

Qualification: CIPD Level 5 Diploma in Applied HR
Module: Contributing to the Resourcing and Talent Planning
Assignment: Portfolio

Name: Shelley Dony
Student Number: 1810449
CIPD Number: 53274174

By signing below, I confirm that the work/evidence presented is my own, unaided work. I understand the regulations pertaining to candidate malpractice and the action that may be taken as a result.

Signed:

A small, square, black and white image of a handwritten signature. The signature is written in dark ink on a light background. It appears to be the name 'Shelley Dony' written in a cursive, stylized font. The first letter 'S' is large and loops around the rest of the name.

Candidate name: Shelley Dony				CIPD Membership/registration No.: 53274174		
Qualification title: Level 5 CIPD Diploma in Applied HR				Unique Learner No. (ULN): 1810449		
Unit code	Unit title	Assessment criteria no.	Evidence description	Evidence reference number	Assessor initials	I/V initials if sampled
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	1, 2, 3	Overview to the Portfolio	1		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	1	Activity 1	2		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	1	Recruitment Policy	3		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	1	Work Experience Policy	4		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	1	Retirement Policy	5		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	1	Leavers Overview (across Health Boards)	6		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	1	IMTP Copy	7		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	1	Medicines Management WF Planning Statement	8		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	1	Medicines Management Notes/Slides	9		

5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	1	Manager's Passport Training (WF Planning)	10		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	1	PowerPoint slides – Workforce Planning	11		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	1	PowerPoint slides – Organisational Values	12		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	1	Criteria 1.2 & 1.3	13		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	1	Vacancies Spreadsheet	14		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	2	Activity 2	15		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	3	Activity 3	16		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	3	SBAR – AA	17		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	3	Criteria 3.2 & 3.3	18		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	3	Stakeholder Analysis Image	19		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	3	Terms of Reference	20		
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5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	3	Nurse Safe Staffing (All Wales) Act	24		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	3	National Framework	25		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	3	Workshop of placement managers	26		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	3	Notes	27		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	3	Email to service heads	28		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	3	Job Description for placements	29		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	3	Brief GANTT chart	30		
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	3	Detailed GANTT chart	31		
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5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	3	Minutes from meeting (evaluation)	34	
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	3	Feedback sheet	35	
5ARTP	Contributing to Resourcing and Talent Planning in the Organisation	1,2,3	Bibliography		

Candidate declaration:

- I confirm that the work/evidence presented for assessment is my own unaided work.
- I have read the assessment regulations and understand that if I am found to have 'copied' from published work without acknowledgement, or from other candidate's work, this may be regarded as plagiarism which is an offence against the assessment regulations and leads to failure in the relevant unit and formal disciplinary action.
- I agree to this work being subjected to scrutiny by textual analysis software if required.
- I understand that my work may be used for future academic/quality assurance purposes in accordance with the provisions of the Data Protection Act 1998.
- I understand that the work/evidence submitted for assessment may not be returned to me and that I have retained a copy for my records.
- I understand that until such time as the assessment grade has been ratified through internal and external quality assurance processes it is not final.

Signature:



Date:

18/5/20

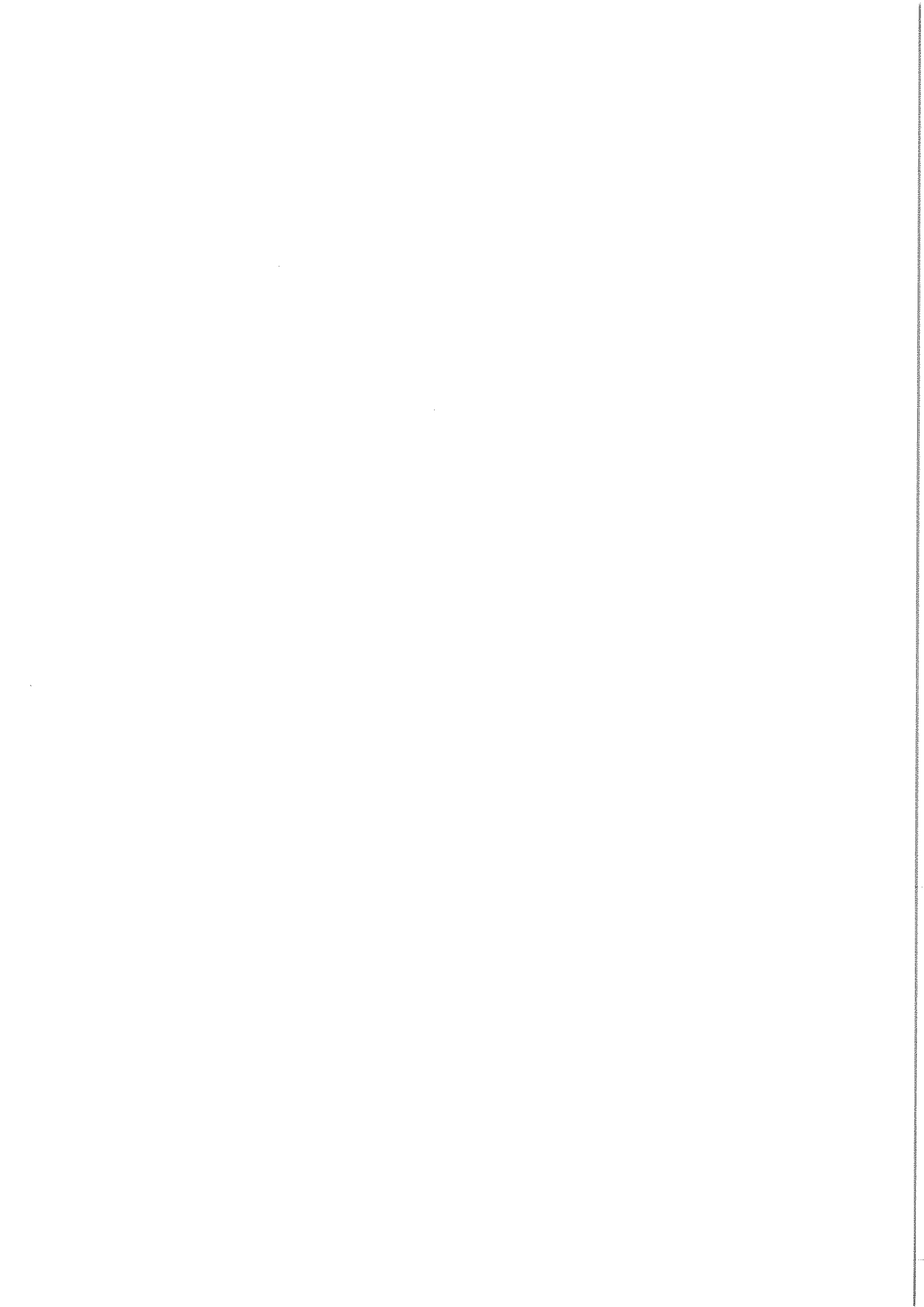
Evidence Number 1

Overview to Portfolio

Workforce planning is a process that involves various steps/tasks to ensure that an organisation has the right number of the right people with the right skills at the right time for the right costs in the right contracts (CIPD, 2019). It can be termed as 'human resource planning', 'talent planning' or 'manpower planning' within the organisation and can vary in scope and timescale (Wilkinson & Taylor, 2016; Stephen Taylor, 2010). It includes analysing data on the current workforce and capability, also incorporate current demographics, forecasting of skills shortages and surpluses as well as HR trends e.g. automation (CIPD, 2020). This provides the evidence of what is, and will be, needed so that strategies can be developed and implemented accordingly.

Hywel Dda University Health Board (HDdUHB) is a large organisation with approximately ten thousand staff members in a vast number of services across three differing counties. The need to plan the resourcing and talent to ensure that the organisation continually has the right people in the right roles with the right skills at the right time for the right cost cannot be underestimated. It needs to take place strategically and operationally. This portfolio will look at varying aspect of this.

NB Most of this portfolio is written in the context of non-COVID-19 times, unless stated.

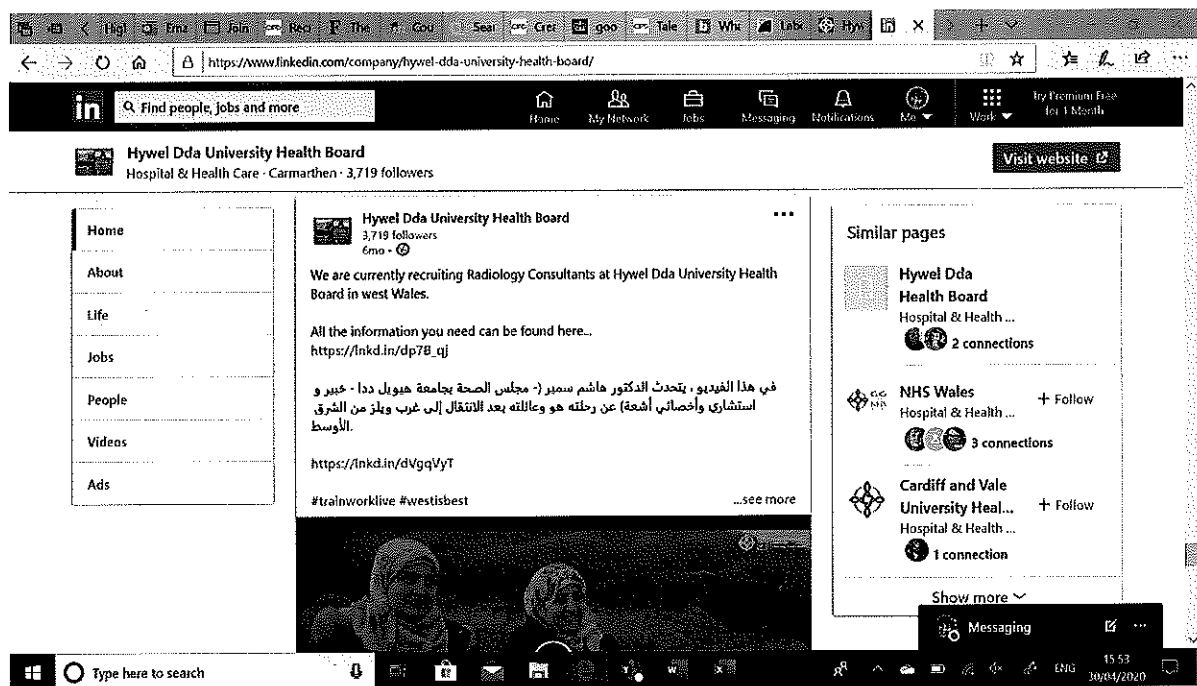


Evidence Number 2

Activity 1

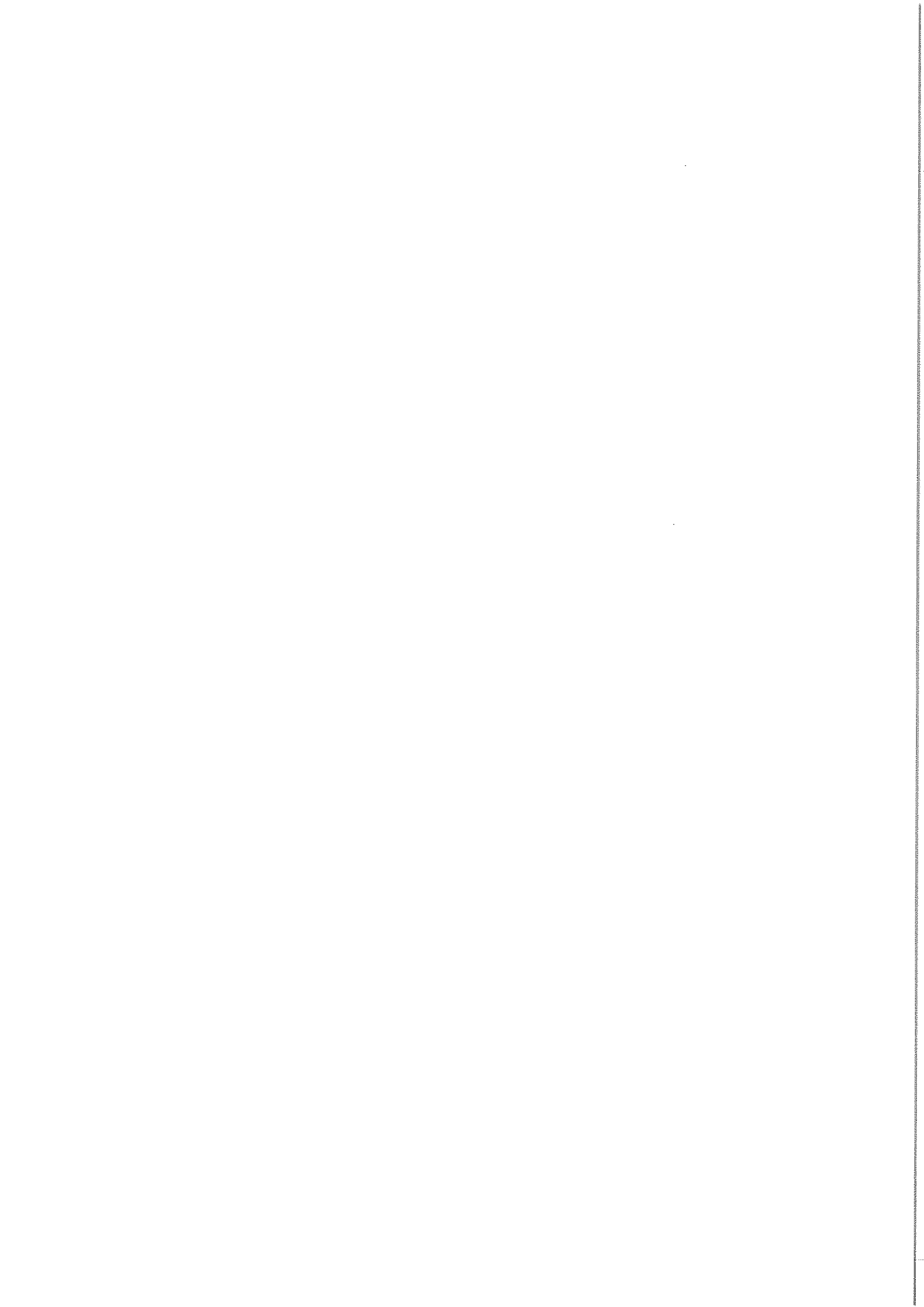
1.1 Assess how and to what extent the organisation undertakes workforce and talent planning.

