec 4th July

Medical Consultant vacancy control

Additional scrutiny will be applied to *every* Consultant post that is being created *de novo* and also to any replacement posts that are in areas of ongoing or planned service change. The list of such services ("the list") will be reviewed from time to time to ensure it reflects the Health Boards clinical services plan.

Specialty/Area	Rationale
Diabetes/Endocrinology	Agreed investment in primary care services and new models of care
Care of the Elderly / Geriatrics	Developing new models of care with greater community focus
Princess of wales Hospital	Boundary change
Glanrhyd Hospital	Boundary change
Bridgend Community	Boundary change

Clinical Non medical vacancy control

All vacancies should be considered in the context of:

- New funding e.g. Investment by Benefits Realisation Group, or from external allocations (Welsh Government, Macmillan, etc)
- Work groups with a high vacancy factor, hard to recruit posts, where there may be cross professional alternatives
- Opportunities to reshape posts as a result of digitisation to realise efficiency and other benefits.
- If a service is duplicated in several units, consideration should be made to create a Health Board wide service, based on function not geographical silo.
- Potential of service shift from secondary to community and primary services.
- Alignment to key areas including:
  - Diabetes
  - Unscheduled Care/ Older People/ Frailty
  - Respiratory
  - Heart Failure

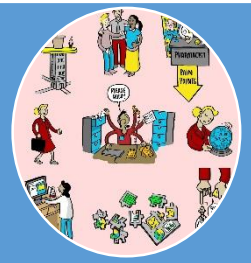
Prudent workforce programme- the sustainable workforce

Across Hospitals primary and community and mental health

ICF

Medical

Nursing



Scientific, Therapeutic and Technical

Integrated workforce planning

Whole workforce approach, e.g. model ward

Prudent workforce

Actions: Workforce analysis: Unit identified opportunities

Unit workshop- Primary and Community

Primary and Community Care:

- Shifting services to primary and community including:
  - Therapy services
  - Unscheduled Care
  - Diabetes
  - Reduce Outpatients- coproduction, efficient clinics
  - Maximise digitalisation and mobilisation
  - Discharge to Assess and enabling wards

  - *Action- Workforce redesign to underpin service Redesign*

Mental Health and Learning Disabilities

-Addressing the long term imbalance between community resources and in-patient resources

- Developing flow within existing specialist services and enhancing community based support for service users, carers and providers.

- Addressing access to high intensity Psychological therapies in line with the National Psychological Therapies Management committee action plan

Unit workshop- Hospital Units

Hospitals

- Role opportunities including:
  - Physicians associates
  - Ward hybrid nursing and therapy support roles, improved delegation
  - efficient nurse to patient ratio and the ward configuration
  - Systemised/ formalised top of license working where added value, e.g. radiology, histology non medical roles, GYO Clinical Scientist

Nursing, Therapies, Scientific and Technical

- Impact of Primary Care innovations (higher bands, grade drift)
- Lack of formal Primary Care training Programmes

  - *Action- Workforce redesign to underpin service Redesign*

Actions: Radiology- Workstream

Risks and Issues

- Radiology is managed as 2 separate services from Morriston and POW.
- Key area of workforce shortages across radiology and radiography (including Ultrasound)
- **Medical workforce** vacancies difficult to fill e.g.
  Radiologist Interventional Morriston
  Radiologist Head & neck Morriston
  Both Closed June 2018- No Applicants

Radiographers: Shortage occupation
Nationally recruitment at Band 5 remains an issue with a vacancy factor of around 9%. ABMU have recruited 2018 July graduates and have not got particular immediate issues but are are now getting no applicants for posts which will cause issues as we lose staff throughout the year. Should the HB plan to expand any services such as MRI or CT we would be unable to accommodate this.

Risks and Opportunities

Sonographers:
National shortage, including in midwifery

Opportunities
- extended role radiographers
- the support workforce.
- other professions who can contribute to an "optimally configured future imaging workforce"

breast clinicians,
cardiac clinical physiologists and clinical scientists,
cardiologists,
medical physicists,
physiotherapists,
podiatrists,
nurses and midwives.

Actions: Radiology- Workstream commenced

Radiographer reporting project

Health Board	Number of Radiographers with postgraduate reporting qualifications	WTE employed	Number of sessions (3.5 h) /week	Maximum number of sessions based on a recommended model of 6 sessions / week
BCUHB	9	8.35	37	50
Cwm Taf	3	3	10	18
Hywel Dda	9	8	33	48
Aneurin Bevan	15	13.3	35	80
ABMU	6	5.5	24	33
Cardiff & Vale	5	9	14	54
Total	47	47.15	153	283

- Split of radiographers reporting POW: Morriston is 4:2
- Opportunity in job planning- 9 session gain, based on the 6 sessions/ week model – what needs to happen to achieve that?
- Opportunity in maximising use of reporting radiographers to provide 24/7 service
- Opportunity in maximising use of reporting radiographers to provide high % of plain film reporting and

- *Action- develop Implementation plan*

Imaging workforce

- Radiology Recruitment opportunities, e.g. joint appointments, regional roles.

