

ANNUAL SELF ASSESSMENT HEALTH AND CARE STANDARDS

S Situation	<p>Standard 7.1 Workforce</p> <ul style="list-style-type: none"> Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet the need
B Background	<p>In previous years the Clinical Boards have been asked to undertake a self-assessment of their compliance against the Health and Care Standards. This year, for the first time, Standard 7.1 is being assessed corporately, and with the understanding that new performance management arrangements are being put into place to ensure a direct line between the Executive Director of WOD and the Clinical Boards via the Heads of Workforce and OD.</p> <p>The Standard consists of a number of criteria. By mapping these out against the WOD Delivery Plan end of year performance report we are able to see areas where the criteria is achieved and which need further work or improvement. There are also a number of criteria which are either not captured in the WOD Delivery Plan for 2017/18 or are reported through another means. This is not an exhaustive list and not does not capture all relevant Workforce and OD activity in 2017 /18 , but provides examples of evidence provided through the end of year report.</p> <p>A copy of the WOD Delivery Plan ("Great Place to Work and Learn"), which is overseen by the Workforce and OD Senior Team, is attached as appendix 1.</p> <p>Assessment against the Standard is rated from the following definitions: Getting Started/ Getting There/ Meeting the Standard/Leading the Way. On the basis of the evidence provided through the WOD Delivery Plan end of year performance report, along with some additional knowledge referenced below, performance against Standard 7.1 is assessed as 'Meeting the Standard'.</p> <p>Following sign off of this assessment by the Lead Independent Member and Executive Director, it will be reported to Board via the Quality, Safety and Experience Committee.</p>
A Assessment	<p>Criteria met:</p> <ul style="list-style-type: none"> <i>have effective workforce plans which are integrated with service and financial plans</i> There are 9 Clinical Board (CB) IMTP plans that sit beneath, supporting the UHB IMTP. These plans describe in detail the integrated workforce plan in the context of the CB requirement against population need, service and finance. The UHB Workforce Delivery Plan "Great Place to Work and Learn" was developed as a framework and set of enabling actions to support the IMTP and form a consistent approach to workforce planning within the IMTP. Therefore, the organisation's workforce delivery plan is embedded throughout the UHB IMTP due to the integrated nature of the plan. <i>promote the continuous improvement of services through better ways of working</i> New ways of working are continuously being explored as part of resourcing strategies designed to fill service critical or hard to fill posts. These include the development of Advanced Practitioners, MTI initiative, prescribing pharmacists within Mental Health, introduction of the Physicians associate role. There is a significant amount of work taking place within PCIC Clinical Board as part of the delivery of 'Planned Primary Care

SBAR to present Standards for organisational level sign off by Execs/IMs

Workforce for Wales'. A further example of this has been the technology developments, specifically last year within ESR - which has enabled the streamlining of mandatory and statutory training; updating of personal information, on-line payslips and improved workforce information available to Managers directly through Business Intelligence reporting. The UHB is leading the way in Wales with its comprehensive roll out of ESR functionality. 100% of Clinical Boards now have Manager Self Service.

- *enable the supply of trainees, students, newly qualified staff and new recruits and their development*

Resourcing strategies are in place to recruit newly qualified nurses (links with Project 95% and Project Nurse Benefits). 7 graduate trainees were secured in 2017/8. A trainee perfusionist is now appointed every 2 years to underpin succession planning.

- In addition, although not explicitly referenced in the WOD Delivery Plan, newly qualified nurses access an innovative Nurse Foundation Programme for the first year of their qualified life. This provides the core knowledge and skills that newly qualified nurses require in their clinical area. Jan 2018 a scoping exercise demonstrated that 49% of UHB's HCSWs across all disciplines meet the All Wales HCSW Framework.
- 100% of new HSCWs, (this equates to 360 staff over the past 12 months), have attended the mandated 'Committed to Caring' HCSW Induction programme.
- HCSW training now incorporated in the Nursing training needs analysis.
- 5 Flexible route HCSW/Student Nurses are now 6 months into the first flexible route undergraduate nursing programme in University of South Wales (USW).
- In March recruitment commenced for Sept 2018 OU (9 places) and flexible route (8 places) programmes