The resourcing department is fairly large, with approximately forty staff working there. It is split into three areas – medical, general and bank. It has a formal policy to adhere to (see evidence number 3). The department also has a small campaigns team that look after advertising, social media and 'hard to fill' vacancies.



Until recently true workforce planning has been ad-hoc, only completed when staff leave a role and when information is called for as part of the IMTP (Intermediate Medium-Term Plan) every year. Two years ago, the Health Board (HB) employed a Senior Workforce Development Manager (SWDM) whose role is to assist the different services to carry out more effective workforce planning, particularly as the organisation has started a large-scale change project that involves the whole workforce (H DUHB, 2019). It is the SWDM's role to carry out the IMTP every year (see evidence number 6), which informs the Government how many commissioned places in university the HB needs in the next academic year, depending on the vacancies and potential changes.

Another department that exists within the Health Board is Volunteering and Work Experience (see evidence number 4). This team organise work experience of different lengths of time for a number of different schemes, including school pupils, college students, (outside partnership) university



students, and various DDP schemes. This provides potential future employees with a taste of what it is like to work in the healthcare sector and within this geographic area. One key aspect of these programmes is the addition of the 'talent pool'. This is a record of the 'star' individuals that have been recognised for demonstrating exceptional attributes during their time on placement. Once in this pool, these individuals have the benefit of being able to apply for 'internal only' vacancies.

The HB has a Business Intelligence department that analyses and interprets data on varying workforce aspects, including aging profile, leavers, vacancies against establishment and many more. This provides the Workforce and Organisational Development directorate the evidence to take forward all actions needed by the various departments within.

One of the programmes that the HB offers as a means to aid workforce planning is the Grow Your Own Nurse Programme (GYON). This is where, every year, a number of current Health Care Support Workers (HCSW) at bands 2 and 3 have the opportunity to start on their Higher Education journey, working towards their Level 4 Certificate in Healthcare part-time, then progress on to either their nurse training part time or a job as a Band 4 Assistant Practitioner (HDdUHB, 2019). This programme seeks to minimise the number of nurse vacancies within the Health Board. This is part of the HB's medium- to long-term plan, as it takes HCSWs just under 5 years to progress through both qualifications.

Recruitment & Retention Policy – evidence number 3

Volunteer Policy – evidence number 4

Retirement Policy – evidence number 5

Leavers Overview – Business Intelligence / Dashboard – evidence number 6

IMTP – evidence number 7



GIG
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Hywel Dda
University Health Board

Recruitment & Retention Payment Protocol (All Wales)

Procedure Number:	572	Supersedes:		Classification		Employment	
Version No:	Date of Eq/A:	Approved by:		Date Approved:	Date made active:	Review Date:	
1		W&OD Committee Welsh Partnership Forum		18.5.2017 March 2017	11.4.2017	18/5/2020	

Brief Summary of Document:	This is to provide information, advice and guidance on the process for determining an RRP and the process for consulting on the proposed RRP prior to implementation.
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Scope	The policy is applicable to NHS Terms and Conditions of Service (AfC) posts where market pressures would otherwise prevent the Organisation from being able to recruit and retain staff in sufficient numbers (for the posts concerned) at the normal salary for the job.
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To be read in conjunction with:	
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Owning group	Workforce & OD Group – for approval 19.5.17 Welsh Partnership Forum – AW – March 2017
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HYWEL DDA UNIVERSITY HEALTH BOARD



GIG
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NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Volunteers Policy

Policy Number:	107	Supersedes:		Classification	Employment
Version No	Date of Eq/A:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V5		W&OD Committee	14/09/2018	5/11/2018	14/09/2021

Brief Summary of Document:	This policy sets out how Hywel Dda University Health Board will recruit, place and manage volunteers in relation to the Volunteering for Health Service for the duration of the three years 2014 – 2017. It is also intended to act as a guide and introduction to the Hywel Dda University Health Board for potential volunteers.
Scope:	Hywel Dda University Health Board supports and encourages the efforts of volunteers for the benefit of patients, users of services and their relatives. The role of volunteers is complementary and not intended to be used to substitute the work of paid staff or fill temporary or vacant positions. Volunteers are not responsible for the provision of direct clinical care. Volunteering for Health will be used to assist departments / wards and other locations across Hywel Dda University Health Board in setting up, running, developing and supporting volunteer opportunities.
To be read in conjunction with:	10 - Health and Safety Policy 133 - Equality and Diversity policy 225 - Data Protection Policy, 130 - Bringing Respect to Work – All Wales Dignity at Work Policy Welsh Language Scheme 170 - Lone Working Policy 334 - Personal Relationships at Work Policy 182 - Staff Concerns/ Whistle blowing Policy

HYWEL DDA UNIVERSITY HEALTH BOARD



GIG
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NHS
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Bwrdd Iechyd Prifysgol
Hywel Dda
Hywel Dda University
Health Board

Retirement Policy

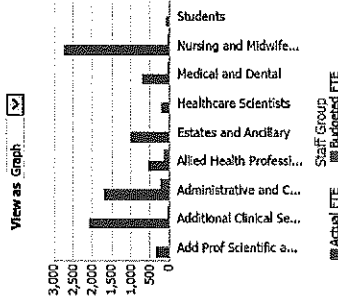
Procedure Number:	124	Supersedes:		Classification	Employment
Version No:	Date of EqIA:	Approved by:	Date Approved:	Date made active:	Review Date:
7	March 2014	W&OD Committee Chair	6.9.2019	23.9.2019	6.9.2022

Brief Summary of Document:	This policy sets out the process to be followed when employees approach retirement. It also sets out the arrangements by which staff may be facilitated to apply to retire early subject to meeting certain criteria along with the arrangements for staff who wish to request to retire and then return to work.
Scope	This policy is applicable to all employees.
To be read in conjunction with:	Retire and Return process NHS PENSION retire and return option FAQ
Owning committee	Workforce and Organisational Development Committee

Actual vs Establishment FTE

Actual vs Budgeted FTE

View as Graph ☒



Refresh - Print - Export

HR Payroll Exceptions

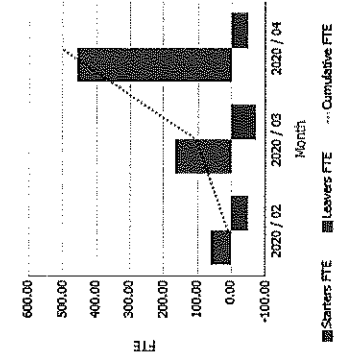
Information: There are no exceptions to display.

View Exceptions

Starters and Leavers Summary

Starters and Leavers Summary

Starters / Leavers by Month

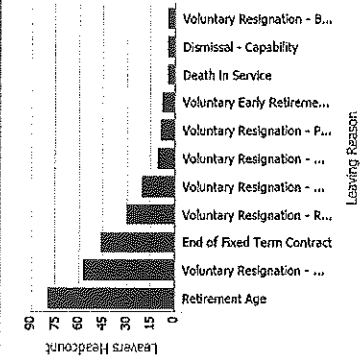


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Leavers by Reason

Leavers by Reason

Top Reasons for Leaving for Last 3m



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Draft Annexe – Workforce Analysis

The Shape of our Current Workforce

This provides an overview of the changing shape of our workforce, as we change our services, our workforce will need to shift in response to current and future demands. Given that 80% of our workforce today will be our workforce tomorrow we need to develop our understanding of the workforce demands that the service changes will require, and assess the future workforce supply required and available to us given our rural location. Awareness of the current shape of our workforce is essential in considering how we respond to the challenges we face as an organisation and how we engage the support required to develop our workforce.

We can see year on year, our workforce changing and below we highlight the key messages which shows positive growth in professional groups:

- We increased our overall workforce by 228.90 WTE
- We appointed over 751.39 WTE which equated to 1361 Headcount staff through our recruitment efforts during 2019/20
- 863 staff left the organisation, a WTE of 605.8
- 42% of those will have retired and returned, consistent with 2018/19 at 43%
- Average age of retirement is 62
- 94 Newly Qualified Nurses recruited
- WTE for Nursing reduced for the 12 month to September 2019 by 0.58 WTE, a 0.02% decrease
- Nurse WTE increases in October 2019 by 44.45 WTE on previous 12 month when Newly Qualified Nurses secure PIN; a 1.6% increase
- Additional Clinical Services increased by 100.20 WTE and equates to 5.97% increase
- Increase in Allied Health Professional by 37.33 WTE, equating to a 7.21% increase
- Increase in Professional, Scientific & Technical by 30.5 WTE, equating to a 10.08% increase
- Our workforce age profile has seen an increase across all age bands, older and younger, spanning 5 generations from 16 to 80+ years of age
 - 6% increase below 20 years of age
 - 20% of our workforce may choose to retire (based on 55 years of age and over)
 - 60% of our total workforce fall into the 40-80+ age range
- Our workforce is largely female (78/22 female to male).
- A small increase in the male workforce 0.2% increase
- Our part-time/full-time ratio continues to fluctuate from 50:50 for 2017 to closer to 40/60 2018 to 49/52 for 2019
- 45% of our total workforce is female and works part-time.
- Sickness absence continues to reduce each month and now rates among the lowest in Wales sitting at 4.61% for August 2019 (Update September)
- Our medical appraisal improved - current compliance rate amongst secondary care doctors is 95% and primary care doctors stands at 98%.

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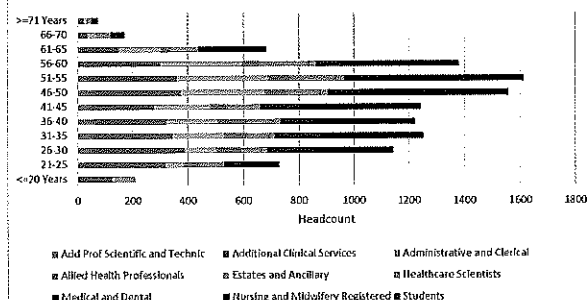
Age

Our workforce age profile is changing, we now have 5 generations working side by side in the Health Board, ranging from 16 to 80+ years of age. This is a significant shift as in 2018 where very few employees were below the age of 20 (as expected in a predominantly regulated workforce). However, due to our focus on developing apprentices, particularly the "future nurses" programme we are starting to see a positive increase in Additional Clinical Services (125 Headcount) and progress has been made in Estates and Ancillary (73 Headcount) to attract a younger workforce: a total increase of 211 across all staff groups and employment relationships (i.e. Bank).

We know our workforce is aging, around 3919 (Headcount) are over 51 years of age compared; this equates to 34% of overall workforce. 60% of our total workforce are over 40 and 20% of our workforce may choose to retire at any time (based on 55 years of age and over). This does present a risk, as many of our substantive older workforce are our most experienced staff. If we explore retirement ages in Additional Clinical Services - 30% of this group are over the age of 51 years of age. For Estates and Ancillary those over the age of 51 rises to 42% and 43% of our Administrative and Clerical are also over the age of 51. A percentage of which are in senior grades undertaking complex work. That said, our retirement age is rising, from an average age of 61 during 2017/18 to 62 currently. 42% of our leavers who retired, chose to return to work in the Health Board. This appears to be consistent with 2017/18 and 2018/2019 figures.

It is key to review the age profile by the specific staff groups as the profile and the associated risk changes considerably.

Age Profile by Professional Group as at 30th September 2019



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- Our PADR compliance has seen an improvement and is relatively consistent across all staff groups (from September 2018 to September 2019) and sits at 75%; varying on a monthly basis across all staff groups consistently to between 70% to 80% depending on fall of appraisal across annual cycle.
- Our mandatory training compliance has improved significantly, to 83% overall, c10% increase on September 2018; all staff groups except medical & dental are over 85% compliance.

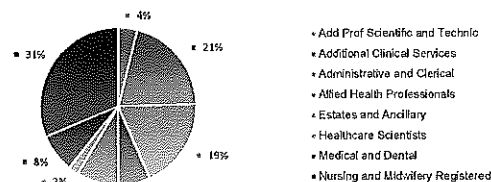
NB All data relates to 30th September 2019 unless otherwise indicated and taken from Electronic Staff Record (ESR), which is the electronic database of our staff in post and informs workforce, finance and payroll systems at 31st September 2019, unless otherwise indicated. We expect to see subtle variances in data sets due to the timings of reports being produced; this would be within a tolerance of 0.5%. The information presented above is explored in more detail below:

Headcount

In September 2019, the Health Board employed 11,162 (Headcount) staff over a wide range of professional, technical and support staff groups to deliver the service across Primary Care, Community and Acute services. This figure relates to 10890¹ (excludes 256 locum & 10 NED), of which 1005² staff were bank only, and therefore 9885³ substantive staff (of which 653 are on a fixed term contract). In terms of Full Time Equivalents (WTE), this equates to 8581.3 an increase on last year's WTE figure of 8352.41 by 228.9⁴. An increase in the WTE substantive workforce by 2.74%.

