

# Workforce and OD Framework

2019 – 2022

*Achieving Excellence through Staff*



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# Introduction

The development of our organisational strategy *Better Health, Better Care, Better Lives* provides Swansea Bay University Health Board the opportunity to set out our organisational ambition and direction for the next decade. We will become a new organisation with a renewed ambition and purpose.

The organisational strategy sets out our strategic aims which are to:

- Support **better health** and wellbeing by actively promoting and empowering people to live well in resilient communities
- Deliver **better care** through excellent health and care services achieving the outcomes which matter most to people

Excellent staff are identified as one of the key delivery enabling objectives, central to the achievement of these strategic aims which will be achieved only through harnessing their excellence and dedication. We need to ensure that Swansea Bay University Health Board is a great place to work where clinicians lead our service change and improvement.

The supporting Clinical Service Plan is central to the delivery of *Better Health, Better Care, Better Lives* and describes how we will transform wellness, primary and community services to underpin significant service change in our major hospitals. The CSP planning principles are described below.

## CSP Planning Principles



### Optimising patient outcomes through

<b>1. One System of Care</b> Clinical pathway processes that cross Specialities, Departments and Delivery Units
<b>2. My Home First</b> Pathways which enhance care delivery in or closer to the patients home where clinically safe
<b>3. Right place, Right person, Right time</b> Workforce, estates, equipment, digitalisation
<b>4. Better Together</b> Regional and local collaboration on networks of services that meet the care needs of patients

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The Workforce and OD Framework must also support the delivery of our medium term finance plan, our 'high value opportunities' and align to the emerging Transformation Programme. Our people must be aligned to our organisational ambition and purpose.

Our Values and Behaviours were developed through extensive engagement in 2015. They must underpin all that we do and we have no desire to change them.

Our values	Our behaviours. How we are with patients, families, carers and colleagues.	
	We will	We will not
<b>caring</b> for each other in every human contact in all of our communities and each of our hospitals.		
Friendly, helpful, attentive and welcoming	<ul style="list-style-type: none"> <li>Be approachable, smiling, offer warm welcomes</li> <li>Be helpful, attentive to others' needs; do the little things that make the difference; be prepared to go the extra mile</li> </ul>	<ul style="list-style-type: none"> <li>Be moody, impatient, rude or abrupt</li> <li>Ignore people; be too busy to help or have an "it's not my job" attitude</li> </ul>
See people as individuals, do the right thing for every person, treat people with dignity and respect	<ul style="list-style-type: none"> <li>Be sensitive, thoughtful and flexible about how to meet the needs of each person</li> <li>Protect others' dignity and privacy, and take action when you see these being undermined</li> </ul>	<ul style="list-style-type: none"> <li>Make assumptions about others' needs, preferences or abilities; ignore individual needs</li> <li>Be disrespectful; dismissive, undermining, bullying or intimidating</li> </ul>
Kind, compassionate, patient and empathetic	<ul style="list-style-type: none"> <li>Put yourself in others' shoes and treat them as you would wish to be treated</li> <li>Be calm, patient, reassuring; put people at ease</li> </ul>	<ul style="list-style-type: none"> <li>Neglect people; allow people to suffer unnecessary discomfort or distress</li> <li>Be insensitive; make people feel like a nuisance</li> </ul>
<b>working</b> together as patients, families, carers, staff and communities so we always put patients first.		
Communicate openly, honestly and explain things clearly	<ul style="list-style-type: none"> <li>Listen closely to what is being said</li> <li>Be open, honest and clear; speak in a language which people understand</li> <li>Let people know what's happening now and next</li> <li>Check the person understands what you're saying</li> </ul>	<ul style="list-style-type: none"> <li>Use jargon or over-complicated language and assume people understand</li> <li>Leave others confused or with unanswered questions and concerns</li> </ul>
Listen, understand, involve, and value everyone's contribution	<ul style="list-style-type: none"> <li>Consider others' views; and include people (patients, carers, colleagues) in decisions about things that affect them</li> <li>Appreciate others, be supportive and say 'thank you'</li> </ul>	<ul style="list-style-type: none"> <li>Ignore other peoples' opinions, concerns, ideas or contributions; exclude or talk over people</li> <li>Not take the time to ask questions or find out more</li> <li>Let others down; take other people and their efforts for granted</li> </ul>
Open to and act on feedback and speak up	<ul style="list-style-type: none"> <li>Always speak up when you see poor behaviour or unsafe practice</li> <li>Give constructive feedback; and be open to, and act on, feedback yourself</li> </ul>	<ul style="list-style-type: none"> <li>Walk past unsafe practice or ignore poor behaviour</li> <li>Reject or not learn from feedback</li> <li>Blame or criticise others and not consider how you could improve</li> </ul>
<b>always improving</b> so that we are at our best for every patient and for each other.		
Safe, positive, seek out learning and continually develop	<ul style="list-style-type: none"> <li>Be vigilant about safety and risk; never turn a blind eye</li> <li>Look for opportunities to learn; enthusiastically share ideas and actively seek solutions and ways to improve</li> </ul>	<ul style="list-style-type: none"> <li>Be negative; cut corners; cover up mistakes; ignore evidence; accept poor standards</li> <li>Be obstructive or resistant to change; use negative body language like eye-rolling or sighing</li> </ul>
Professional, responsible and hold each other to account	<ul style="list-style-type: none"> <li>Be accountable for your own behaviour, and hold others to account; keep promises</li> <li>Be positive, a role model and inspirational to others</li> </ul>	<ul style="list-style-type: none"> <li>Leave notes and documentation incomplete</li> <li>Accept second best; pass the buck; avoid responsibility and have to be chased by others</li> <li>Complain about work to patients</li> </ul>
Efficient and timely	<ul style="list-style-type: none"> <li>Actively find ways to reduce delays and waste; join up services for others</li> <li>Plan ahead, be prompt, organised and responsive; value others' time</li> </ul>	<ul style="list-style-type: none"> <li>Ask others to take on too much; set unrealistic expectations and pass on stresses</li> <li>Avoid change 'because we've always done it this way'</li> <li>Keep people waiting unnecessarily</li> </ul>

This Workforce and OD Framework is informed by our current position and this suite of strategic ambitions. The purpose is to provide a clear direction upon which we can plan,

**"To enable the delivery of the organisational Strategy *Better, Health, Better care, Better Lives* and the Clinical Services Plan through the alignment of our staff, ensuring we have the right people in the right place at the right time and that we are designed to deliver excellence through our staff"**

Everyone should feel able to thrive at work and supported to be the best they can be. SBU needs staff that are well and at work to deliver effective, quality care for patients as our staff have a direct impact on the clinical outcomes and the experience of our patients. When our staff are feeling well and satisfied with their work, the experience of our patients improves.

All parts of this Workforce and OD Framework supports the overarching commitment and ambition to make SBU a great place to work where excellence is achieved in all we do through the efforts and contribution of our staff. All elements of the Framework aim to directly and indirectly support, promote and enhance employee well-being.

Employee well-being will be enhanced is a multitude of ways and not only through the delivery of the specific well-being interventions outlined within this framework. Improving recruitment and retention to maintain safe staffing levels; developing management and leadership capacity to ensure staff of lead with care and compassion; ensure staff are training and developed to undertake their roles effectively and be the best they can be; creating a safe and healthy working environment and culture; all these elements of the framework will support the health and well-being of our workforce, which will not only bring positive benefits to staff and patients but also quality, safety, performance and financial benefits to the Health Board.

**Quality** – healthier, more motivated staff have been shown to deliver better, safer, higher-quality care on a more consistent basis.

**Innovation** – staff-driven health and wellbeing initiatives have the potential to begin the culture change needed to encourage innovation at all levels within the organisation.

**Productivity** – reducing sickness absence will mean more staff are at work, improving morale and reducing stress. Coupled with better staff engagement, this is a powerful way to improve patient care and productivity.

**Prevention** – raising staff awareness of how to prevent ill-health in their own lives and introducing innovative models for staff wellbeing in the workplace will encourage staff to become strong advocates for prevention, passing on ideas and practice to patients.