- *ensure plans reflect cross organisational/regional/all Wales workforce requirements where appropriate.*

Cross organisational, regional or national programmes include the Primary Care Plan, South Wales Clinical Change Programme and Transforming of Cancer Services. Specific examples include joint plans with Cwm Taf Health Board in Midwifery and Neonatal

- *the workforce act, and are treated, in accordance with identified standards and codes of conduct*

Almost 3,000 contributions were made to the Health Board's Values into Action project designed to examine the values and behaviours that staff and patients wanted to see. This has resulted in a set of revised values and a description of the expected behaviours which emphasise the importance of teamwork and our ambition to always improve; key issues that staff felt were missing from the original values.

The framework shows what behaviours we want to see what from individuals and teams and also provides what we don't want to see. Values and behaviors training is included at all levels from Corporate induction to Senior Leadership and has been incorporated into PADR discussions. Values Based Recruitment (VBR) will be adopted across whole UHB by Dec 2018. Equality (Treat Me Fairly) training is mandatory with a compliance rate of 76.81% in March 2018.

- *The workforce are appropriately recruited, trained, qualified and competent for the work they undertake*

The recruitment of band 5 and 6 nurses continues to be a high priority for the UHB with 94.38% of posts filled in February 2018 (against a target of 95%). The Band 5 vacancy factor alone remains at around 10% with the majority of vacancies now being

in Medicine Clinical Board, however, there is evidence that this gap would have been much greater had the initiatives and campaigns not been undertaken in 17/18. The Bank fill rate has also been improving to support this gap on a temporary basis at flat rate. A Nurse Recruitment Framework has been developed which includes an Adaptation and Return to Practice programme. A detailed educational review of all 84 clinical skills training and assessment programmes continues to ensure robust training and assessment processes. Improved governance in place for the acquisition of high risk skills e.g. Naso-gastric feeding tube insertion, which includes logging of competence on ESR. Continued implementation of the Welsh Government mandated Aseptic Non-touch Technique (ANTT) across UHB. 335 ANTT facilitators trained across Nursing and Therapies with significant improvements made in compliance

In 2018 / 2019 a further nine clinical skills will be reviewed.

- *The workforce access opportunities to develop collaborative practice and team working, and*
- *The workforce work closely together, preventing duplication of effort and enabling more efficient use of resources*

We are working with partners (through a sub-group of the Public Services Board) to identify and develop opportunities for partnership leadership programmes. There are regular meetings between OD and CSI, LIPS and the PMO to identify opportunities for collaborative working. OD and CSI have been working together to address culture, behaviours, process and structure issues. This will continue to develop in 2018/19

- *The workforce are provided with appropriate skills, equipment and support to enable them to meet their responsibilities to consistently high standards, and*
- *The workforce maintain and develop competencies in order to be developed to their full potential*

Statutory/Mandatory bespoke face to face training sessions were delivered during the months of May, September and November 2017/18 183 sessions were delivered and 5914 employees attended. The Learning, Education and Development Team continue to provide a full range of clinical and non-clinical leadership programmes in the year 2017/18 there were 113 participants.

Further improvement/work needed:

Meet the needs of the population served through an appropriate skill mix with staff having language awareness and the capability to provide services through the Welsh language.

Welsh language skills are not fully integrated into workforce planning processes, however, there has been some improvements made during 2016/17. Examples of good practice include a successful pilot in integrating the Welsh language into recruitment in Specialist Clinical Board and the distribution of prompt cards for reception staff in the Dental Hospital so they can greet patients bilingually.