The workforce increase is across all staff groups except Estates & Ancillary (25.65 WTE 3.3% decrease) & Nursing (0.58 WTE; 0.02% decrease). Additional Clinical Services (102 WTE; 5.97% increase) and Administrative and Clerical (82.29; 5.35% increase) have seen increases in WTE. The greatest increases as a percentage of workforce within the professional group, has been seen in Professional, Scientific & Technical roles (30.5 WTE; 10%) and Allied Health Professionals (37.33 WTE; 7.21%). The overall breakdown by staff group as a % of total workforce is noted below

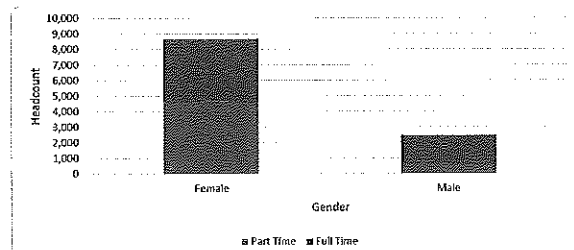
% WTE by Professional Staff Group to 30th September 2019



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Gender and work pattern

Of our workforce 11,162, are predominantly female, 78% and 22% are male; a slight increase in male: female ratio. The graph below indicates the overall view of gender and work pattern based on total workforce headcount.

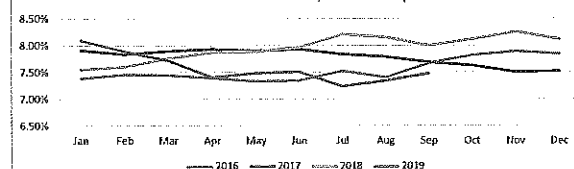


We have seen a slight decrease in full time to part time working from 2018/19 i.e. 2018 49.39% staff worked part time, this has decreased to 48.64% correspondingly full time working has increased to 51.36%. However the % of male and female employees in these groups remain consistent 2018 to 2019 reflecting 86% of part time workers are female and 70% of full time workers are female. We have seen a small increase in our male workforce by 0.2%.

Turnover

Our turnover rates to September 2018 had started to increase, however, this has decreased to 7.24% by July 2019, the lowest over the preceding four years to July 2015. In September 2019, 3 year average turnover reduced to 7.68%, compared to 7.77% for September 2018. On a monthly basis, July and August 2018 saw the highest rate of turnover the Health Board has seen over the last four years rising to 8.18% & 8.13% respectively, which then fell rapidly to the lowest in July and August 2019 7.48%

WTE Turnover Rates, Jan 16 - Sep 19



The average annual turnover in staff group has marginal improvements in Nursing and

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Midwifery (-0.2%), Allied Health Professionals (-0.1%), medical and dental (-1.0%) and with slight increases in Estates & Ancillary (+0.3), Professional and Technical (+0.3%) and Additional Clinical Services (+0.1%). Shown in the table below.

Staff Group	Annual Ave %age turnover - Based on 3 years to Sep 19
Add Prof Scientific and Technical	7.72%
Additional Clinical Services	7.09%
Administrative and Clerical	7.83%
Allied Health Professionals	8.42%
Estates and Ancillary	6.03%
Healthcare Scientists	5.03%
Medical and Dental	12.47%
Nursing and Midwifery Registered	7.71%
TOTAL	7.68%

For the period 1st September 2018 to 31 September 2019, 42% of those who retired returned consistent with previous figures and remains relatively static over the prevailing 12 month period i.e. 2018 43%

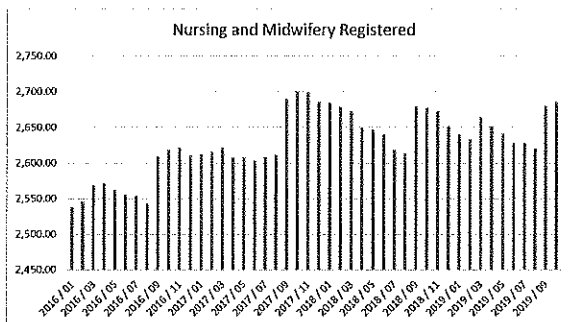
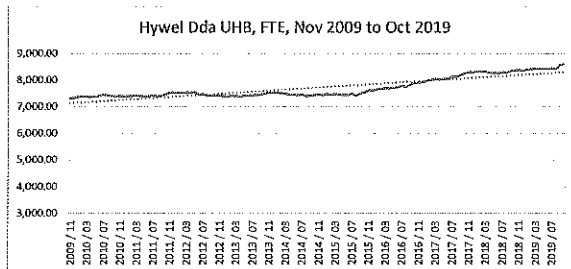
The number of new starters from October 2018 to September 2019, presented in the next table (excluding junior doctors). The figures do not include internal movement but do include Bank. To be aware a number of additional clinical services posts move to nursing and midwifery on successful completion of their nursing degrees. It should be noted that when this is converted to Headcount the figure rises to 1361 new starters.

New Starters by Staff Group	12 months WTE		
	Sep-19	Sep-18	Sep-17
Add Prof Scientific and Technic	42.25	25.76	30.04
Additional Clinical Services	179.78	155.89	222.95
Administrative and Clerical	175.74	168.70	191.36
Allied Health Professionals	63.92	56.89	60.18
Estates and Ancillary	40.73	34.48	38.73
Healthcare Scientists	7.80	11.40	10.00
Medical and Dental	61.95	46.71	65.82
Nursing and Midwifery Registered	177.20	164.16	182.32
Students	2.00	0.40	1.00
Grand Total	751.39	665.40	802.40

The WTE has increased across most staff groups. The overall workforce has been on a general upward trend and overall has increased by c228.9 WTE in 12 months from September 2018 to September 2019. The most notable increase in Allied Health Professionals, Professional and Technical and Additional Clinical Services

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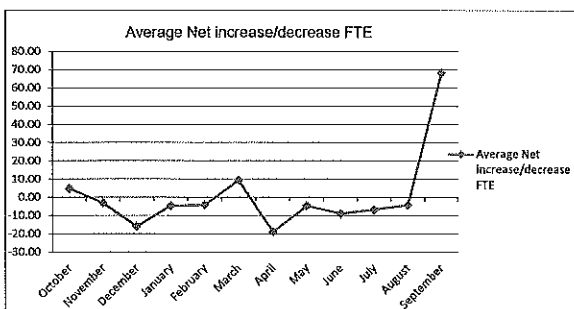
By exploring a longer time horizon this is substantiated further with cyclical variation accounting for the subtle decrease in staff numbers as an annual variation, with a general moderate increase over the long term. Tables below explore this data for overall substantive staff by permanent and fixed term contracts and with additional information on nursing and midwifery registrants as an example, where the cyclical variation is more pronounced. (Details of other groups are included in the professional summary which follows.)



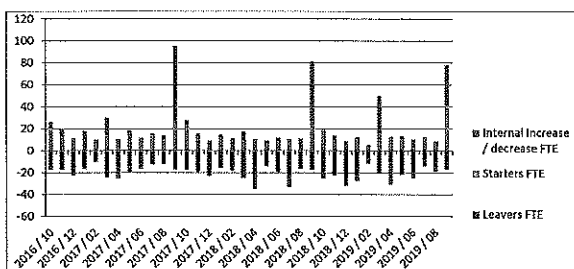
Given the considerable investment in recruitment and education and training, it is important to look deeper into the changing profile of staff through the turnover lens, especially nursing and midwifery who equates to over 30% of the total WTE workforce. Given our efforts to recruit and retain our nursing and midwifery workforce since 2016 we have only seen a net gain of c90 WTE which is equivalent to the annual intake of newly qualified. The table below looks at the nursing and midwifery workforce from an overall starters and leavers "net" perspective. This enables us to see that on a

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monthly basis our net position is not increasing overall; rather at key period i.e. September 2019 with newly qualified nursing cohorts.



If we look further into this, it does show that our "increases" tend to be from internal increases that can be associated to nursing "educational out turn" and correlated positively to our "Grow Your Own" philosophy and programme rather than "newly qualified" recruitment activity per se, although that plays an important part. We see our newly qualified in Healthcare Assistant Bank roles whilst training and until receipt of their pin, as shown in the graph below:



This then needs to be contextualised against our recruitment efforts and activity, based on figures for September 2019, we have assessed a high level of roles are filled through internal candidates i.e. 75% of roles were filled from internal candidates. From one lens, this shows our commitment to internal development and succession planning ("Grow Your Own" philosophy) however may be limiting our recruitment efforts, and therefore opportunities to increase our overall nursing workforce are not maximised.

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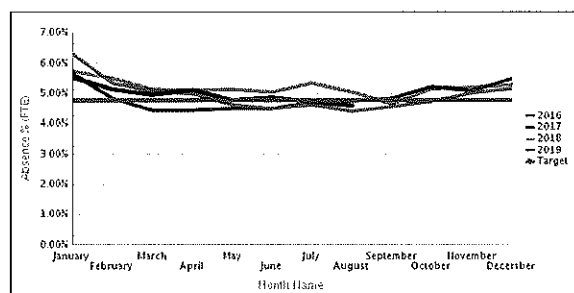
This will need to further exploration to assess. From indicative figures, we believe to maintain our current nursing position we need to be recruiting an additional 18.75 WTE on average, monthly, going forward.

If we look to a consolidated workforce position at end of September/October we see a workforce increase of 44.45 WTE, predominantly in our clinical groups as highlighted:

Staff Group	2018 / 03	2019 / 04	2019 / 05	2019 / 06	2019 / 07	2019 / 08	2019 / 09	2019 / 10
Add Prof Scientific and Technic	315.62	315.94	314.94	311.38	318.67	316.13	332.88	331.56
Additional Clinical Services	1,706.05	1,719.58	1,732.93	1,739.74	1,745.55	1,720.84	1,778.94	1,792.85
Administrative and Clerical	1,560.79	1,583.16	1,591.96	1,598.86	1,603.08	1,602.50	1,617.71	1,627.00
Allied Health Professionals	542.87	543.93	534.09	529.69	538.53	543.69	555.30	562.34
Estates and Ancillary	771.03	759.76	752.28	758.25	757.45	756.60	753.20	751.06
Healthcare Scientists	173.67	176.17	174.77	175.67	176.12	176.80	176.80	178.35
Medical and Dental	685.62	684.07	686.52	690.76	681.64	678.47	681.82	685.52
Nursing and Midwifery Registered	2,665.31	2,652.10	2,641.87	2,623.00	2,639.34	2,621.57	2,681.63	2,690.01
Students	5.00	5.00	5.00	5.00	5.00	2.60	7.80	7.00
Grand Total	8,445.48	8,445.50	8,439.57	8,438.54	8,455.38	8,438.20	8,585.96	8,579.70

Sickness Absence

The Health Board has continued to make steady progress in relation to sickness absence rates in 2019 with consistent reductions in sickness absence on a monthly basis. This represents excellent progress, the result of a concerted approach to managing sickness absence. Sickness Absence at 30th August 2019 and previous 3 years is shown in the table below.

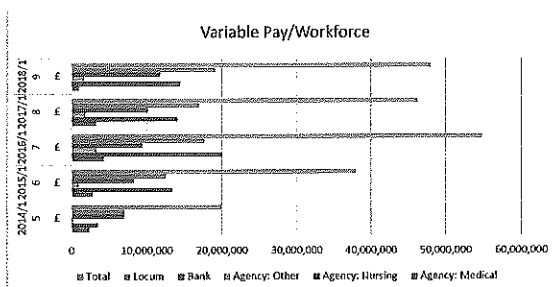


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In September 2019, the rolling 12 month rate amounted to 4.68%: broken down by long term and short term absence respectively equates to 3.05% (a 0.46% decrease) and 1.63% (a 0.37 % increase) on the previous months. In terms of the reasons for absence "anxiety, stress, depression and other psychiatric disorders" is the highest at 28.7% of WTE days lost i.e. c43,000 (if 365 days taken as WTE per annum this equates to c118 WTE). The second highest is "other musculoskeletal" at 12.3% which equates to 18,500 WTE days lost (comparable to c51 WTE). If we explore highest number of days lost by professional group across all reasons we see 15,000 WTE days lost in Nursing and Midwifery, 10,000 in Additional Clinical Services, and 7,000 by Administrative and Clerical this equals 32,000 days and c88 WTE annually, respectively by professional group: c41, c27 and c19. We have not explored maternity leave in detail but as a % of the nursing workforce sits at 2.7%. Absence of any kind but especially, sickness absence, potentially plays a significant role in variable pay costs.

Variable Workforce

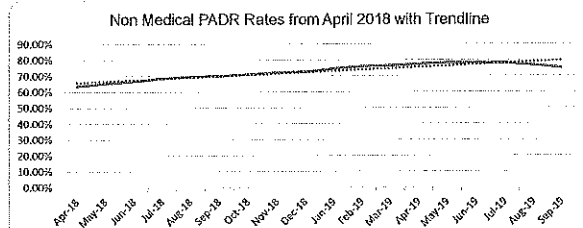
Our workforce challenges compound our variable pay and contribute significantly to our financial deficit as a Health Board. Work is ongoing to understand the drivers of the deficit, however, in analysis of our workforce gaps we are aware of the contributory factor a number of workforce variables play – absence, inability to recruit to key roles and create the appropriate skill mix; as we strive to maintain safe, accessible and quality services for our patients. Significant progress has been made, as part of our strategy to reduce variable pay, we have seen a reduction in agency and a corresponding increase in bank and locum as a result, as we seek to minimise our reliance on an agency workforce.



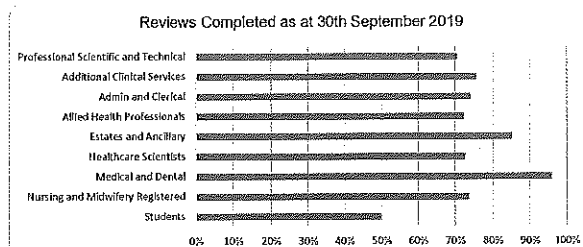
Medical Appraisal & Revalidation and Performance Appraisal & Development Review

Performance Appraisal and Development Review (PADR) is key to any organisation in ensuring that each member of staff is clear about their objectives and has an opportunity to discuss performance and development areas. It is vital in demonstrating

to staff that they are valued and supported to develop. Research evidence demonstrates that it improves patient outcomes (Michael West). PADR/Appraisal Compliance at September 2019 was 85% combined (compared to 73% September 2018). This comprised non-medical PADR/appraisal at 75%, and Medical Appraisal, which has been consistently far above target throughout the year at 95% (Secondary Care 95% and Primary Care 98%). Our PADR compliance has seen an improvement and is relatively consistent across all staff groups (from September 2018 to September 2019) and sits at 75%; varying on a monthly basis across all staff groups consistently to between 70% to 80% depending on fall of appraisal across annual cycle.