The Framework will be supported by a suite of detailed supporting plans which will include a recruitment and retention plan and a multi-disciplinary education training and development plan. This Framework will be reviewed and refreshed on an annual basis to ensure that it remains fit for purpose and delivering the intended impact.

## Workforce and OD Framework

The W&OD framework priorities are described in 6 key domains, summarised below:

<b>Leadership, Values, Culture, Staff Development</b>	<b>Workforce Resourcing</b>	<b>Workforce Efficiency</b>	<b>Shape of the Workforce</b>	<b>Pay and T&amp;Cs</b>	<b>Core Workforce Function</b>
<b>Describing how we improve organisational performance through leadership, development and culture</b>	<b>Describing how we will attract, secure and retain the right workforce</b>	<b>Describing how we will deploy our staff effectively and maximise workforce efficiency and productivity</b>	<b>Describing the workforce we need to achieve our strategic aims, the clinical service and other plans</b>	<b>Exploring opportunities to better reward our workforce</b>	<b>Developing the role and contribution of the workforce function in delivering our people plans – doing the basics brilliantly</b>

## Domain 1

### Leadership, Values, Culture and Staff Development

*Describing how we improve organisational performance through leadership, development and culture*

#### Leadership, Culture and Staff Development – our challenge

Getting this right is the key to organisational success and will make SBUHB a great place to work and improve employee engagement and clinical engagement. Evidence demonstrates that organisational performance – quality, user satisfaction, mortality, financial, improvement, productivity, staff absenteeism - is directly linked to levels of employee engagement. The overall engagement score for staff from the 2018 Staff Survey demonstrates that it has increased from 3.68 in 2016 to 3.81 in 2018, which we will continue to build on.

**We will seek to create an organisational culture, underpinned by our values, led by visible leadership which supports excellent staff and patient experience.**

Our four pillars of work to achieve *excellence through our staff* are outlined below:

Excellent Staff Experience	Excellent Leadership	Excellent Managers	Excellent Talent Pathways
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#### EXCELLENT STAFF EXPERIENCE

We know that great staff experience results in great patient experience and that every role counts. What people do and how they do it matters. We want the very best people to work for us so we can provide the very best care for our patients and communities. We want our staff to feel proud about the care we provide and feel connected to the Health Board and the teams they work within. In 2017, we launched our first Staff Experience Strategy “In Our Shoes: Creating Great Staff Experience at ABMUHB” and this continues to be an organisational priority.

#### EXCELLENT LEADERSHIP

Developing values-based compassionate leadership capabilities is our priority; where leaders lead by example and demonstrate our Values and Behaviours in all that they do. We will achieve organisational success by equipping leaders with the tools to engage with staff, support and develop team working and empower our staff to have a real focus on improvement.

The 2018 staff survey results demonstrate that all scores on line managers have shown an improvement since 2016. The score on line managers being approachable about flexible working and on giving clear feedback has improved by 9% and 12% respectively. In addition, the score on staff agreeing that senior managers lead by example has increased by 7% and the question on effective communication between managers and staff has increased from 29% to 33%. As an organisation, we want to continue to build on these very positive results.

### **EXCELLENT MANAGERS**

The development of core people management skills will continue at pace to ensure that all new and existing managers have the skills to effectively manage individuals, teams and services, underpinned by our organisational values.

The overall percentage of PADR's recorded within ESR for the Health Board is 65%. The rate for medical staff currently stands at 91%. The staff survey showed a significant increase in the number of staff answering positively to having a PADR within the last 12 months, which increased from 2016 by 13%. Further actions are in place to improve compliance. There is a continued focus on training managers to ensure incremental pay progression is achieved and further development and implementation of Values based PADR.

Compliance against the core skills and training framework is currently 72.8% at the 31<sup>st</sup> December 2018. This is an improvement of 34.8% since April 2018. This increase accounts for an additional 86,000 competencies achieved by staff.

### **EXCELLENT TALENT PATHWAYS**

The demographics of the workforce is changing and we will soon have five generations in the workplace at once. Our future planning will therefore take account of these generational differences in terms of workforce behaviours, what motivates employees and that different generations need to interact and connect. These challenges are also set amidst an ageing UK workforce.

More than ever before, we need to rethink familiar approaches to challenges around workforce planning, recruitment, staff development, talent management and succession planning. The future is about building a wider labour market of choice, about developing skills in the community and equipping people (not just staff but also people who use services, carers, volunteers and all who make up the support networks in our communities) with the right competences. We must also take into consideration specific groups who have the need to work flexibly to improve their work-life balance and to improve the retention of staff. We will work together with our partners to ensure that a skilled workforce is available to implement the Health Board priorities through widening access to roles, job and workforce redesign, appropriate and timely training and development of robust policies and procedures. In addition, we must ensure that all our training and development programmes reflect our Health Board values and behaviours.



## Leadership, Culture and Staff Development – What we will do

Excellent Staff Experience	Excellent Leadership	Excellent Managers	Excellent Talent Pathways
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**EXCELLENT STAFF EXPERIENCE** - In delivering the Staff Experience Improvement Objectives, our priorities are:

### Listening to staff

- Create opportunities to engage with staff on shaping the future of the Health Board. This will include Leadership Summits, Clinical Strategy engagement, 'Meet the Exec Team', increased visibility on the ground and via social media platforms, Blogs and Vlogs.

### Continuing (revised)

- There will be an increase in engagement through virtual platforms. This has been started with the virtual 'Meet the Exec' Teams sessions. The team will regularly link with comms to ensure that blogs are representing the work of the team / plans.
- Develop our approach to supporting staff who have raised concerns.

### Continuing (revised)

- Work with the Guardian service has begun to look at increasing awareness of the service through online platforms. Reinitiate discussion with Trade Unions regarding provisions of service (new contract only let for 6 months)

### Continuing (new)

- Further development in the joining up of raising concerns process for medical students.
- Work with BAME Network and key individuals to implement BAME Ambassador role.
- Work to look at raising concerns process for issues related to care delivery and race or protected characteristics (Led by Nursing supported by WOD)

### Continuing

- Involvement in driving forward National Work on Healthy Working Relationships (led by HEIW)
- Undertake listening sessions with departments to understand issues and produce ideas for improvement and feedback for action planning. We will use a variety of methodologies to listen to staff including 'In our shoes'.

### Currently on hold

- Likely to pick up again once bespoke requests restart

### Continuing (revised)

- working on a virtual delivery method linked to the #LOVcampaign

- Work in partnership with delivery units on the results of the 'NHS Wales 2018' Staff Survey to develop clear plans to act, engage and communicate with staff. Respond to the ministerial mandate; working with colleagues across Wales to develop an approach to address concerns raised within the survey as part of our commitment staff wellbeing.

#### **Continuing (additional)**

- Launch of COVID homeworking survey and wellbeing survey (29<sup>th</sup> June)
- Participation in work around national COVID wellbeing survey (Autumn 2020)

#### **Continuing (delayed)**

- Engagement in National Survey discussions with HEIW (now Autumn / Winter 2020)
- Participation in Medical Engagement Scale Survey (anticipated Winter 2020)

#### **Awards and Recognition**

- Continue to deliver a 'Staff Recognition Programme', including long service awards, patient choice awards, and staff recognition events. Thanking individuals and teams through a range of events led by and organised by the Service Delivery Units and Corporate Departments.

#### **Continuing (revised and additional)**

- Development of options to explore facilitation of awards processes for long service recognition, Patient Choice awards, #LOV awards and COVID recognition award. This includes options for both socially distanced 'in person' awards and virtual awards. Awaiting a Health Board Decision.
- Supporting the wellbeing and recognition programme which is being run through Charitable Funds support through Corporate Nursing.

#### **Workforce Equality**

The Health Board Equality Plan WILL mirror the approach taken to develop the Welsh Government Strategic Equality Plan 2016-2020 and is purposefully strategic and signposts to the range of specific activities that will deliver our refreshed Equality Objectives. The Equality Objectives will also contribute towards the achievement of the well-being goals within the Well-Being of Future Generations (Wales) Act 2015. With the pace of change across the Health Board, it is vital that we assess the impact that these changes create. By coaching and mentoring individuals, Equality Impact Assessment will become embedded into processes ensuring that the best decisions are made. Specific action include:

- Promote the importance of creating an inclusive working environment to support every staff member to bring their whole self to work.