- Regional services

- optimally configured future imaging workforce
  - breast clinicians,
  - cardiac clinical physiologists and clinical scientists,
  - cardiologists,
  - medical physicists,
  - physiotherapists,
  - podiatrists,
  - nurses and midwives.

- Support Worker development to free radiographers

- Non medical referral

- the identification of any barriers to change that will need to be addressed

Actions: Scientific, Therapeutic and Technical stream

Review of in patient/ community split

Professional Group	WTE staff assigned to In-patient beds	%	WTE staff assigned to community services	%	Total WTE
Adult Dietetics	18.32	30%	42.68	70%	61
Adult Occupational Therapy	131.37	56.78%	100	43.28%	231.37
Adult Physiotherapy	129.8	47.64%	142.69	52.36%	272.49
Adult Podiatry	0		34.4	100%	34.4
Adult Speech & Language Therapy	12.6	32.60%	26.07	67.40%	38.67
Arts Therapies			1.41	100%	1.41
Childrens Dietetics	1.5	13.70%	9.42	86.30%	10.92
Childrens Occupational Therapy	0.5	3%	15.87	97%	16.37
Childrens Physiotherapy	3.12	12.80%	21.25	87.20%	24.37
Childrens Speech and Language Therapy			40.95	100%	40.95
Dietetics CRT			3.8	100%	3.8
Occupational Therapy CRT			29.87	100%	29.87
Physiotherapy CRT			43.6	100%	43.6
Staff working in GP practices			1	100%	1
Speech and Language Therapy CRT			9.1	100%	9.1
Totals	297.21	36.28%	522.11	63.72%	819.32

Developing Vision for services to drive transformation

- Realign organisational structures to assist transformation Align services to community or acute/ specialist appropriately

- Closer alignment of therapy, pharmacy, psychology and physiological and point of care diagnostics services to prevention, primary and community to drive a pull model

- Maximise use of digital and mobilisation opportunities

- Align “fixed” diagnostic service e.g. pathology, radiology, Medical Physics inc Radiotherapy

- Provide appropriate professional linkages and career development

- Challenge in Retaining core staff - New higher banded posts in Primary Care and Innovation (eg Pre-hab, Pharmacy and Mental Health)

Actions: Nursing, Ward configuration

Nurse Staffing Act

Identification of the nature of the care needs of patients in each clinical area influences both the Nursing staff requirements and the skill mix, including knowledge, skills and competencies required.

Using the role responsibilities of professionals from other teams within the hospital workforce can impact upon the duties that the ward nursing team is required to undertake in order to ensure the provision of sensitive care. This can also then have an impact on the calculation of the nurse staffing level completed by the Designated Person for that area.

The planned roster is for the registered nurses and health care support workers that are required, however the professional judgement of those involved with the calculation must determine other factors that contribute to the clinical areas functionality.

Alternate staffing models

Ward role responsibilities of other Health professionals being explored are:

- Could Pharmacy Technicians be responsible to drug administration?
- Can only a senior nurse be a ward manager?
- Should ward establishments fund a Physiotherapist and/or Occupational therapist to be permanently based within that area?
- Could therapy assistants replace/coincide with health care support workers?
- Should ward hosts/catering staff delivery dietary support (help with eating & drinking) for patients who require assistance?

Actions: Unregistered Workforce including HCSWs and Apprenticeships

In order to optimise the **non-registered Clinical Workforce, Nursing and Allied Health Professionals** (AHP), there is a need to make better use of these tools and resources to change culture and further embed good practice. This is supported by WG funding.

All Wales Delegation Guidelines

. They support staff to delegate appropriately and provide common approach to delegation and to utilise workforce resources and skills more appropriately. Thus appropriate delegation can aid in transforming service delivery, enable implementation of role redesign principles and with appropriate evidence of knowledge and skills and local protocols in place they support governance.

HCSW Code of Conduct

All Wales HCSW Career Framework

Support the development of current and future roles through standardisation of the scope of these roles. This is important when creating new / extended roles, delegating new tasks and setting out levels of supervision / responsibility / autonomy.

Set out educational pathways with the underpinning knowledge and skills to practice and support career development. The educational requirements of the Framework include a clinical Induction programme for all new starters and 'Role specific skills' qualifications which are accredited by recognised Awarding Organisations.

Pathways include Access to Nusing

Actions: Conclusions

- Essential element to underpin transformation and sustainability plans and embed culture of prudent workforce but will not be short term cash releasing

- Needs resource including:
  - Programme management

- And Significant input from
  - Finance, workforce and business intelligence
  - Medicine, Nursing and Scientific, Technical and Therapeutic
  - Trade Unions
  - WEDS and University