From the professional groups, Medical and Dental with Estates and Ancillary have achieved overall compliance of 85%. Other staff groups hover between 70-75%. Healthcare Scientists have improved by more than 24%. Allied Health Professionals as a group have seen an increase in compliance of 8%



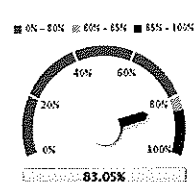
Medical Appraisal rates are rising year on year, at the end of March 2019 the compliance rate amongst secondary care doctors is 95% and amongst primary care doctors, it stands at 98%. Extenuating circumstances including sickness, maternity leave, secondment and long term leave account for approximately 2% of appraisals, which have not gone ahead within required timescales, and a strict process continues

to be followed where there are possible non-engagement concerns. In October 2018, Hywel Dda participated in its first quality review undertaken by the HEIW Revalidation Support Unit. The Hywel Dda review led to improved communication with appraisers, a strengthened appraiser network, and the regular quarterly Medical Director newsletter, which incorporates a standing appraisal and revalidation update. Information from the Hywel Dda review was shared with the Chief Medical Officer who commended the Health Board on the robust systems that are in place.

Mandatory Training

The Core Skill Framework (CTSF), a standard of core mandatory training across the UK within the NHS reflects baseline compliance for core training. Compliance at the end of September 2019 for all 10 level one areas, reached 74% (September 2018) reaching over 83% as at September 2019 – 9% increase in 12 months.

Overall Compliance



Breakdown by Competence 2019

Competence Name	Compliance %
100[LOCAL] Fire Safety Level 1 - 2 Years[General]	69.87%
NHS[CTF] Equality, Diversity and Human Rights - 3 Years]	83.95%
NHS[CTF] Health, Safety and Welfare - 3 Years]	83.48%
NHS[CTF] Infection Prevention and Control - Level 1 - 3 Years]	81.89%
NHS[CTF] Information Governance [Wales] - 2 Years]	80.61%
NHS[CTF] Moving and Handling - Level 1 - 2 Years]	81.52%
NHS[CTF] Resuscitation - Level 1 - No Specified Renewal]	86.40%
NHS[CTF] Safeguarding Adults - Level 1 - 3 Years]	84.77%
NHS[CTF] Safeguarding Children - Level 1 - 3 Years]	85.28%
NHS[CTF] Violence and Aggression [Wales] - Module A - No Specified Renewal]	90.69%

While this represents an ongoing improvement from the 12 months previously by 9% and although 2% below target compliance, it demonstrates a year on year commitment to make progress.

Within 3 years from September 2016 to date, there has been more than a 100% improvement rate moving the dial from 38% (Sept. 2016) to 83% (Sept 2019). There is an improvement still required to reach the 85% target compliance, however, we continue to make positive gains.

Future Workforce, Workforce Development & New Roles

The Grow Your Own philosophy has fostered opportunities at different levels in the organisation, however, we are alert that more can be done. We are working to create a pipeline across our staff groups, we have the following staff in training or undertaking development:

Future work placements:

- ARCH Community Participation Pilot (14 years of age) 4 prospective placements January 2020
- Destination NHS 19 placements September 2019 Programme

- Work Experience
 - From schools, colleges and Universities
 - 450 applications
 - 356 successful placements
 - From Department of Work & Pensions Programmes (Elite, Agored, Workways, Communities for Work)
 - 211 applications
 - 173 interviews
 - 99 placements from 4 to 16 weeks/6 months on elite and agored programmes
 - Clinical placements
 - 40 placements
 - Covering Palliative Care, Health Visiting, Mental Health Nursing, Ophthalmology, Occupational Therapy, Physiotherapy
 - Careers Events
 - 21 careers events delivered across 3 counties

Workforce Development:

- Apprentices
- Future Nurse Apprentices – 53 recruited to programme on 1st 6 month placements to March 2020
- Healthcare Support Worker Framework
 - Level 2 – Numbers & type of programme
 - Level 3 – Numbers & type of programme
 - Level 4 – 36 HCA in pipeline for Assistant Practitioner or Nurse Training Programmes
 - 20 Year 1 - General
 - 15 Year 2 – General
 - 1 Year 1 Maternity Care
- Grow Your Own: 58 potential nurses in pipeline across all programmes below:
 - Return to Acute Care – 3 remaining on programme
 - Open University: 15 commenced programme to date
 - 4 commenced in February 2019
 - 4 commenced in September 2019
 - 7 to commence in February 2020
 - Swansea University programme enables a growing pipeline of nurses for 2020-23: Total equates to 37 General, 11 Mental Health, 2 Learning Disabilities and 1 Paediatrics as broken down below:
 - September 17: 5 General & 7 Mental Health
 - January 18: 3 General
 - September 18: 11 General, 2 Learning Disabilities & 1 Paediatrics

- January 2019: 4 General
- September 2019: 10 General
- January 2020: 4 General & 4 Mental Health

To date we have enabled the creation of the following roles across the Health Board to support workforce gaps and challenges:

Nurse Consultants - 4 posts are employed in Hywel Dda UHB employed within Psychiatry, Outpatients and Community Health Teams – no posts are identified in Ceredigion or BGH.

Specialist Nurse Practitioners - 222.4 WTE Specialist Nurse Practitioners roles are identified; of these 34.45 WTE are located in Ceredigion, of these, 32.5 are located in BGH. The majority of these roles are undertaken within General Medicine (13) with a small number of roles across in Community Health (2) Psychiatry (1), Learning Disability (1), Medical Psychotherapy (2), Education/Training (2), Palliative Care (2) and Endoscopy (1), Breast Screening (1) to give examples.

Advanced Practice - In the Health Board we have 25 Advanced Practitioners in post equivalent to 23.54 WTE, which are held by NMC registered professionals as a protected title; 2 posts are located in Bronglais General Hospital (BGH) in Paediatrics and Cardiology. All other posts are located in Carmarthen and Pembrokeshire, mostly in acute sites. In addition, "Advanced Practice" is identified in "Job Titles", predominantly in Allied Health Professional (AHP) and Healthcare Scientist (HCS) roles, of which there are 28 posts equivalent to 23.27 WTE: 7 HCS (6.6 WTE), 20 AHP (20.67 WTE). Of these, 4 posts are based in BGH in Occupational Therapy (1), Physiotherapy (1) Clinical Radiology (2). Additionally, across the HB, 2 paramedic posts are identified in Primary Care and Bank (via managed practice route).

Assistant Practitioners - Assistant Practitioner posts in the HB total 85.41 WTE, c50 WTE are within nurse related areas. Looking regionally, 19.94 WTE are based in Ceredigion and BGH (10.37 WTE). Roles cover mostly AHP roles - Occupational Therapy, Speech & Language, Physiotherapy with a small number working in nursing related areas i.e. Cardiology or HCS i.e. Radiology in Ceredigion. Conversely the majority of nurse related roles are based in Carmarthen and Pembrokeshire with a smaller proportion of AHP related roles. Additionally, Band 4 Nursery Nurses are also included in this number.

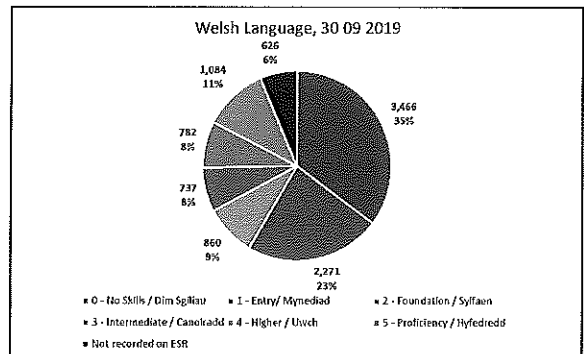
Physician Associates (PA) & Physician Anaesthetic Assistant (PAA) - Physician Associates are employed directly in HB over the last 2 years: 5 currently, 2 of which are in BGH within Medicine; an additional 6 being recruited to for GGH & WGH for Medicine and Surgery – 4 appointments confirmed and 2 out to advert. Primary Care also have 2 Physician Associates (1 Carmarthen and 1 Ceredigion). Additionally, 1 Physician Anaesthetics Assistants has been employed in HB for a number of years.

Surgical care practitioners - The HB has been successful in developing a programme for the development of Surgical Care practitioners and have 1 employed in the role and a number of different roles being explored/developed.

Welsh Language

The Welsh Language plays an important element in the Health Board cultural make up and in the delivery of services; 23% of our workforce identifies as having an entry level knowledge of the Welsh Language; 27% identify as foundation level (2) to proficient (5). 35% identify as no skills.

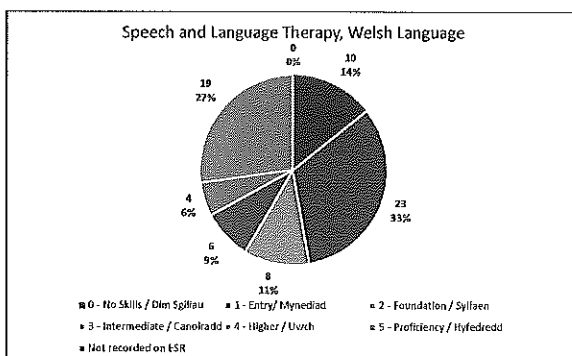
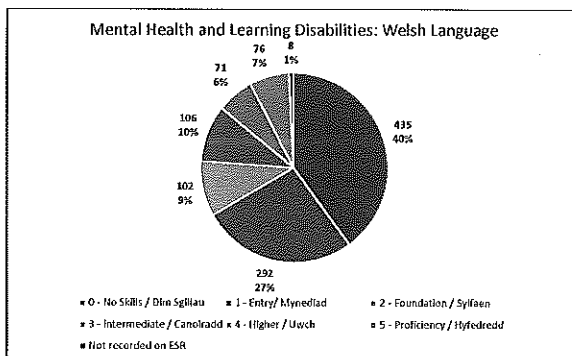
Below is a visual representation:



To support activity to build confidence and competence, a number of programmes are facilitated:

- 1274 Inductees (1st Sept 2018-31st August 2019) attended awareness sessions on the Welsh Language
- 68 staff have enrolled on entry level Welsh Language programme of 2-3 hours commitment per week since January 2019
- 8 staff have enrolled on intermediate level Welsh Language programmes of 3 hours per week since January 2019
- 12 staff have enrolled on the 5 day intermediate programme
- 6 staff have enrolled on the 5 day higher programme for

Further analysis by two key service areas has been undertaken where knowledge and use of the Welsh Language would enable enhanced services for patients i.e. Mental Health & Learning Disability and Speech & Language.



PROFESSION SPECIFIC DATA & RISKS

The data tables and graphs in this section show the staff group specific information for Hywel Dda UHB as at 30th September 2019 based on the substantive workforce. Key messages are identified as is more work within any professional groups considered necessary over the coming 12 months alongside any risks.

Key messages across Community & Secondary Care Professional, Scientific & Technical

- Proportion of group may retire i.e. up to 10%
- Challenging to maintain full establishment & recruit
- Technician roles require exploration

Additional Clinical Services

- Retirement is a key issue 30% of staff group has potential to retire
- Sickness absence higher than average for Health Board in the group
- More analysis of positions within this group required by banding/role/reason for absence
- Increases of workforce profile show ability to recruit into, and develop this staffing group
- Assistant Practitioner roles need consideration by each service area to assess opportunities

Administrative and Clerical

- Retirement from senior positions is a key issue
- Increases in admin & clerical group overall by small percentage
- More analysis of positions within this group required by banding/role to understand scale and complexity of roles undertaken

Allied Health Professionals

- Profile has increased no significant risks, other than from service demands increasing
- Specific detailed analysis/action is needed in each professional group and niche specialities to minimise risks and assess education & commissioning needs align to retirement and service/organisational needs overall
- Advanced Practice & Assistant Practitioner roles across professions and modalities requires assessment and detailed analysis

Estates and Ancillary

- Retirement is a key issue: over 30% of group may retire
- Younger age profile is not increasing in line with retirement to create viable future workforce pipeline – action needed
- Sickness absence is higher than Health Board profile generally

Healthcare Scientists

- A retirement risk may present in specialist groups; more work to assess specialist areas needed
- Sickness absence appears to be spiking.

- Technician roles require exploration for future opportunities

Medical and Dental

- 10% may be eligible to retire in the short term; more work to assess specialist areas needed
- Mandatory training is an issue and relates mainly to the lack of "transferability" of mandatory training across Health Boards
- Physician associate roles equate to 11 across Health Board; assessment of need and opportunity require an assessment

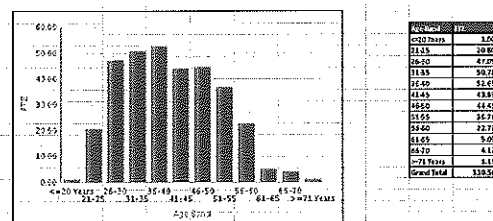
Nursing and Midwifery

- General growth in this professional group proves challenging overall linked to recruitment, retention and retirement.
- Sickness absence is above the Health Board profile
- Advanced Practice opportunities require detailed analysis

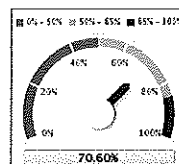
The data tables for Primary Care workforce is included in the Primary Care summary and key highlights are pulled out here to view the workforce in it's totality and the implications for future development:

Professional, Scientific & Technical

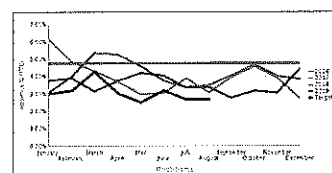
Age profile



PADR



Sickness Absence



Mandatory Training

Assignment Count	Required	Achieved	Compliance %	% of HB Total
	386	3194	81.45%	1,400%
Competence Name	Compliance %			
Fire Safety	73.32%			
Equality, Diversity and Human Rights	87.40%			
Health, Safety and Welfare	89.20%			
Infection Prevention and Control	81.09%			
Information Governance	78.76%			
Moving and Handling	75.39%			
Resuscitation	81.09%			
Safeguarding Adults	83.42%			
Safeguarding Children	83.42%			
Violence and Aggression	90.93%			

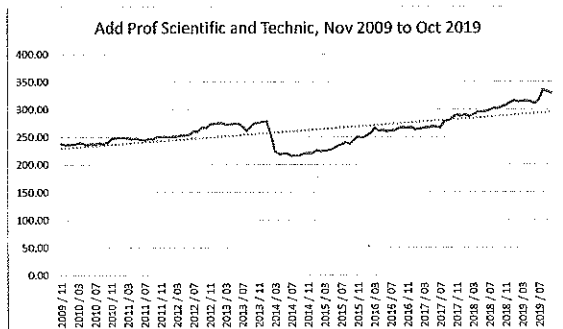
Age profile does not show need to be considered and expertise for the S

PADR continues to move Mandatory Training co Health Board overall p

Age profile does not show significant risks; does need to be considered in the context of seniority and expertise for the 56-71+ age bandings.