#### **Continuing**

- We will support the development of staff Network's : Womens, BME etc

#### **Currently on Hold**

- Will continue to look at the establishment of a Women's Network following recruitment into the team

#### Continuing (revised)

- Support to continue the development of BAME network, work on Ally and Champion model. (This has become more important with the BLM campaigns and the evidence that COVID impacts more on those from specific BAME communities).
- We will continue to be a member of the Stonewall Diversity Champions Programme (Britain's leading best practice employers' forum for LGBT+ equality, diversity and inclusion).

#### Continuing

- Currently supporting the running of Calon's 'tea and chat' sessions
- Review the new Stonewall criteria in August 2020 to develop a organisation wide approach.

#### Additional areas of work

- Work with WG on the development of BAME risk assessment and supporting guidance
- Work on National Approach to EQIA processes
- Training for local EQIA processes

**EXCELLENT LEADERSHIP** - To support our leaders to develop the required capacity and capabilities, the following actions are planned over the period of the plan:

#### Leadership Development

- Develop our Board and Leadership Teams through a targeted Kings Fund Leadership Development Programme

#### Currently on Hold

- To be discussed with Chair, CEO and Board Secretary following return to the new normal
- Establish and embed a series of Leadership Summits to facilitate multidisciplinary leadership development and the sharing of best practice.

#### Currently on Hold

- Currently working with HEIW and IT to investigate the use of technology to deliver engaging wide scale leadership events.
- Resume discussions about CEO focus of next Leadership summit Summer / Autumn 2020
- Continue to focus on leadership behaviours and cultural change through the roll out of Footprints. Roll out the senior leadership behaviour and cultural leadership programme Bridges to band 8as and above.

### **Continuing (revised)**

- Exploring with Northumbria University and Mersey Care a virtual programme of delivery for JUST culture. Planned programme cancelled in March 2020 and rescheduled for September 2020

### **Currently on Hold (and revised/new)**

- All leadership programmes are on hold in their current format, however....
- Currently working with HEIW and IT to investigate the use of technology to deliver engaging virtual programmes
- Collaboration with the Open University OU to explore using Footprints as a national 'proof of concept' for experiential virtual learning
- Research and working with HEIW to develop programme to incorporate a focus on leading compassionately in times of uncertainty / crisis
- It is planned that some version of leadership programmes will resume in Autumn 2020

### **New work**

- Bespoke requests for specific team leadership and OD interventions following COVID. These include supporting large-scale changes from an OD perspective.
- Support medical leadership development through the relaunched consultant development programme and access to Academi Wales Medical Leadership Programme.

### **Removed**

- This programme no longer exists

### **Coaching**

- Refresh our coaching strategy and increase our internal coaching capacity, through investment and training

### **Continuing (revised)**

- Virtual network days established
- New opportunities to access (currently) cost neutral coaching programmes
- Coaching supervision groups being delivered virtually
- First coaching for impact course will be run in July 2020

**EXCELLENT MANAGERS** - Our priorities areas are outlined below:

### **Management Development**

- Agree an Organisational approach for the development of 'People Management Skills' which includes baseline standards and competencies.

### **Currently on Hold**

- Currently looking at moving management pathway to virtual delivery (as this is skills based it is hoped that sessions will be piloted from September 2020)

- Research and working with HEIW to develop programme to incorporate a focus on managing in times of uncertainty / crisis
- Provide leaders and managers with change management skills through the development of a toolkit approach that focuses on individual reactions to change.

#### **Currently on Hold**

- Currently looking at moving management pathway to virtual delivery (as this is skills based it is planned that sessions will be piloted from September 2020)

#### **New work**

- Bespoke requests for specific team change management interventions following COVID
- Support managers and teams using a range of bespoke development interventions, to facilitate self-reflection feedback and improvement.

#### **New Work**

- A significant number of requests have been received to support services teams and areas following the pandemic. This increase in demand can only be delivered through the future planned recruitment into the team and will be risk assessed on a priority and needs basis for delivery

#### **PADR**

- Improve workforce productivity through performance management to meet out 85% PADR Target

#### **Currently on Hold**

- The active monitoring of PADR compliance has been on hold over recent months. Managers and staff have been unable to give this requirement the focus required whilst managing COVID activity. PADR activity will be expected to restart in the autumn but SBU should give consideration to (in the short term) relaxing the 85% compliance target in response to the current position. Current compliance stands at xx%
- Continue to support managers to deliver effective PADRs

#### **On Hold (and revised)**

- Due to restart in autumn 2020 as a core element of the virtual manager's pathway.

#### **Statutory and Mandatory Training**

- Improve workforce productivity through performance management to meet our 85% Mandatory training target

#### **Continuing**

- Continuing to support M+S training through ESR support for those completing M+S training

- Working with NWSSP to ensure new starters without ESR account access (including volunteers) have access to the identified mandatory training for their role
- Work with subject matter experts to ensure that Mandatory Training across ABMU is fit for purpose. Scoping levels of competency against previous training and knowledge to ensure recognition of prior learning and correct levels of competence recorded.

#### **New Work**

- Working with Subject Matter Experts to look at how M+S training can be reintroduced safely where higher levels are required (which may require face to face learning)
- Communication plan to reemphasise the need for M+S training (once new normal established)

**EXCELLENT PATHWAYS** - In order for us to meet the expectations set out within the Wellbeing of Future Generations Act (Wales) 2015, we will work to widen access to opportunities in the Health Board. The development of talent pathways will be complimented by internal identification of talent and the roll out of effective Talent Management and Succession planning toolkits. This will ensure that staff can see clear development routes and are able to proactively embrace opportunities. This will include:

#### **Career and Talent Pathways**

- Further develop and extend our ABMU Apprentice Academy, offering opportunities for new staff to join the health board and existing staff.

#### **Continuing**

- Areas are starting to submit requests for appointments of apprentices
- Once appointments are completed we will continue to develop the Academy and will relaunch (September 2020) – discussions with education partners, HEIW and the NHS Confed are continuing.
- Work with our partners to develop new and higher level apprenticeship pathways

#### **Currently on Hold**

- Review once team are fully staffed and investment posts filled
- Extend the role out of 'Project Search' into Swansea and Neath.

#### **Currently on Hold**

- Discussions are ongoing with partners about Project Search. We will continue to engage in the discussions however it is unlikely that project search will be relaunched in 2020.
- Further develop our all age Vocational Training contracts and engagement contracts. Working with partners across the public and 3<sup>rd</sup> sector to engage our communities.

Offer guaranteed interviews for those completing training pathways for apprenticeship roles.

#### Continuing

- 2 inductions for VT rolled out in June 2020
- Development of virtual delivery of induction and training
- Further develop the ABMU internal graduate scheme

#### Continuing

- Plans are being developed to advertise Swansea Bay Graduate Scheme in Autumn 2020 for a spring 2021 start
- Work with HEIW to introduce NHS Wales Talent Management Scheme for Tiers 1-3 and consider local implementation of national principles for other levels of staff.

#### Currently on Hold

- Will continue discussions with HEIW when required but no date confirmed yet
- Facilitate individual career pathways within ABMU by ensuring that there is delivery of a fit for purpose Values Led Induction Programme, opportunities for individuals to develop during employment and support preparation for retirement through the delivery of pre-retirement programme.