- *The workforce attend induction and mandatory training programmes; and*
- *The workforce have an annual appraisal and a personal development plan*

771 individuals attended 24 corporate induction sessions during the financial year 2017/18

Statutory/mandatory training and PADR levels remain below the desired 85% compliance rate at 72% and 56% respectively. Through our own analysis and through

Audit we are aware that there is under-reporting currently in ESR due to the scale of the System development undertaken in 2017. Further training and support is being provided to Managers to ensure they are inputting data at source. Thirty PADR training sessions were delivered and attended by 308 managers. In 2018 we will launch a new PADR policy with clearer guidance about process, content and quality assurance, this will be aligned to the succession / talent management work which is being undertaken in 2018/19. The Mandatory Training Policy is also currently under review, and the Mandatory Training Steering Group will continue to play a key role in 2018/19 and beyond in bringing together subject matter leads, identifying and sharing good practice, and addressing barriers to completion.

- *The workforce are mentored, supervised and supported in the delivery of their role*
A Skills to Supervise course commenced in 2017 for supervisors and team leaders 20 supervisors participated in the programme with further cohorts being delivered in 2018. . 150 employees were trained in developing a coaching style, to continue to develop a coaching culture within the UHB.

A new Clinical Directors programme was established during 2017/18 where 12 CDs attended , a further cohort is planned for September 2018

The following criteria support the evidence against the Standard but are not listed as part of the WOD Delivery Plan

- *The workforce have all necessary recruitment and periodic employment checks and are registered with the relevant bodies*

Previously there have been issues around new starters commencing employment without all pre-employment checks being completed, however, from 1 May 2018 a new electronic appointment form has been introduced which will only be generated after the applicant has completed **all** of the required pre-employment checks (including DBS). It will therefore not be possible for an individual to be paid unless the necessary checks have been completed. The only exception to this will be where a newly qualified professional is allowed to start in a pre-registered/unqualified post pending receipt of their professional registration number. This is monitored on our behalf by NWSSP and is reported on a monthly basis to the Head of Workforce Governance

NMC and GMB registration are monitored via ESR and a flag is automatically raised for managers. Registration with other professional bodies is monitored locally by the Clinical Boards.

- *The workforce are able to raise, in confidence without prejudice, concerns over any aspect of service delivery, treatment or management*

The NHS Wales Procedure for NHS Staff to Raise Concerns was reviewed last year and was adopted by the UHB in January 2018. Our current mechanisms for raising concerns were discussed and these are the Procedure for NHS Staff to Raise Concerns, Freedom to Speak Up, Safety Valve, Other mechanisms e.g. DATIX, Counter Fraud, anonymous letters etc. These are separate but inextricably linked and a Standard Operating Procedure is currently in development to ensure consistency, robustness and good governance – this proposes that the Director of Corporate Governance will be responsible for logging, monitoring and reporting of all formal concerns.

- *The Workforce are dealt with fairly and equitably when their performance causes concern*

- *In 2017 WOD managed 137 disciplinary cases*

Cases managed under the Capability Policy are advised and monitored by the HR

	<p>Operational Team. They were not reported as part of the WOD Delivery Plan in 2017/18, but have been added to the KPIs reviewed by the Senior Team with effect from April 2018.</p> <ul style="list-style-type: none"> • <i>The workforce demonstrate continuing professional development</i> CPD should be part of the PADR discussion and is part of the ongoing development of meaningful PADR. Revalidation exists within the nursing and medical professions, and CPD is an integral part of this. CPD is referenced in the PADR Policy and the Study Leave Guidelines, both of which are currently under review and will be approved in 2018/19. • <i>The workforce develop their role</i> The most recent NHS Wales Staff Survey was conducted in 2016 – this asked staff if they felt they were able to make improvements in my area of work and if they were involved in deciding on the changes that affect their work, area, team and department. The next staff survey is planned for 2018 and will monitor any improvements in this area.
<p>R Recommendation</p>	<p>The following improvement actions have been identified as key deliverables for 18/19:</p> <ul style="list-style-type: none"> • By March 2019 a UHB leadership framework and outcomes will be implemented to assist transformational change • The Recruitment & Selection Policy and Procedure, PADR Policy and Study Leave Procedure will be reviewed and implemented by December 2018 • By March 2019 9 clinical boards / service boards will have robust workforce plans which will be aligned to business need and the IMTP • By September 2018 an apprenticeship programme will be established in line with the workforce plans.