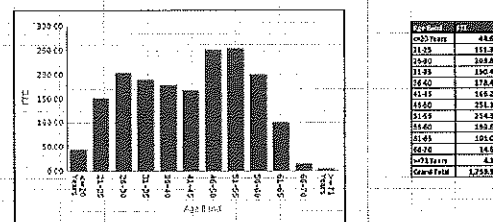
PADR continues to move in a positive direction; Mandatory Training compliance is behind the Health Board overall profile, overall positive.

Staff movement

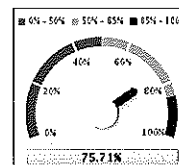


Additional Clinical Services

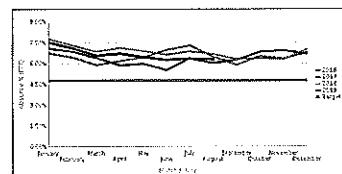
Age profile



PADR



Sickness Absence



Mandatory Training

Assignment Count	Required	Achieved	Compliance %	% of HB Total
2124	21240	18378	86.55%	3,445

Competence Name	Compliance %
Fire Safety	68.36%
Equality, Diversity and Human Rights	87.34%
Health, Safety and Welfare	87.57%
Infection Prevention and Control	87.90%
Information Governance	84.42%
Moving and Handling	86.11%
Resuscitation	90.82%
Safeguarding Adults	88.78%
Safeguarding Children	87.10%
Violence and Aggression	94.96%

Age profile poses significant challenge as more than 50% are over 50 years of age.

As this staff group comprises a large proportion of the workforce may have an impact on the service however is consistent with the current demographic.

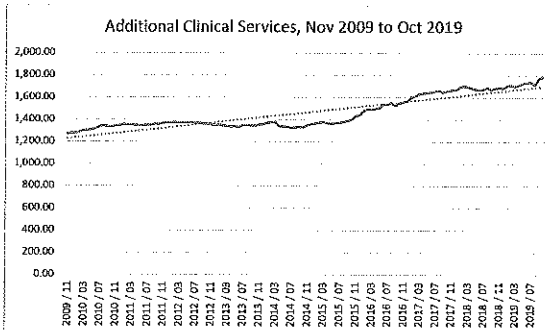
PADR continues to move forward

Age profile poses significant risks i.e. in total, more than 50% are over the age of 46 and 30% are over the age of 51.

As this staff group comprises 50% of the total workforce may have an impact on stability, however is consistent with the population curve.

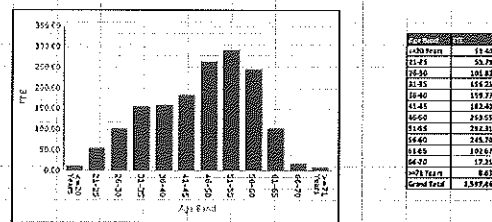
PADR continues to move in a positive direction as does Mandatory Training seeing increases year on year.

Staff movement

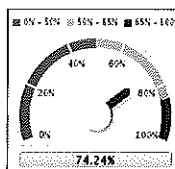


Administrative and Clerical

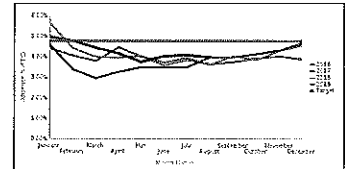
Age profile



PADR



Sickness Absence



Mandatory Training

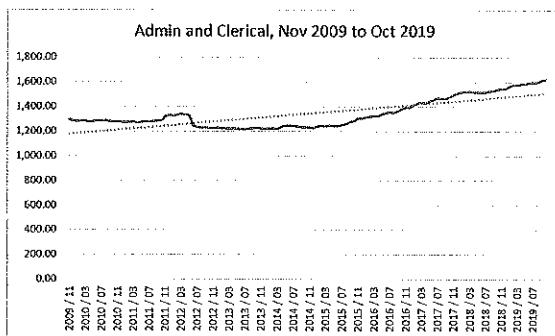
Assignment Count	Required	Achieved	Compliance %	% of 110 Total
1889	18990	16613	87.45%	4.63%

Competence Name	Compliance %
Fire Safety	81.94%
Equality, Diversity and Human Rights	89.69%
Health, Safety and Welfare	90.05%
Infection Prevention and Control	87.65%
Information Governance	85.36%
Moving and Handling	85.68%
Resuscitation	83.10%
Safeguarding Adults	87.63%
Safeguarding Children	90.05%
Violence and Aggression	94.10%

Age profile shows risks; does need to be considered in the context of seniority and expertise for the 56-71+ age bandings.

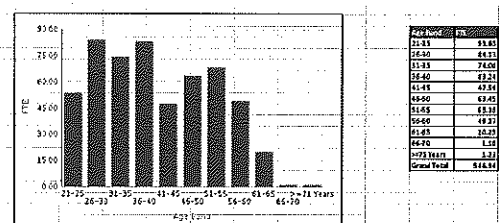
PADR continues to move in a positive direction as does Mandatory Training.

Staff movement

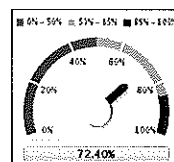


Allied Health Professionals

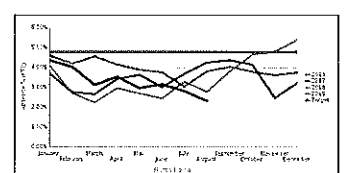
Age profile



PADR



Sickness Absence



Mandatory Training

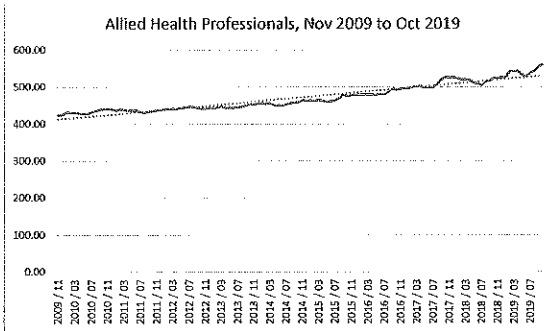
Assignment Count	Required	Achieved	Compliance %	% of 110 Total
653	6530	5748	87.50%	4.65%

Competence Name	Compliance %
Fire Safety	76.11%
Equality, Diversity and Human Rights	89.43%
Health, Safety and Welfare	87.75%
Infection Prevention and Control	82.08%
Information Governance	85.35%
Moving and Handling	84.23%
Resuscitation	89.43%
Safeguarding Adults	91.88%
Safeguarding Children	92.79%
Violence and Aggression	96.78%

Age profile shows risks; does need to be considered in the context of seniority and expertise for the 56-71+ age bandings.

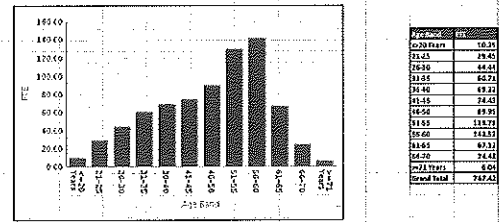
PADR continues to move in a positive direction as does Mandatory Training with almost 5% increase.

Staff movement

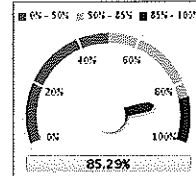


Estates and Ancillary

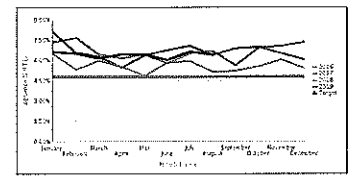
Age profile



PADR



Sickness Absence



Mandatory Training

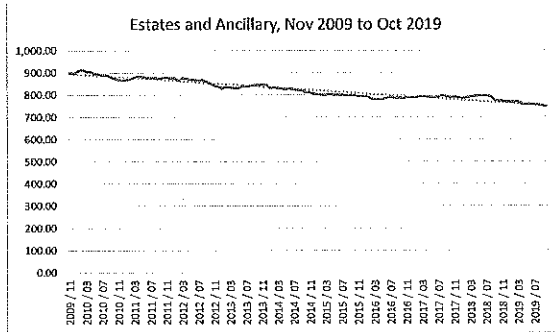
Assignment Count	Required	Achieved	Compliance %	+/- H10 Total
954	954	831	87.33%	4.45%

Fire Safety	52.52%
Equality, Diversity and Human Rights	92.14%
Health, Safety and Welfare	94.44%
Infection Prevention and Control	81.97%
Information Governance	51.93%
Moving and Handling	88.47%
Resuscitation	89.41%
Safeguarding Adults	92.24%
Safeguarding Children	92.24%
Violence and Aggression	97.90%

Age profile shows significant risks; for senior positions and expertise in key posts.

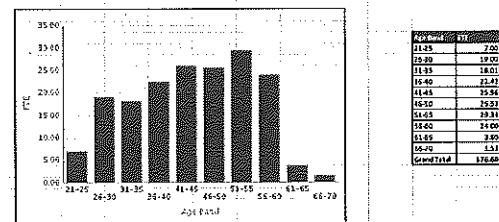
PADR continues to move forward significantly as has Mandatory Training with almost 5% increase.

Staff movement

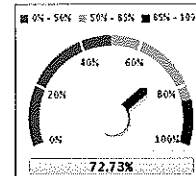


Healthcare Scientists

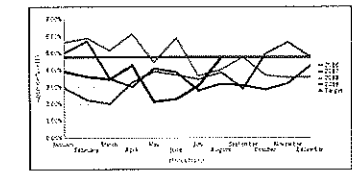
Age profile



PADR



Sickness Absence



Mandatory Training

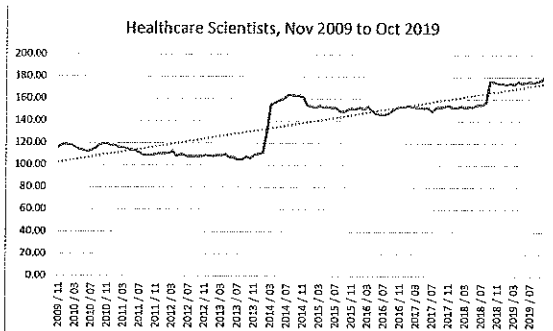
Assignment Count	Required	Achieved	Compliance %	+/- H10 Total
190	190	138	88.42%	5.57%

Competence Matrix	Compliance %
Fire Safety	74.74%
Equality, Diversity and Human Rights	88.95%
Health, Safety and Welfare	91.05%
Infection Prevention and Control	88.95%
Information Governance	85.79%
Moving and Handling	85.79%
Resuscitation	88.95%
Safeguarding Adults	92.11%
Safeguarding Children	91.58%
Violence and Aggression	96.32%

Age profile shows small risks; for senior positions and expertise in key posts.

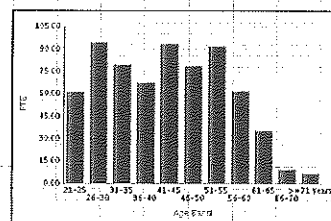
PADR continues to move forward significantly as has Mandatory Training over 5% increase.

Staff movement



Medical and Dental

Age profile



Age Band	FTE
21-25	41.00
26-30	54.00
31-35	70.00
36-40	47.00
41-45	63.00
46-50	70.00
51-55	51.00
56-60	17.00
61-65	5.00
66-70	0.00
>71 years	0.00
Grand Total	574.00

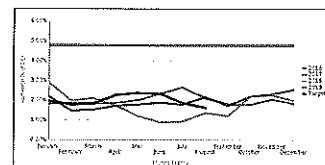
PADR

0% - 40% 41% - 60% 61% - 80% 81% - 100%



96%

Sickness Absence



Mandatory Training

Assignment Count	Required	Achieved	Compliance %	% of HB Total
734	7340	2592	35.31%	47.53%

Competence Name	Compliance %
Fire Safety	37.87%
Equality, Diversity and Human Rights	30.52%
Health, Safety and Welfare	37.11%
Infection Prevention and Control	42.23%
Information Governance	29.43%
Moving and Handling	41.42%
Resuscitation	37.74%
Safeguarding Adults	37.06%
Safeguarding Children	33.79%
Violence and Aggression	35.97%

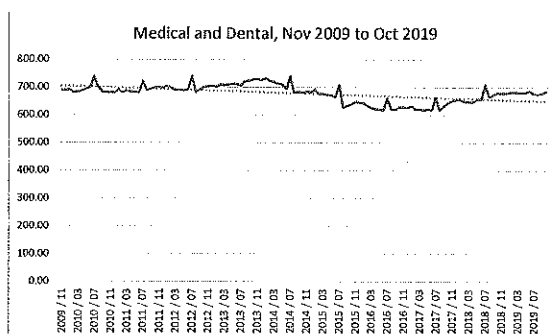
Age profile shows risks for senior positions and expertise in key posts.