#### Continuing/ New work

- All programs are under review (induction programme changed significantly due to COVID) other pathways currently being explored.
- Some commencement of pre-retirement (Virtually) to restart Autumn 2020 (on the basis that the team are staffed to resource this and the investment appointments secured)

### Leadership, Culture and Staff Development – some of the ways we will measure our success

- Improvement in annual staff survey and Family and Friends completion rates and score
- Reduction in sickness absence to 5% -
- Reduction in perception of bullying and harassment
- Reduction in % of staff saying they have experienced bullying and harassment in staff survey
- Growth in number of coaches and mentors across the Health Board
- Appraisal compliance at 85%-
- Clear talent and succession plans in place in professions and services
- Mandatory training compliance level at 85%
- Growth in number of apprenticeships
- Reduction in numbers of ER cases, ( discipline, grievance, dignity at work)
- Established staff networks in place
- Managers demonstrating good people management skills
- Improved retention rates in first two years of service

## Domain 2

### Workforce Resourcing

*Describing how we will attract, secure and retain the right workforce*

#### Workforce Resourcing – our challenge

To achieve our ambitious transformational plans it will be critical to develop and implement creative and agile workforce resourcing strategies and approaches to ensure we are able to secure the workforce needed to meet organisational needs is a key strategic challenge for the Health Board. The key areas for action are:

Develop Workforce resourcing strategies		
Improve recruitment and reduce vacancy levels	Reduce turnover rates and improve staff retention	Develop internal staff bank

**RECRUITMENT** - The challenges of current vacancy levels and recruitment issues are well rehearsed and are a UK wide, if not international challenge. There are acute shortages of both nursing and medical staff, which affect not only the Health Board's ability to meet financial and performance targets, but also impact on quality and safety. In recent years, there have been changes to the immigration rules applied to doctors within the UK plus changes to training and number of posts available. This has resulted in a reduction of overseas doctors wishing to come to the UK to train/work; there has also been a significant increase in the number of doctors requesting to train less than fulltime. Both of these situations have had a significant impact on the sustainability of junior doctor rotas and delivery of service. In addition, SAS doctors in hard to fill areas are turning down posts and moving across to England as higher salaries are being offered.

The introduction of the Deanery Educational Contract has also had an impact on the Health Boards delivery of services and training, the main issue is the introduction of 1:11 rotas. The increase in the number of doctors required to work a 1:11 rota has resulted in vacancies that previously were not part of the Health Board establishment. The recent advice that organisations can introduce some degree of flexibility in rota design will help this situation.

Consultants are a key part of the NHS workforce and represent a significant investment for the Health Board. They are also a limited resource and the ability to recruit may be affected by the number of 'home-grown' training grades coming through the Welsh system to replace retiring Consultant and fill newly established Consultant posts. We also need recognise the impact of changes to the pension scheme on our workforce planning assumptions and the impact of early (pension related) retirements.



The current number of GP practices across the SBUHB footprint is 49, compared with 77 in early 2017. This reduction is as a result of the Bridgend boundary change in addition to several practice mergers over the past 24 months. Ongoing recruitment and retention crisis of GPs has led to rapid upskilling of the alternative workforce in General Practice to help meet the needs of our patient populations. Mergers are therefore encouraged in line with sustainability as greater combined workforce and resources leads to more stabilised and structured health provision for our patient populations. This trend is expected to continue and a number of practices have already approached the organisation enquiring about possible mergers. We must work collaboratively with colleagues in primary care to create attractive employment solutions and employment and staffing models.

**RETENTION** - Our Health Board must do all it can to retain our staff. The turnover rate for all staff within the Health Board (excluding junior medical and dental staff) currently stands at 7.71% (December 2018), and has fallen by 1.3% over the last 12 months.

Approximately 70% of General Practice Nurses are over the age of 45 (HEE workforce toolkit 2016), with 27% of those over the age of 55 and preparing for retirement. It is recognised a national deficit in GPNs will be apparent within the coming years and retention of our more experienced GPNs is vital in order to train the next generation. SBUHB local data is being collated to better inform us of the prioritisation to be afforded to this area of recruitment and retention.

Whilst the overall turnover rate is not disproportionately high, an analysis has indicated that there are certain hot spot areas that need to be addressed and includes in particular the number of nursing staff that leave within two years of appointment.

**BANK** – the use of external agency and locum staff is at a level unacceptable to the Health Board. Aside from the additional financial cost, the risks of using temporary staffing who would be less familiar with the health board and its processes and policy is well recognised. The strategic intention must be to reduce our reliance on externally sourced workforce resource. To help achieve this the contribution of our internal staff bank should be enhanced to enable us grow our temporary staffing capacity to meet variations in workforce need.

## Workforce Resourcing – what we will do

Develop Workforce resourcing strategies		
Improve recruitment and reduce vacancy levels	Reduce turnover rates and improve staff retention	Develop internal staff bank

To address the challenges outlined above the following initiatives will be taken forward:

### RECRUITMENT - Medical

The development of a Medical Recruitment Action Plan is critical. The priorities for 2019/20 are:

- Undertake a comprehensive review of all medical vacancies to ensure required resourcing need is fully recognised

**Currently On Hold** at present whilst the Units focus is on Covid and bringing back essential services.

- Plan to revisit this in the autumn subject to a second peak
- Ongoing participation in the All Wales BAPIO Campaigns in 2019 and beyond

**Currently On Hold**

- No plans to pursue a BAPIO scheme this year unless international travel changes significantly
- Enhance the use of social media i.e. Facebook, Twitter, LinkedIn for Swansea Bay University Health Board brand job fairs and open days

**Continuing**

- Develop a proposal to establish a Junior Doctor Welfare Officer to aid recruitment and retention

**Continuing**

- Will shortly be advertising this post so the work can commence. Post has been retitled to recruitment and retention officer
- Enhance the attractiveness of posts by developing posts at junior and middle grade that offer a mix of service and research/QI/education

**On Hold**

- Will review for an autumn focus, following appointment of the additional funded post
- Enhancement of the induction/cultural induction to Wales and the Health Board for overseas doctors

**Continuing**

- This will be picked up as part of the work of the recruitment and retention officer. Work likely to commence in Q3 rather than Q2 due to the need to recruit
- Development of a Locum Bank, with advertising to promote the Health Board and encourage doctors to work as locums

**Completed and ongoing**

- Offer a good experience for all staff and a robust induction, pastoral and mentorship support to introduce the new doctors into the NHS and culturally into a new life in Wales

### Continuing

- This will be picked up as part of the work of the recruitment and retention officer. Work likely to commence in Q3 rather than Q 2 due to the need to recruit
- Explore the establishment of F3 posts which blend working and experience/areas of special interest

### Currently On Hold

- Due to the need to focus on clinical work due to Covid/essential services. This will reviewed in the autumn
- The development of the GP fellowship scheme and a recruitment campaign have resulted in some success in attracting and recruiting additional GPs.

### Continuing

- The Practice Support Team has seen success in recruiting experienced GPs to support the Managed Practice and struggling independent practices. Further leadership and training opportunities are to be developed in 19/20 in order to continue to attract experienced GPs to enrich our primary care workforce.

### Currently On Hold

- Will review in the autumn
- Consider a GP retainer scheme to help keep GPs in practice past retirement age. This could include mentorship and teaching roles in line with clinical commitments to ensure we utilise their knowledge and skill.

### Currently On Hold

- Will review in the autumn
- Develop exchange programmes with different countries

### Currently On hold

- Not feasible at this stage due to ongoing travel restrictions
- Explore further overseas initiatives in addition to BAPIO with other Indian postgraduate academies

### On hold

- Not feasible at this stage due to ongoing travel restrictions
- Optimise our relationship with the BMJ to enhance our position in the market and consider flexible recruitment packages

### Complete and ongoing

- Continue to work with MEDACS and other suppliers to support the recruitment of doctors to substantive vacancies

### Continuing

#### RECRUITMENT - Nursing

Work is already underway to develop Nurse Recruitment Action Plan to meet the needs to the Nurse Staffing Act. The agreed priorities are:

- Continue the work underway to improve the support to nurses who are interested in working for us; this includes an enhanced preceptorship programme and clinical supervision.

### Complete

- Working longer readiness tool has been completed and the actions will be taken forward within the High Value opportunities work stream

### Currently On Hold

- HVO work not being undertaken currently
- Participation in the Welsh Student Streamlining project, which is aimed at developing a more efficient process of recruiting nurse students from Welsh universities without the need for formal interviews.

### Continuing

- Further return to practice open evenings will be organised.