PADR continues to remain high, however Mandatory Training remains a difficult area.

29

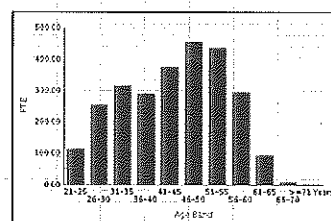
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Staff movement



Nursing and Midwifery

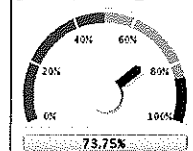
Age profile



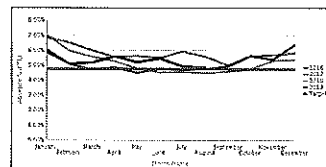
Age Band	FTE
21-25	114.11
26-30	316.53
31-35	315.47
36-40	221.45
41-45	374.00
46-50	451.40
51-55	433.52
56-60	211.61
61-65	55.87
66-70	9.20
>71 years	2.00
Grand Total	2643.37

PADR

0% - 40% 41% - 60% 61% - 80% 81% - 100%



Sickness Absence



Mandatory Training

Assignment Count	Required	Achieved	Compliance %	% of HB Total
3123	31290	27044	86.43%	3.58%

Competence Name	Compliance %
Fire Safety	74.50%
Equality, Diversity and Human Rights	86.74%
Health, Safety and Welfare	85.36%
Infection Prevention and Control	83.67%
Information Governance	82.77%
Moving and Handling	83.22%
Resuscitation	93.85%
Safeguarding Adults	87.89%
Safeguarding Children	89.55%
Violence and Aggression	94.76%

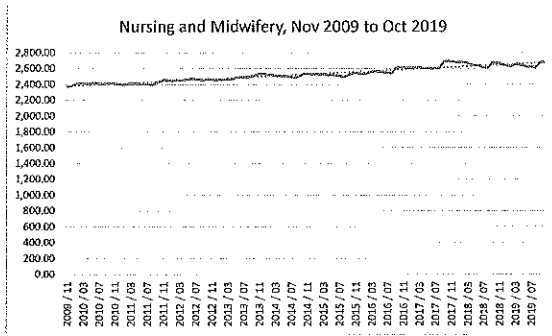
Age profile shows significant risks across all bands - senior positions and expertise in key posts.

PADR continues to remain high, however Mandatory Training has seen positive increases of 3.58%

31

32

Staff movement



¹ This figure equates to substantive posts plus bank, locums and honorary contracts and represented as Headcount

² This figure equates to bank and locum staff only, represented as Headcount

³ This figure equates to substantive posts only, represented as Headcount

⁴ This figure is for Full Time Equivalent and includes Primary Assignments in ESR

Evidence Number 8

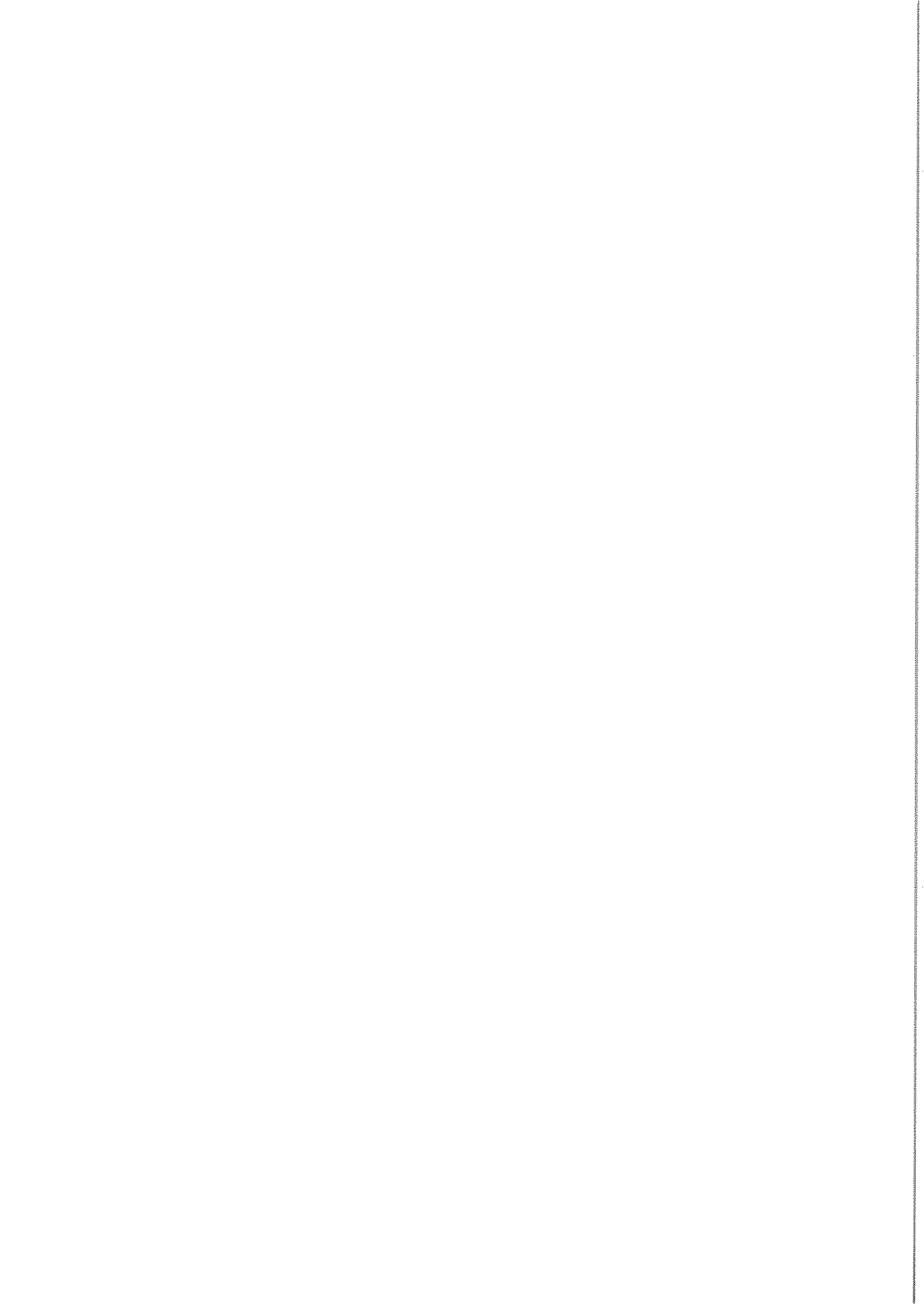
Evidence of providing information – Workforce Planning with Medicines Management

The Health Board's Head of Medicines Management contacted our department for assistance on workforce planning and role redesign.

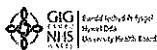
My line manager and I met with the Head of Service to ascertain aims/goals and discussed who would need to be involved and how we were going to go about doing this. The head of service had an idea as to how she wanted the service changed but it was important that we discussed matters with other staff members (Marchington, Wilkinson, Donnelly, & Kynighou, 2016). It was decided that Bands 8a's (senior management) would be best in the discussions as they would have more strategic knowledge about the workforce and the work entailed. While it is best practice to provide opportunity to all staff members potentially affected by change (Howlett, 2018), this decision was made by the Head of Service and not by my department.

Workshop was organised and a plan for the content was made. The plan for the workshop was fairly loose due to the fact that we weren't sure how the senior management would react, and we needed to be flexible enough to ensure the session was a success. We decided that the content of the session would include important (what is important to your role currently), getting to know the patient journey and where pharmacy enters and leaves that journey, who influences/impacts on the pharmacy contact, and what activities are required at every step. This would tell us what the roles could look like, how they interact with each other and what development is needed to ensure the required governance is met for each role. My line manager and I co-facilitated the session. We started off by iterating the reason for the session and what the aims and objectives were for the session. It was important we had their buy-in from the start so that the right information came from the session (CIPD, 2019). What we didn't expect was that the item of important became pivotal to the rest of the session as we could refer back to what was important whenever there was any confrontation or disagreements, which did happen a handful of times during the session. When it came to mapping the client journey, it became obvious that there were many overlaps in roles and people were not working to their current banding which is causing frustration and dismay. Due to the frustration that already existed it became easy to 'sell' a different way of working and we provided advice on the possibility of role redesign throughout the department. Notes were taken throughout to gain managers feedback, these were documented and provided to the department for dissemination and discussion with their teams.

Presentation notes and slides – Evidence number 9



Workshop: Pharmacy Team



Outline Agenda

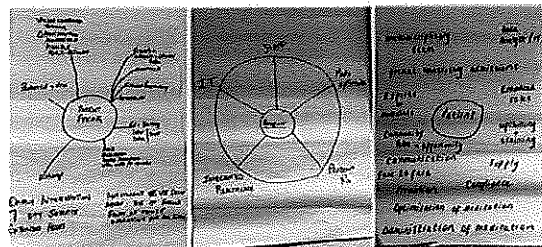
- Identify what's important; of value to you; for the future of your service
- Map out journey for a client or patient
- Reflect on opportunities for future services
- Agree actions to move forward



What's of value/important?

Different approaches

Similar themes



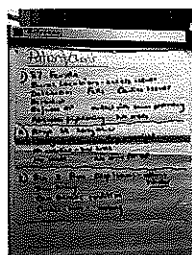
Our client/patient...

Identify your client...

- Using page 60-65 or "Our Big NHS Change"
- Or your own example: define key characteristics...

Discuss:

- What happens now?
- Map the client journey...
- What could happen in the future?



Mapping the Client Journey

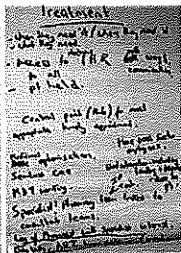


Reflecting on the future service...

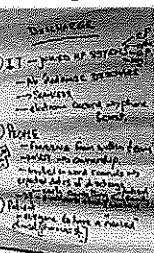
Access



Treatment

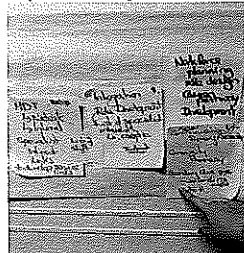


Discharge



Agree actions to move forward

Key themes emerged in discussion:



Actions

- Immediate
 - Create internal list & network of specialists (staff list/contacts)
 - Consider all aspects of workforce development: planning, careers pathways, roles
 - Look at JD's, scope of practice etc
 - Links across system: Primary/Secondary/Community

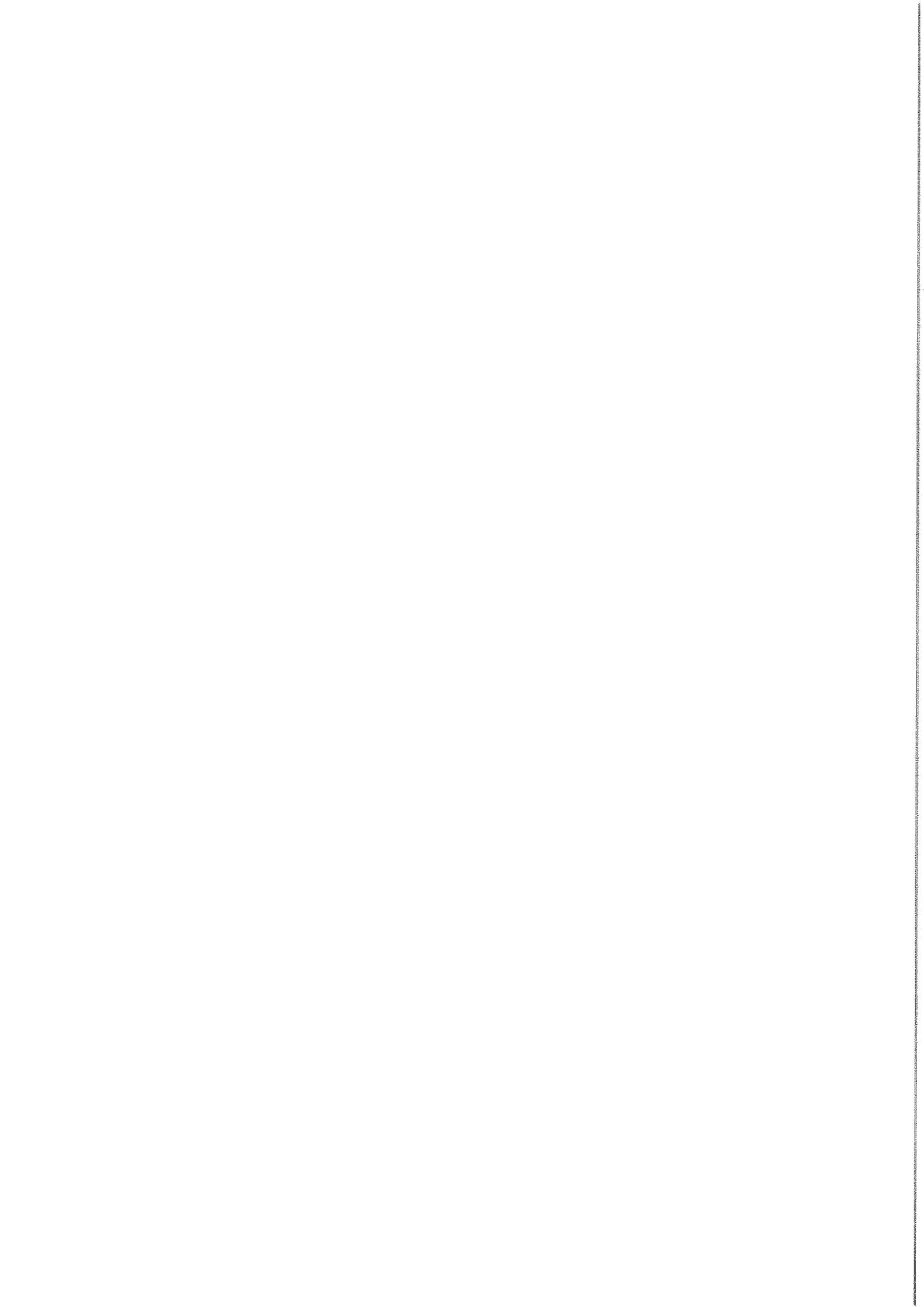
Evidence Number 10

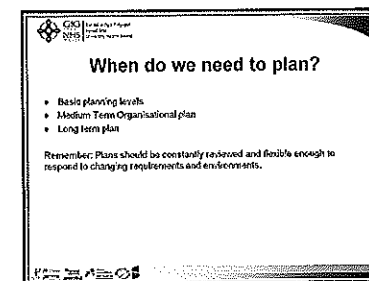
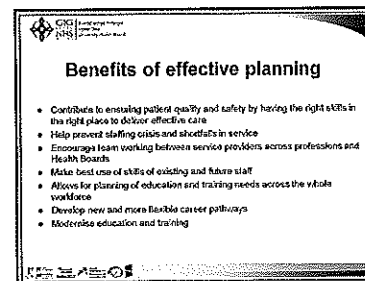
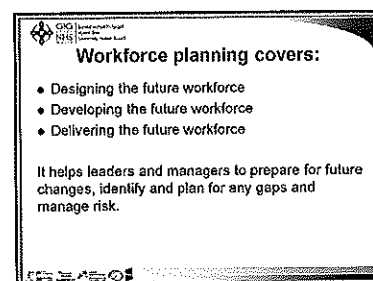
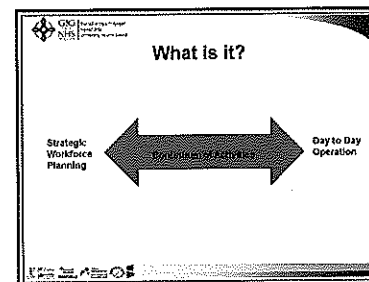
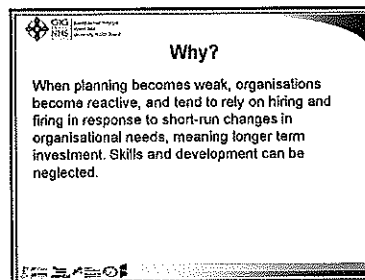
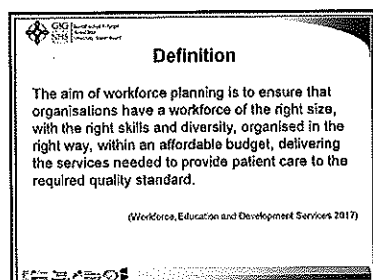
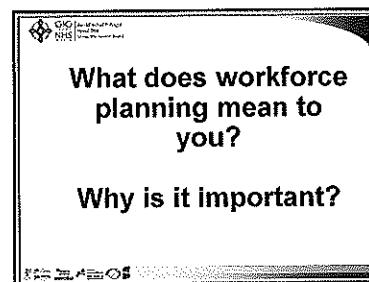
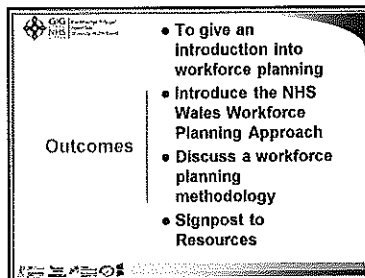
Statement on providing training – Managers Passport Programme

As part of the Workforce Development Department, a number of us deliver sessions on the HDdUHB Managers' Passport Programme and the Managers' Passport+ Programme. These are programmes designed for middle and senior managers within the Health Board. The programme is made of six sessions, all designed to help managers maximise the potential for their employees, teams and departments – Organisational Values, Coaching and Mentoring, Performance Management, Workforce Planning, Change Management and Performance Appraisal and Development Reviews. These sessions all interactive, with a theoretical element as well as a practical. During both the theoretical, but undeniably during the practical elements, do managers disclose issues that they have met and are going through with their employees. This provides good opportunity for the other managers to provide their knowledge and experience to help, but also for us as facilitators to guide, advise and assist where we can.

Presentation on Workforce Planning – Evidence number 11

Presentation on Organisational Values – Evidence number 12





What can we do better for our workforce planning cycle (IMTP)?

NHS Wales Workforce Planning Approach Integrated Medium Term Planning

Skills for Health Six step methodology

Competence based approach to workforce redesign

Legislation and Policies

- Nurse Staffing Act
- All Wales Career Framework
- Delegation Guidelines
- Health and Safety at Work Act
- Welsh Language Act

Any more?

Support/Signpost

- Strategic Workforce Planning
- Role Design
- Apprenticeships
- Pathways into Professions from Schools
- Work Experience
- Volunteering

Activity Workforce Planning

- What do you need to do to ensure your service gives the best patient experience/focus?
- Who are your stakeholders?
- What should your service look like in ten years time?
- What new skills will be needed? (Training Needs Analysis)
- What new roles will be needed?
- How will you assess quality?
- How will you implement this? (stages)
- How will you evaluate this?

Resources

- Kings Fund Paper; Workforce planning in the NHS (2015)
- Chartered Institute of Personnel and Development Paper; Workforce Planning: A Force for Good, People Management, June (2010)
- Chartered Institute of Personnel and Development Guide; Workforce Planning. Right people, right time, right skills (2010)

Thanks for Listening

Any questions?

Organisational Values

Rob Blake/ Jackie Wright



Learning

- A deeper understanding of your personal values and how they relate to Hywel Dda's Organisational Values.
- What the Hywel Dda's Values are and why they are important.
- Understanding of the NHS Core Principles.
- How the Behavioural Framework supports the Values.

How would you define your personal values?

- Your values are the things that you believe are important in the way you live and work.
- They (should) determine your priorities, and, deep down, they're probably the measures you use to tell if your life is turning out the way you want it to.



What are organisational values?

"Organisational values are those beliefs held so strongly that they drive peoples behaviour and dictate how people interact with and treat each other.

Values together with their defined behaviours set the minimum expectations of behaviour for all in the organisation and help lay the ground work for the organisations culture"

Basically.....its how we do things around here !!!

What is organisational culture?



What is the point ?



Values at work assist us by-

- Providing a framework for how we treat one another, our patients and stakeholders.
- Helping us make sense of our working life and how we fit in the big picture.
- Providing a framework to achieve the organisational vision and increase effectiveness.
- Creating an environment conducive to job satisfaction.
- Differentiate one organisation from another.
- Develop an organisational culture that promotes compassionate leadership.

Are values important?



Values at work are increasingly important because;

- They provide guidelines for appropriate behaviours.
- They help show our stakeholders how we are different from other providers.
- They support recruitment and retention strategies.
- They help enable people and organisations to succeed.
- Motivated & engaged workforce.
- They provide a measurement for success (PAOR).
- They can provide some stability through change.
- They provide the basis for achieving culture change.

Case study

chess

One team Spirit

we set with together to maintain a healthy, positive atmosphere where everyone feels valued and proud. For every day we encourage, motivate and support each other, while demonstrating what it can mean to work together. We have a team spirit and everyone is willing to share their ideas.

Chess

Our core values are the foundations of Chess. They are the standards we set ourselves and follow every day. Our people understand and are committed to our core values.

- Blue print for success
- Set of defined attitudes and behaviours that are non negotiable
- A vision that is broken down into a number of ways it will be achieved
- Upskilling employees to ensure they have right tools to be successful
- Regular performance conversations

"I use my blueprint to inspire, focus, motivate and guide me." David Palfreck

Values – top 100 great places to work

Top 100 Global winners

Hywel Dda's values

The three

Working together to be the best services we do.

THIS Wales Core Principles

people

1 We put our patients and people first

2 We work to improve our care

3 We focus on wellbeing and prevention

reflect & learn

4 We reflect on our experiences and learn

5 We work in partnership and as a team

6 We value all who work for the NHS

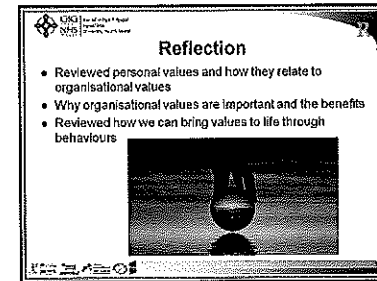
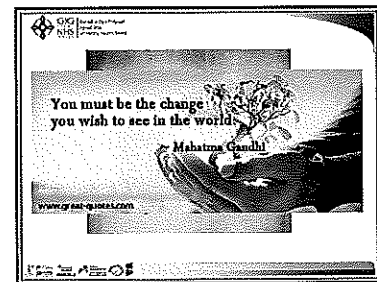
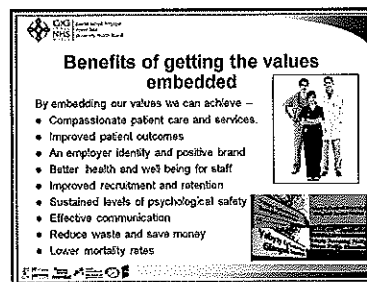
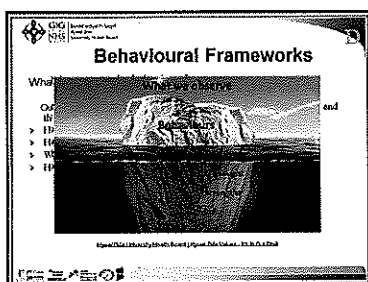
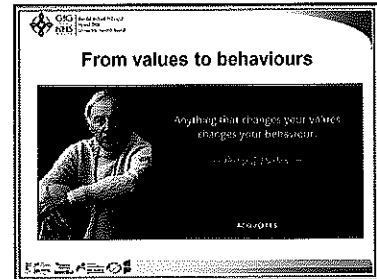
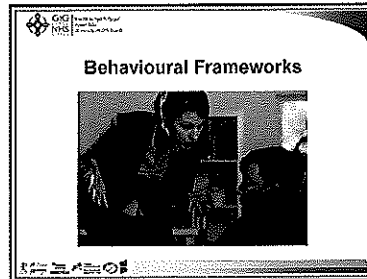
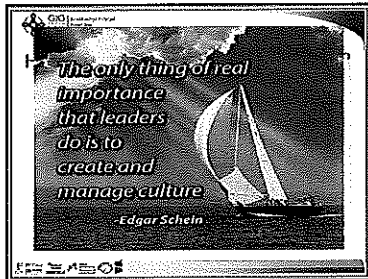
Core Principles and your organisation's values and key ways

The Core Principles have been developed to support our national and local work, as well as providing a guide for how we work across NHS Wales.

They help us to achieve the highest quality in everything we do.

The Principles are at the core of NHS Wales and reinforce the values and behaviours within our organisation.

We, the individuals and teams operating within NHS Wales, expect to carry out our roles with dedicated commitment to the people using the NHS by applying the Core Principles.



Your support is needed
Celebrate colleagues living the values



Follow the twitter feed and share times when you or your team live our values.

@HywelBda_values
@Gwerthoedd_HBd



Compassionate Leadership for Cultures of High Quality Care



Learning

- Clarify why we need to focus on compassion & what it means
- Identify obstacles to compassion
- To Identify ways to promote compassion
- Understand why compassionate leadership is so important

Compassion



"Compassion is a core part of being human, a core part of communities
Compassion is where leaders should begin to tackle problems"....

Michael West, Professor of Work and Organizational Psychology at Lancaster University

So why focus on compassion?

- NHS based on a compassionate vision - care for ALL post WWII.
- The human condition - we are designed to be compassionate.
- State of workforce emotional well-being.
- Organisational compassion and sustainability.



What is compassion?

The different 'psychologies' of compassion – Paul Gilbert frames compassion as:

"To approach, understand, and engage with suffering"

"To work to alleviate and also prevent suffering (i.e.: before it occurs)"

"To take action – to be courageous"



What is compassion?

Different types or spheres of compassion:

- ✓ Self to Self
- ✓ Other to Self & Self to Other
- ✓ Other to Other (Organisational)

Focus on any of these can lead to positive changes to both mental states & social behaviour.



Reflection

Based on this broad definition of compassion:

What aspect of compassion do you find most difficult to sustain at work right now?



The science of compassion



The science of compassion

The science of compassion

In short, we have the capability for great acts of love and caring – and also for unspeakable acts of cruelty and destruction – this is the *human paradox*.

Being compassionate does not simply happen...

Compassion is a social loaf we feel d struggle t

319 MILLION PEOPLE

Good p

ings...

Reflection

- Can you recall a time when your capacity for compassion (to self or others) was impaired?
- What do you think contributed to this experience of compassion fatigue?

The science of compassion

New Brain

Middle Brain

Reptilian Brain

The science of compassion

'When your brain is planning for war, it doesn't need to attend to prosocial behaviour'.

The science of compassion: affect regulation

Threat, coupled with our brain design, mean that we automatically risk assess, and will engage in behaviour to reduce risk, and mitigate our own anxiety (to slightly and temporarily reduce cortisol) we do this often without conscious planning. It doesn't allow you to access the parts of the brain needed for 4 core elements of compassion.....

Core of compassion components

- To bear witness to the experience of another (or yourself).
- To deeply attend to that experience – to step closer to distress.
- To experience & share something of their distress – empathy.
- To take action to reduce the distress of the other (or yourself).

Threats to NHS?

What are the threats to leaders in Hywel Dda?

- ✓ Huge demands on roles
- ✓ Chaotic diaries/Unproductive meetings
- ✓ Silo working
- ✓ An increase in productivity
- ✓ Staff shortages
- ✓ Budget restraints
- ✓ Disengaged workforce
- ✓ High sickness
- ✓ Burnout

The science of compassion: affect regulation



What could these behaviours look like?

Affect regulation – behaviours

- Go into doing mode – become more productive.
- Try to increase our sense of control through the use of power – soft and hard buying & coercion.
- Make others feel fearful (for their jobs)
- Micromanagement
- Subordinate to the path of least resistance.
- Don't rock the boat – 'hold on til retirement'.
- Dissociate from our suffering (and from those around us).
- Blame, scapegoat, and or attack.
- Using policies punitively.
- Form in groups & cliques.