### Currently On hold

- Will review when social distancing measures are relaxed
- Local recruitment days regionally organised to avoid duplication and will be heavily advertised across social media platforms

### Continuing

- Ongoing implementation of our Nursing and Midwifery Strategy

### TBC

- Overseas recruitment campaigns to Europe and the Philippines have been undertaken with further options being explored in Dubai and India, seeking nurses who are IELTS ready

### On hold

- **Starting to plan for autumn/winter 2020**

- We will continue to 'grow our own' nursing workforce by supporting Health Care Support Workers to undertake either a part time Degree or Masters course

### **Continuing**

- Establishment of an 'internal transfer window' to enable nurses to move within Swansea Bay UHB in a managed way rather than leave

### **TBC**

- Primary Care related topics will be implemented within the new nursing programme through Swansea University to promote Primary Care (General Practice) as a first choice career option for newly qualified nurses.

### **TBC**

- Greater collaboration between Swansea University and Primary Care within SBUHB to ensure General Practice is a placement option for student nurses in their 2<sup>nd</sup> and 3<sup>rd</sup> year. Spoke placements are currently offered, with a plan for increased hub placements and a permanent Primary Care placement option recognised in student nurse programme from 2020.

### **TBC**

- Streamlining of training and development pathways within Primary Care to attract new and experienced nurses into this field. This will enrich the GPN workforce and allow greater opportunity for experienced GPNs to access Advanced Practice pathways, extended skills programmes and Independent Prescribing modules to develop autonomy. Greater nursing autonomy and extended areas of competency acts to directly support the GP workload in Primary Care thus ensuring a prudent approach to healthcare.

### **TBC**

### **RECRUITMENT - Therapies and Health Science**

Recruitment to therapies and health science is patchy with some groups recognised as shortage occupations including radiographers, nuclear medicine practitioners, radiotherapy physics practitioners and scientists, sonographers, orthoptists and prosthetists. Particular shortages in therapeutic radiographers has led to radiotherapy backlogs. High vacancy rates in many professional groups lead to a review of organisational structure and possible efficiency gains with job planning and extending support roles.

Strategies employed to overcome the shortages include targeted recruitment and staff development. There are a number of initiatives being taken to provide in-service training

in Biomedical Science, to allow employment of science graduates and support top up to registration.

The following actions will be addressed:

- Participation in local career fairs and organising of open days across therapies

#### **Continuing**

- Virtual arrangements being considered
- Enhance the use of social media i.e. Facebook, Twitter, LinkedIn for ABMU job fairs and open days

#### **Continuing but open days on hold**

- Developing advance practise to ensure best value and appropriate skills to support shortage areas in medicine across diagnostics, including radiology, cellular pathology, neurophysiology, ENT and Primary Care

#### **Currently On Hold**

- Taking forward the Healthcare Science Framework to “release and harness the potential of the healthcare science workforce”

#### **TBC**

- Strong focus on developing reputation as a “good place to train, good place to work” by providing excellent placement opportunities and support.

#### **Continuing**

- Collaborate strategically with HEIW and education providers to identify new solutions that meet evolving service needs

#### **Currently On hold**

- To be reviewed in conjunction with revised HEIW work programme
- Primary Care workforce diversification. Pre-empting the GP shortfall by committing to developing and training our alternative workforce to meet the needs of our patient populations across SBUHB. Ensuring we are pioneering and progressive in relation to workforce development in line with SBUHB transformation programme.

#### **Currently On hold unless its developed organically**

- Work collaboratively with our AHP colleagues to continue to develop the Advanced Physiotherapist and Occupational Therapist roles within primary care. This will be in direct support of cluster transformation projects and acts to strengthen the MDT to bring seamless patient care closer to home.

### Continuing

- Work in partnership with Welsh Ambulance Service Trust to devise Paramedic and Advanced Paramedic Primary Care schemes to directly benefit GP/OOH workload whilst offering a comprehensive training and mentorship environment for WAST trainee Advanced Practitioners.

### Continuing

- Continuation of the Physician Associate General Practice Internship Programme in conjunction with WG Pacesetter funding. This programme has recruited 7 new qualified PAs to date and offers a structured and effective 12-month consolidation for PAs whilst strengthening the Primary Care workforce. Professional portfolio compilation, protected mentorship and targeted CPD has cemented this internship as an exemplar programme to which other Health Board's wish to replicate.

### Continuing

- Plan in train and limited implementation at present. HEIW if they intend holding a central role with this staff group.
- Further development of permanent band 7 Physician Associate posts across Secondary and Primary Care is needed in order to retain this workforce after they complete their initial 12-month internship programmes.

### Continuing

- Case being prepared for Executive team

**RECRUITMENT - Unregistered workforce** - Recruitment to the un-registered workforce is generally positive with no significant issues currently experienced. However, there will be a continual development of career paths and alternative routes to gain employment within the organisation including the Apprentice Academy, ensuring that recruitment of apprentice programmes align with future workforce plans and enable development of skills. More detailed is contained later in this Framework document.

**REDUCE TURNOVER RATES AND IMPROVE STAFF RETENTION** - There must be equal organisational focus on retaining staff and recruiting staff. To ensure we understand and address the reasons that staff chose to leave the organisation the following actions will be undertaken:

- Implement consistent organizational wide electronic exit interview process

### Currently On Hold

- Implement a systematic, electronic exit interview process to highlight reasons for leaving and development of strategies to improve retention rates

### Currently On Hold

- Undertake a specific analysis of leavers' data, particularly those in the first 12 to 24 months of commencing employment to identify hotspot areas

### **Currently On Hold**

- Develop strategies to ensure excellent staff experience, which is covered in more detail later in the framework document.

**DEVELOP INTERNAL STAFF BANK** - The use of 'off contract' agency nurses has been largely eradicated but there remain high levels of on contract agency nurses to meet staff needs. There is scope to develop the current nurse bank service to expand the potential of the internal nurse bank to better meet staffing needs. Ways to better incentivise, market and promote nurse bank working will be developed including the introduction of weekly pay for bank staff which is recognised as a key incentive for staff.

In addition, the scope of the current nurse bank will be extended. The intention is for the current bank arrangements to become a multi-disciplinary Staff Bank including other clinical groups of staff and more widely for A&C staff, estates and ancillary staff groups. The potential to extend this to medical staff will also be explored in line with the wider all Wales initiative.

To support the challenge to reduce the usage of externally sourced agency and locum staff the following actions will be taken forward:

- Participate in the creation of a single all wales staff bank in partnership with NWSSP

### **Continue (revised)**

- The "Collaborative Bank" Project with CTM successfully went live as planned in early April 2020 but has been somewhat overshadowed by the covid crisis, its impact has been negligible.
- The project will require a relaunch and promotion when circumstances are more favorable.
- Proactive marketing and the development of incentives to improve recruitment to the nurse bank. This will include the introduction of weekly pay  
**As above.**

- Extend bank operations to become a multi-disciplinary staff bank

### **Currently on hold**

- Specific actions in other staff groups were undertaken during the Covid Crisis. Will return to a more generic approach assessing needs against resource once Covid specific requirements have a lower priority

Consideration should be afforded to extending the Health Board's internal nurse bank resource to include independent General Practice. This would strengthen the numbers of available staff and encourage greater cross cover in primary and secondary care whilst offering General Practice an alternative to local nursing agencies.



### Currently on Hold

- To be reviewed in conjunction with the new national work on primary care bank services

### Workforce Resourcing – some of the ways we will measure our success

- Closing the gap in the number of unfilled posts
- Reduction in turnover of staff in first two years of service
- Apprenticeship programme aligned to future workforce plans and enable skills development, linked to a career pathway
- Career pathways in place in therapies and nursing from band 2 upwards
- Reduction in variable pay spend
- Reduction in temporary staffing costs on agency and locum
- Decrease in ad hoc sessional payments for doctors
- Significant reduction in reliance on ad hoc/locum work
- Improved and robust flexible working arrangements to meet the needs of our staff and patients
- New starters will rate their joining experience as positive/ very positive
- Swansea Bay University Health Board recognised recruitment brand locally and nationally which reflects our values and drives the way we recruit
- GP retainer scheme in place
- More Advanced Practitioners working in GP practices

## Domain 3

### Workforce Efficiency

*Describing how we will deploy our staff effectively and maximise workforce efficiency and productivity*

### Workforce Efficiency – our challenge

Improving the efficiency and effectiveness in how we utilise and deploy our workforce is a key area that will be addressed. There are already a number of initiatives in place which are at various stages of maturity and delivery. This focus will continue foreseeable future to ensure the required improvements are secured and embedded.

The key challenges to be addressed are summarised below:

Efficient and cost effective workforce deployment					
Reduce variable pay	Efficient staff deployment	Ensure staff operate at top of licence	Reduce sickness absence	Rightsized staffing establishments	Staff Health and well-being

**REDUCE VARIABLE PAY** - Variable Pay accounts for approximately 8% of our total pay expenditure. The main areas of variable pay spend, is unsurprisingly in medical and nurse staffing. The efficiency programmes outlined below will all support directly or indirectly the achievement of the Health Board target of reducing variable pay by 5% in year from the March 2019 baseline figure.

Shortages in staff have a potential negative impact of quality and safety and service delivery. In addition expenditure on the contingent medical and nursing workforce is regularly reported and shows an increase in variable pay for medical staff compared to 17/18. This is despite the introduction of the Welsh Government Agency Cap and the Agency Nursing Framework contract. For the medical workforce market forces are impacting negatively on this pushing rates and costs up and the costs of non-framework nursing agency costs are significantly higher.

Targeted investment to support Winter Pressures initiatives have again impacted on the overall levels of expenditure.

**EFFICIENT STAFF DEPLOYMENT** – ensuring that the Health Board has effective systems to do this must continue to be an area of focus. Inefficient staff deployment will drive up staff costs and more effective processes and systems are needed to ensure that staff deployment matches service need. Efficient rostering practices are critical. Similarly effective design of medial rotas design will support the efficient deployment of staff to ensure service needs are best addressed and the use of agency and locum staff minimised as far as possible.

#### **STAFF HEALTH AND WELLBEING**

Keeping staff well in work and reducing sickness absence rates is a key area of ongoing focus and as such staff health and wellbeing will continue to be a priority. Improving access to health and wellbeing services in a timely manner is a key part of the solution. The current rolling 12-month performance as at November 2018 stands at 5.93%. The top reason for absence remains stress, anxiety, depression and other mental health illnesses, account for almost 32% of all absence.

High levels of sickness absence will drive costs and also impact negatively on quality, safety and performance delivery.

**ENSURE STAFF OPERATE AT THE TOP OF THEIR LICENCE** – to ensure that staff are being deployed as effectively as possible it is imperative that we review the roles to ensure staff are operating at the top their licence and their contribution fully maximised.

**RIGHTSIZED STAFFING ESTABLISHMENTS** – there is a significant amount of work required to ensure that we have the right number of staff, in the right place, providing the right care or service.

### Workforce Efficiency – what we will do

Efficient and cost effective workforce deployment					
Staff health and Well-being	Efficient staff deployment	Ensure staff operate at top of licence	Reduce sickness absence	Rightsized staffing establishments	Reduce variable pay

These change programmes are outlined below.

**STAFF HEALTH AND WELL-BEING** - The transformation of Occupational Health services will continue to include a more multidisciplinary approach using Allied Health Professionals and the Health Board is developing a sustainable service model. We will continue to develop the Invest to Save funded 'Staff Wellbeing Advice and Support Service' which provides staff with a single point of access to gain timely health and wellbeing support, particularly related to stress, anxiety and depression and musculoskeletal problems. This service development has been accepted as a Bevan Commission Exemplar project and **shortlisted in the National Advancing Healthcare Awards Covid-19 ESTEEM Awards**.

Ongoing discussions are seeking to confirm substantive funding for the team which has historically been funded through the Welsh Government Invest to Save programme. Current funding for the service ends December 2020 putting the service at risk if continuation funding is not made available.

Additionally, we will undertake the following measures to support the Health and wellbeing of our staff:

- Supporting the organisation during the Covid-19 pandemic. Utilising additional resource redeployed to OH, the service has extended hours to include weekend working to meet the increased demands from Covid-19. It is anticipated this demand will continue for the foreseeable future and include additional work including assessing staff and referring for antigen testing, developing the ability to undertake mass-vaccination across the Health Board when the Covid-19 vaccine becomes available, supporting the 12 month PHW anti-body surveillance and supporting the All Wales Covid-19 Workforce risk assessment process. Additional resource is current being sought to support this additional workload.

### **New**

- Develop support for staff who have experienced a traumatic or potentially traumatic event(s) through the roll out of TRiM (Trauma Risk intervention Model)

### **New**

- Develop interventions to focus on mild to moderate mental health problems.

### **Continue and New**

- In the context of Covid-19, priority will be given to work related issues in anticipation of increased incidence of work related stress, difficult deployments, burn out, compassion fatigue, traumatic events experienced in work and traumatic bereavements.
- The provision of a staff trauma pathway will continue with specific interventions to support staff e.g .Provision of GTEP (trauma based intervention on a group basis).
- Provision of on-site support to teams and departments during Covid-19 to continue regarding general wellbeing, encouraging peer & manager support, psychoeducation & support following specific events (e.g. loss of a colleague to Covid-19).

Additionally, we will undertake the following measures to support the Health and wellbeing of our staff:

- Conversion of Mindful & Meaningful Living course (a mindfulness & ACT based resilience based course for staff) & Managing Your Wellbeing Course to remote delivery.
  - Promotion of & support in the delivery of Taking Care Giving Care Rounds across the Health Board (as developed by MH colleagues).
  - Continue to develop our network of 380 Wellbeing champions, supported by a regular programme of workshops.
  - Implement training for managers to use the Health and Safety Executive Stress Management Standards alongside training in managing mental health in work
  - Working closely with related organisation such as Time to Change Wales to reduce the stigma and discrimination of mental health.
- 
- Continue to develop our network of 270 Wellbeing champions who can signpost colleagues to health and wellbeing services.

### **Continuing**

- Implement training for managers to use the Health and Safety Executive Stress Management Standards alongside training in managing mental health in work

### **See above**

- Working closely with related organisation such as Time to Change Wales to reduce the stigma and discrimination of mental health.

#### **Currently On Hold**

- Continue to deliver initiatives such as Schwartz Centre Rounds®, Lighten Up and Stress Awareness sessions

#### **See Above**

- Work in partnership with Welsh Government to deliver the 'In Work Support' service which supports the health and wellbeing of employees in small-medium enterprises

#### **Continuing**

- Additional support is being provided to enable SMEs to develop related policies and procedures
- The Health Board achieved revalidation of the Gold Corporate Health Standard in 2016 and a plan will be developed to assess our organisational readiness for the Platinum Award

#### **Currently On Hold**

- Ensure that staff receive the flu vaccine, the rate, for 2017/18 was 58.5%. We hope to exceed the target of 60% in forthcoming years.

#### **Continuing (revised)**

- The Staff flu campaign will run concurrently to Covid-19 and due to social distancing and the need to increase peer vaccinators plus increased vaccine costs, additional resource is being sought to develop the role of Staff Immunisation Coordinator.
- Within resource restraints, the service will work with Health & Safety and Infection Prevention and Control to develop a Health Surveillance programme for staff that meets the requirements of related HSE Standards.

#### **Re-start**

#### **Increasing Occupational Health Efficiencies & Reducing Waits**

- Maximise the potential of Cohort 10 database to support efficient e-based process and minimise paper-based working to further drive down waiting times for pre-employment clearances and management referral reports.
- Work with All Wales colleagues to procure the on-line management referral module.

#### **Continuing**

## **REDUCE VARIABLE PAY and EFFICIENT STAFF DEPLOYMENT**

The implementation of an integrated suite of digital workforce systems will enable us to realise workforce productivity opportunities.

### **Medical**

- Undertake a comprehensive review of junior doctor rotas across the Health Board using the Kendal Bluck analysis as the starting point for this exercise **Complete. Implementation on hold due to Covid.**
- Fully implement the e Job Planning system and undertake a review of all job plans to ensure they are aligned to service need and priorities. In parallel review annual leave allocations to ensure these are appropriate. **Part completed. Currently on hold but as capacity increases work can recommence. MWB on 7<sup>th</sup> July to discuss**
- In Morriston, implement the ED workforce plan which aligns workforce, skills and activity **Implementation on hold due to Covid**
- Continue to seek opportunities to convert long term locums into substantive posts or re-negotiate agreed rates **On hold at present**
- Implement “Locum on Duty” to introduce a digital booking and approval system to increase transparency and good intelligence to help scrutinize and challenge decisions and spend. **Complete. Further work can be undertaken once capacity increases**

**Nursing** - To ensure the efficient and effective use of our nursing resource the Health Board is migrating all nurses to an e rostering system, integrated with the nurse bank module. The integrated system will assist compliance with the Nurse Staffing Act by providing a complete view of substantive rosters and temporary staff to ensure adequate staffing levels. The implementation of the e rostering system is aligned to a full review of shift patterns to ensure standardised shifts are established to meet service and patient needs. This work programme will be completed by late 2019. An additional module, ‘Safecare,’ will also be deployed which will provide a real time measure of patient acuity to ensure safe staffing levels are maintained.

The priorities are:

- Complete the e rostering roll out on all sites
- Establish systems to monitor and review compliance with new practices and the approved Rostering Policy to ensure the expected efficiencies in practice are being realised
- Deploy the Safecare module across all sites
- Review all bank and agency controls and strengthen the role of the bank office in efficient deployment monitoring
- Primary and community – discrepancy in banding/pay between HB and independent practice is seeing a shift of newly trained Advanced Practitioners from our secondary and community care areas. We are consider devising a rotational scheme for APs between community and independent General Practice to help retain APs and create partnerships with independent practice. This can be explored through a pacesetter ANP Academy project.

**ENSURE STAFF OPERATE AT TOP OF LICENCE** – this will include:

- A review role of ward manager to support the development of skills and competencies to fulfil the role effectively

#### Currently on Hold

- A review of Therapies & Health Science managerial infrastructures to ensure these are aligned to the new footprint of the new Health Board

#### Currently on Hold

- Support the Professional Development Nurse roles in Primary and Community services to continue to scope the training and development deficits within nursing staff. Act to ensure competencies are complete for extended skills roles to help maintain and advance our alternative workforce clinical input in Primary Care, Out of Hours services, secure environments and community settings.

#### TBC

- Support and facilitate the introduction of the round house model in urgent care out of hours services to ensure the most effective use of medical personnel.

#### Currently on Hold

**RIGHTSIZED STAFFING ESTABLISHMENTS** – the initiatives to be addressed include:

- A review ward skill mix to ensure staffing is aligned to the requirements of the Nurse Staffing Act and agree the registered nurse skill mix profile by ward

#### Continuing

- Review of consistency of HCSW bandings

**Currently on Hold** although the work on HCSW bandings on theatre is **Continuing and revised**

- A review will be undertaken of the newly created (Field Hospital) Support Services Assistant for wider application throughout the Health Board
- Benchmark therapies and health science staffing levels to ensure establishment for aligned to service needs

#### Currently on Hold

- Develop a workforce change plan to deliver the required changes to the workforce profile

#### Continuing (revised)

- Work now to align with COVID requirements, Essential Services plan, Organisational Change plan and other strategic services changes

**SICKNESS ABSENCE** - A number of actions have been developed and implemented as part of an overall sickness reduction plan, including audits on the management of sickness absence, the development of guidance on the management of long-term sickness, training and development and partnership working with Trade Union colleagues to build a collaborative action plan to improve attendance. The following specific actions are planned which will support improved access and reductions in sickness absence rates:

- Educate managers in the use of the new all Wales Managing Attendance at Work policy to ensure we fully exploit opportunities to supporting staff back into work more quickly

**Currently on Hold**

- Will explore the feasibility of developing an on line module to support further roll out
- Learning events and collaborative action plan with workforce, OH and TUs working in partnership to improve attendance

**Currently on Hold**

- Develop plan for implementation of learnings from best practise case study conducted in three areas of good sickness performance

**Currently on Hold**

- Develop and implement improvement plan for occupational health services based on data analysis and engagement with clinical teams

**Currently on Hold**

- Create a cultural audit tool based on work from the Kings Fund

**Currently on Hold**

- Provide workshops for employees in collaboration with Health and wellbeing

**Currently on Hold**

- Review of Workforce resource allocation to support managers in the management of sickness absence

**Continuing (revised)**

**Workforce Efficiency – some of the ways we will measure our success**

- Capacity and demand matched with job plans
- Pay progression linked to performance in line with pay deal
- Increase in number of people receiving official recognition for great performance
- Health Board achieves Platinum Award Corporate Health Standard
- Increase in flu vaccination rates



- Reduction in variable pay spend
- Reduction in temporary staffing costs on agency and locum
- Significant reduction in reliance on ad hoc/locum work
- Reduction in sickness absence
- Team rosters in place to support 7 day working
- Improvement in e rostering deployment KPIs
- More robust flexible working arrangements in place
- Development of nurse consultant roles
- Advanced Physiotherapist and Occupational Therapist roles within Primary Care
- Improved junior doctor rotas in place
- Transparency of working practices/ patterns across the Health Board to support high quality, effective and efficient service delivery
- Reduction in consultant vacancy rate
- Redesign of non- clinical posts – corporate, management and administration roles, streamlining and using our resource wisely
- Generic roles in place for unregistered workforce
- Advanced Practitioner rotational posts in community care and independent GP practices

## Domain 4

### Shape of the Workforce

*Describing the workforce we need to achieve our strategic aims, the clinical service and other plans*

#### Shape of the Workforce – our challenge

The current shape and configuration of our workforce is not sustainable and must change to meet future service needs. In order to support the Organisational Strategy and CSP we will need our workforce of tomorrow to look very different from the workforce of today, with staff needing to work differently. We need to have robust long-term workforce and education plans that develop a different workforce and shifts our workforce into community setting to provide care closer to home.

The future shape of the workforce focuses on developing skills, roles and ways of working which have the greatest impact and traction to deliver sustainable change. The workforce plans address developing a sustainable approach to developing multi-disciplinary teams in

primary and community settings and rebalancing the workforce between in/out of hospital settings and aligning and integrating staffing solutions with social care.

We recognise that we need to develop a far more strategic and co-ordinated approach to re-profiling and developing our non-registered workforce.

Research into the effectiveness of teams in Health Care identifies that the best and most cost-effective outcomes for patients and clients are achieved when multidisciplinary teams work together, learn together, engage in clinical audit of outcomes together, and generate innovation to ensure progress in practice and service. Within the recent staff survey, most of the scores on team working for the Health Board are above the NHS Wales scores. The response to the question on team members having a set of shared objectives has shown an improvement since 9% since 2016.

### **Shape of the Workforce – what we will do**

This is a critical element of the Workforce and OD Framework. Without significant attention and focus the Health Board will be unable to fully realise its radical ambitions to better need to needs of our citizens to deliver the improvements in health and care as set out in the Organisational Strategy and CSP.

	<b>Align service and workforce redesign</b>	
<b>Development and implementation of workforce plans to deliver the Organisational Strategy, Clinical Service Plans and High Value opportunities</b>	<b>Development of new and extended roles</b>	<b>Development and implementation of workforce plans to support the new organisational design and structure</b>

Workforce plans will be developed to support the following clinical service plan priorities:

- Integrated Primary and Community Care services and supporting the role and development of clusters to support improvements to population health
- Reconfiguration of the roles of our major hospitals and the modernisation of service delivery.

The timescale for the development of these workforce plans will be aligned to the pace and timescales of the service development plans which will unfold over a number of years.

Within 2019 there will be changes to the operating model of the Health Board. Changes will be made to the organisations design and structure which will require significant workforce change support in both the design and delivery stages.

#### **Continuing (revised)**

- Work ongoing to shift the acute medical take to Morriston, resume Essential Services, manage services with COVID etc
- Next year IMTP plan on hold but anticipate that the HB will need to recommence this before Q3.

The changing organisation, with different models of health and care delivery will also need different staffing models and different new and extended roles within the registrant and

support workforce. Detailed workforce plans will need to be developed but the following areas will be priority areas of attention and focus:

- Redesigning the **primary care workforce** to free up the time of GPs. This will include expanding the roles of the nursing, therapeutic, health science and pharmacy workforce into primary care settings to provide enhanced services in the community

#### Currently On Hold

- Developing **new and extended roles**, including increasing the number of non-medical consultant roles and advanced practitioners

#### Continuing

- Redesigning the contribution of the **non-registered workforce** and upskilling staff to take on extended duties to release time of our registrants

#### Continuing

- To support teams and improve **team working** we will continue to use evidence-based practice and develop our network of team based working facilitators to support team development and team working across the organisation.

#### Currently On hold (unless happening organically)

### Shape of the workforce – some of the ways we will measure our success

Career pathways in place for the unregistered workforce

Attractive local career and training pathways in place in key services for the unregistered workforce

New and extended roles in place - Physician Associates, Specialist and Advanced Care Practitioners

Advanced Physiotherapist and Occupational Therapist roles within Primary Care

Advanced Practitioner rotational posts between community care and independent GP practices

Workforce plans in place that match service need and spend

Workforce plans developed to support delivery of CSP

Clear talent management and succession plans in place in professions and services

Improved staff survey results for team working

## Domain 5

### Pay and Reward

*Exploring opportunities to better reward our workforce*

#### Pay and Reward– our challenge

As a Health Board we must always seek ways to creatively reward our staff within the nationally agreed pay arrangements. It is also important to recognise that reward is not always aligned to pay and needs to be viewed in the broadest sense.

#### Pay and Reward – what we will do

A number of initiatives that will be explored during the forthcoming period are outlined below.

- Incentivise bank arrangements to increase supply including weekly pay

##### Continuing

- Ongoing review of incentives aligned to COVID needs

- Creative design of junior doctor rotas and roles to enhance recruitment

##### Continuing and Currently on Hold

- Significant rota redesign in response to COVID
- Strategic approach will recommence following appointment to new R&R role
- Explore establishing a GP retainer scheme to encourage GPs to continue in practice past retirement age.

##### Currently on Hold

- To be reviewed in the autumn

#### Pay and Reward – some of the ways we will measure our success

- Reduction in agency and locum usage
- Swansea Bay University Health Board multi- disciplinary bank in place
- Bank incentive payments in place
- Improved engagement with junior doctors
- Improved junior doctors survey results
- GP retainer scheme in place
- Creative non pay reward schemes developed.

## Domain 6

### Workforce and OD Function

***Developing the role and contribution of the workforce function in delivering our people plans – doing the basics brilliantly***

#### Workforce and OD Function and Capacity – our challenge

Resolving the workforce challenges of the Health Board requires an exceptional workforce team who have the capacity and capability to work with managers and staff to deliver the extensive range of workforce interventions outlined in this plan. Without this intensive focus on both operational and strategic workforce issues the Health Board will be unable to achieve the organisational transformation ambitions outlined in the Organisational Change Strategy and Clinical Services Plan.

The key areas to be addressed are outlined below:

Effective and responsive workforce function				
Workforce resourcing, capacity and structure	Digital Workforce Solutions	Employee Relations Climate	Deliver the Basics Brilliantly	Establish effective governance structure

Reduced workforce capacity has had a negative impact on workforce performance and ultimately on organisational delivery and performance. The deployment of the Electronic Staff Record requires significant focus to ensure the full functionality of the system of utilised. The impact of this is that there is significant waste and duplication in many core workforce processes, and a lack of up to date workforce information and analytics to support evidence based practice.

A digital workforce vision for the Health Board is currently in development alongside a business investment case to support the achievement of an integrated and sustainable digital way of working for ABMU, although it is acknowledged that this may take 3-4 years to fully achieve.

Additional short term resourcing has been secured which will address a number of areas of key risk. Substantive funding will need to be addressed in the short to medium term to enable the delivery of the actions outlined within this Framework document.

## Workforce and OD Function and Capacity – what we will do

Effective and responsive workforce function				
Workforce resourcing, capacity and structure	Digital Workforce Solutions	Employee Relations Climate	Deliver the Basics Brilliantly	Establish effective governance structure

**WORKFORCE CAPACITY AND STRUCTURE** - A review of the priorities, structure, and the operating model of the Workforce and OD function is a critical priority for 2019. Following this review and through engagement with our internal stakeholders the workforce function will be re-structured to better meet the requirements and ambitions of SBUHB.

The following areas will be addressed as immediate priorities for action:

- Establish new workforce structure aligned to future organisational design
- Professional develop plan for all workforce staff
- Resourcing to establish fit for purpose function
- Strengthen workforce planning capacity and skills

**Digital Workforce Solutions Deployment plan** – to ensure that the functionality and impact of the following systems are maximised for the benefit of the Health Board:

- ESR
- Locum on Duty
- Job Planning software
- E rostering
- Employee Relations software

### Continuing

- Recommencing at greater pace as organisation returns to 'normal business'
- ESR will transfer to W&OD in the autumn and additional investment posts recruit to
- Medical on line which is a rostering tool for the whole of the medical workforce is being explored

**Employee Relations Climate** – continue to strengthen meaningful partnership working within the health Board and build strong and trusted relationship with staff side colleagues. This will include:

- In partnership review and take forward the agreed changes in partnership working as recommended by ACAS following their review of current arrangements

### Continuing

- Review the operation of the A4C Local Partnership Forum to ensure it is operating

effectively

#### Continuing

- Review the operation of the A4C Local Negotiating Committee to ensure it is operating effectively

#### Continuing

**Deliver the Basics Brilliantly** - The management of Employee Relations cases and climate has had a disproportionate drain on the workforce team. More effective and streamlined processes must be established to manage the following issues:

- **Sickness Absence** – to meet the requirements of the 2018 Managing Attendance at Work Policy and ensure that all sickness is managed appropriately, compassionately and in a timely manner. The role of the workforce team in sickness management will be reviewed

#### Continuing

- Focus has returned to sickness absence management
- Additional attention and focus on COVID related absence and shielding staff
- **ER Casework** – the volume of Employee Relations issues has been a significant drain on the workforce team. The new ER software will support the management of all cases to ensure that these are addressed in a timely and effective manner. The appointment of a team of Independent Investigation Officers will significantly support improvements in this area of work

#### Continuing (and revised)

- The management of ESR cases has recommenced. Seeking alternative mechanisms to facilitate hearings in the current climate
- **JE/Organisational change** – the years ahead will see the Health Board undertake a significant amount of organisational change. This will be focussed both delivering the changes associated with the organisational Transformation Programme and the Clinical Services Strategy. It is acknowledged that change can be very disruptive and to reduce the potential negative impact of this change must be handled sensitively, within the required policy infrastructure.

#### Continuing (and revised)

- Activity to support organisational change will increase significantly to support post COVID changes to services and structures

**Establish effective governance structure** – to support the effective operation of the workforce function there must be increased attention on the supporting governance arrangements. As a minimum this will include:

- **Workforce and OD Forum** – ensure the effective establishment and operation of the

newly establish W&OD Forum to ensure that strategic and operational workforce issues are considered and developed with the contribution of all stakeholders

**Currently on Hold**

- All non-essential committees were suspended during the crisis. Will look to re-introduce in the Autumn
- **Workforce and OD Committee** – ensure the ongoing development of the role of the W&OD Committee to ensure that the Board has appropriate assurance of workforce issues

**Continuing (and revised)**

- Informal meetings have been put in place through the pandemic and a return to routine business will be introduced in the Autumn to align with the re-establishment of other organisational governance processes
- **Internal Audit recommendations** – to be addressed in a timely manner

**Continuing**

- **Risk** – to ensure a robust process of risk management is developed as part of the wider organisational risk management processes

**Continuing**

- Ensure all other **Statutory requirements** are met

**Continuing**

**Workforce and OD function and Capacity – some of the ways we will measure our success**

- Workforce and OD function restructure complete
- Improved sickness absence rate
- Decrease in ER cases, discipline, grievance, dignity at work
- Improved PADR compliance
- Improved workforce information and analytics
- Improved internal audit outcomes
- Improved relationships with staff side and improved partnership working
- Capacity within workforce team to manage change well and provide process and OD support to managers and staff
- Workforce plans in place that match service need and spend
- Improved people management and leadership skills across the Health Board