It's no ones fault

Threat can turn our capacity for compassion on or off.



Promoting compassion & resilient system

Self to Self :
How do you practice self compassion?



Promoting compassion & resilient system

Self to Colleagues:



What Is Compassionate Leadership?

Professor Michael West looks more specifically at staff, framing compassion leadership as:

Compassionate leadership for compassionate leadership

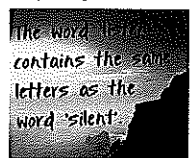
- Listening with fascination – listening with
- Understanding others and ourselves as we are
- Empowering others and ourselves as we are
- Empowering others and ourselves as we are



Listening with Fascination?

What do we mean by listening with fascination?

The word 'silent' contains the same letters as the word 'silent'.



Understanding and Empathising

What do we think that a shared understanding and empathising means?




Helping

What is meant by helping – taking intelligent action?

**A ACTION
C CHANGES
T THINGS**



NHS Cultures for High Quality Care

1. An inspirational vision of high quality care
2. Clear aligned goals at every level with helpful feedback
3. Good people management and employee engagement
4. Continuous learning and quality improvement
5. Enthusiastic team-working, cooperation and integration



People Management and Engagement

- ◆ Staff views of leaders → patients' views of care quality, respect, dignity
- ◆ Staff satisfaction → patient satisfaction with their care
- ◆ High work pressure → less compassion, privacy, respect
- ◆ Poor staff well-being → poorer care quality and financial performance
- ◆ Enlightened people management practices → lower patient mortality



What is a Team?

Typically no more than 12 members who:

- Have shared objectives in common
- Need to work together to achieve these objectives
- Have defined roles in the team
- Meet regularly to review performance and to improve



Key Elements for Effective Team Working

- Clear, agreed vision and challenging objectives
- Role clarity
- Positivity, optimism, cohesion, compassion
- Effective communication and constructive debate
- Enthusiastic and supportive inter-team working



Team Leadership

- ◆ Offer an inspiring vision and clear direction
- ◆ Ensure regular and positive team meetings
- ◆ Encourage positive, supportive relationships
- ◆ Resolve and prevent intense conflicts
- ◆ Positive group attitudes towards diversity
- ◆ Be attentive and listen carefully to the team
- ◆ Lead inter-team cooperation
- ◆ Nurture team learning and innovation



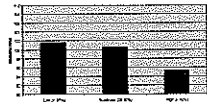
Reflexivity

Teams are more productive, effective and innovative to the extent that they routinely take time out to reflect upon their objectives, strategies, processes and environments and make changes accordingly.



Patient Mortality

- 5% more staff working in real teams associated with 3.3% drop in mortality rate ($p = .006$)
- For an 'average' acute hospital, this represents around 40 deaths per year



Staff Working in Real Teams	Mortality Rate (approx.)
Low	High
Medium	Medium
High	Low

Compassionate Leadership

What traits do Compassionate leaders share?

- They are 'in-tune' feeling-wise.
- Manage their moods.
- Put people before procedures.
- Show sincere, heartfelt consideration
- Are mindful.
- Are hopeful.
- Have the courage to say what they feel.
- Engage others in frank, open dialogue.
- Are connective and receptive.
- Take positive and affirming action.



Building Compassionate Organisational Culture

Elements required for a compassionate organisational culture?

- Self
- Manager/leader
- Team
- The Organisation



Building Compassionate Organisational Culture

Attend to threat reduction by:

- Championing compassionate, courageous leadership.
- Learn how not to pass the threat down the line.
- Openness to mistakes not punishing mistakes (psychological safety).
- Question the use of defensive or punitive bureaucracy & practice.
- Consider that every interaction an opportunity to practice compassion.
- Attend to fairness & organisational justice at all levels.
- Build compassion training & exercises into regular practice.
- Share stories of your experiences.

Benefits of Compassionate Leadership?

Where leaders model a commitment to high-quality and compassionate care, this has a profound effect on:

- > Clinical effectiveness
- > Patient safety
- > Patient experience
- > Fewer errors, lower mortality
- > Efficiency with which resources are used
- > Health, wellbeing and engagement of staff (lower turnover and sickness)
- > Extent of innovation within the health care system



Compassion at work

Employees at a German firm worked almost 3,161.5 hours overtime so their colleagues could look after his son with leukaemia. Worker's donations enabled the single father like almost a year off to look after his four-year-old.

After his son Julius was diagnosed with cancer, over 700 colleagues at the design company responded to a HR managers appeal, asking them to contribute to an overtime fundaiser.

"Without this great support, I would be unemployed." He worried that he would lose his job once he used all his unpaid leave to look after Julius. However, the support from the HR manager, senior management and the workers union, enabled him to take off nine months to stay by his son's side whilst he received treatment in hospital.

"The reaction of our employees was incredible."

"There is no-one who has not donated."

The heart-warming story shows the impact colleagues and a positive workplace culture can have on someone's life.



Compassion



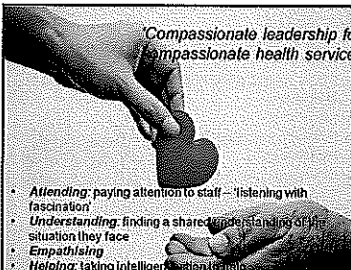
<https://www.youtube.com/watch?v=JdRtUGGJg>

Reflection

IF YOUR COMPASSION DOES NOT INCLUDE YOURSELF, IT IS INCOMPLETE.

buddha

Compassionate leadership for compassionate health services



- **Attending:** paying attention to staff – 'listening with fascination'
- **Understanding:** finding a shared understanding of the situation they face
- **Empathising**
- **Helping:** taking intelligent action to help

Evidence number 13

1.2 Analyse internal and external information relating to the organisation's future people and skills needs and the availability of talent.

With a population of nearly 400,000 – without the vast numbers that visit during tourist seasons – there is a need for Hywel Dda Health Board, with its c10,000 staff members need to work efficiently to provide high quality patient care.

	Number of individuals employed in human health and social work activities (StatsWales, 2019):	Population covered by Health Boards:
UK	4,032,400	\
Wales	221, 300	3,138,631
West Wales and the Valleys	131,900	\
HDdUHB	9,834	385,615

2016/17; number of individuals employed in medicine-related jobs in Wales following qualifying from HEI (StatsWales, 2018):

Male: 805

Female: 2,765

Total: 3,570

Number of vacancies in HB - *Numbers are in Full Time Equivalent (FTE) as at 28.02.20:*

	28.02.20	28.06.19	28.02.19
Total	350.66	389.47	406.50
Nursing and Midwifery	194.66	189.35	212.11
Medical and Dental	49.20	62.96	62.00
Healthcare Scientists	2.52	10.80	3.00
Allied Health Professionals	16.39	14.85	27.47
Other	93.23	111.51	101.92

This data suggests that, while the numbers of vacancies are decreasing, current recruitment strategies have only a limited success rate and/or there possibly exists a retention/engagement issue within the health board.

Vacancies spreadsheet – evidence number 14a,b&c

Evidence number 13

1.2 Analyse internal and external information relating to the organisation's future people and skills needs and the availability of talent.

With a population of nearly 400,000 – without the vast numbers that visit during tourist seasons – there is a need for Hywel Dda Health Board, with its c10,000 staff members need to work efficiently to provide high quality patient care.

	Number of individuals employed in human health and social work activities (StatsWales, 2019):	Population covered by Health Boards:
UK	4,032,400	\
Wales	221, 300	3,138,631
West Wales and the Valleys	131,900	\
HDdUHB	9,834	385,615

2016/17; number of individuals employed in medicine-related jobs in Wales following qualifying from HEI (StatsWales, 2018):

Male: 805

Female: 2,765

Total: 3,570

Number of vacancies in HB - *Numbers are in Full Time Equivalent (FTE) as at 28.02.20:*

	28.02.20	28.06.19	28.02.19
Total	350.66	389.47	406.50
Nursing and Midwifery	194.66	189.35	212.11
Medical and Dental	49.20	62.96	62.00
Healthcare Scientists	2.52	10.80	3.00
Allied Health Professionals	16.39	14.85	27.47
Other	93.23	111.51	101.92

This data suggests that, while the numbers of vacancies are decreasing, current recruitment strategies have only a limited success rate and/or there possibly exists a retention/engagement issue within the health board. With the estimated employment rate in the UK for all people being at a record high of 76.6%, we are experiencing a tight labour market. New and innovative recruitment methods may need to be explored to fill our vacancies.

Vacancies spreadsheet – evidence number 14a,b&c

1.3 Assess the extent to which current organisational planning activities are addressing potential needs.

It is the SWDM's role to carry out the IMTP every year (see evidence number 6), which informs the Government how many commissioned places in university the HB needs in the next academic year, depending on the vacancies and potential changes. However, I do not feel that this is an effective method of carrying out workforce planning, for a number of reasons. 1) It is meant to be a *medium-term* plan, however, it is only ever completed to show the forecasted needs for the following year, this is not medium-term. 2) Service leads only complete this with a view to job vacancies that are currently in place, without even carrying out job analyses or competency frameworks, therefore the 'actual needs' of the service/department are not accurately ascertained (Taylor S. , 2010). 3) The IMTP informs the Government how many commissioned places are needed for the following academic year, however, the training for certain posts can take a number of years before that service/department actually sees the results of that ask – nurses 3 years; doctors 7 years minimum.

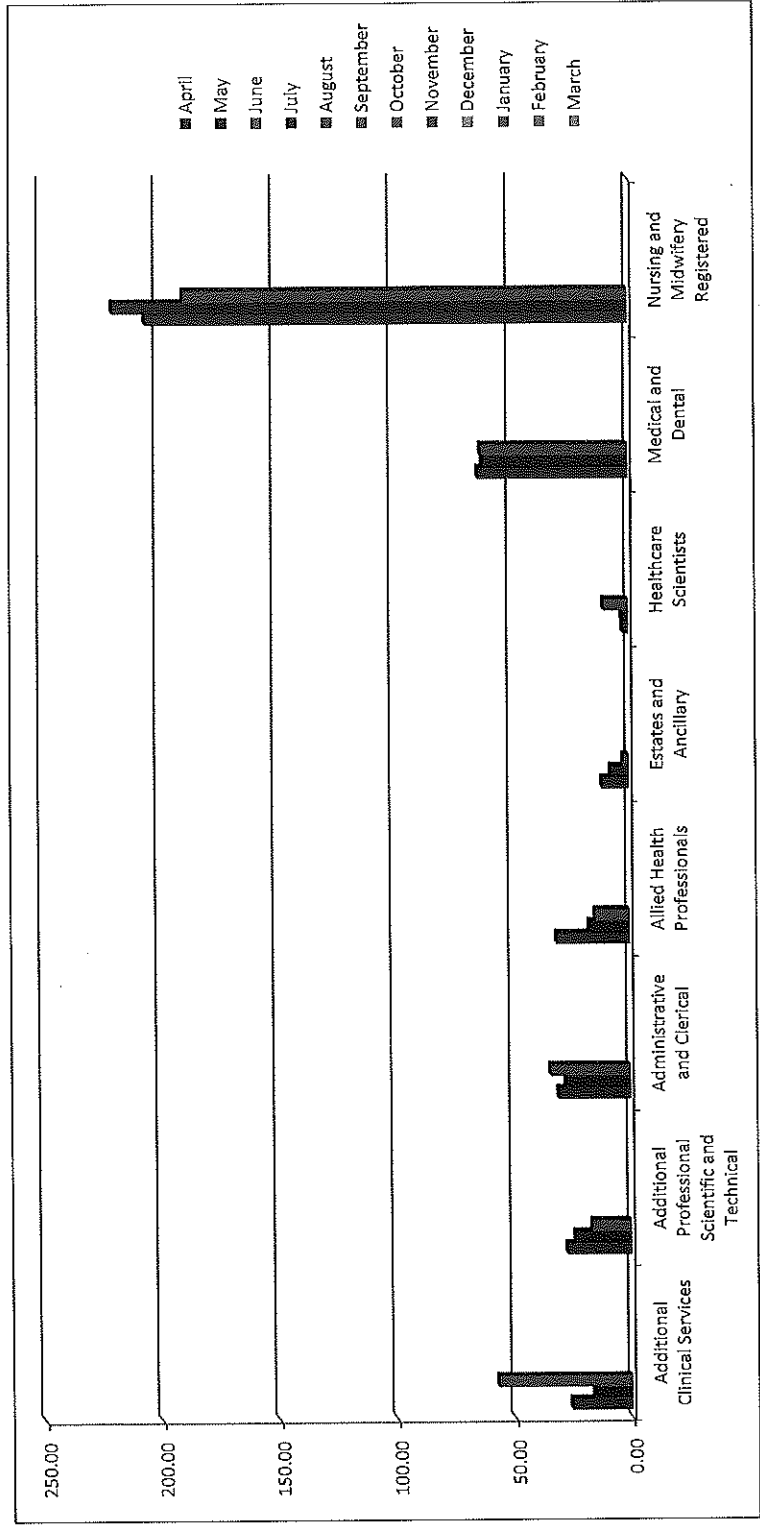
The various schemes offered by the HB – particularly the Apprentice Academy and the GYO programme – will assist in addressing shortfall of nurses that exists in the HB; however, the full extent of how these will help will not be fully realised as they are still relatively new. Evaluation of all schemes are ongoing.

There exists an unspoken separation between operational and strategic/corporate teams within the HB, this means that communication and the willingness to work together is often challenging. Most operational teams do not believe they need the assistance of strategic/corporate teams to assist with workforce planning. However, their input into the IMTP is evidence to the contrary. The ability of operational teams to carry out medium- or long-term is limited to say the least, as they are blinkered by the shortages they are currently facing. Another example of this lies within the Estates directorate. Data shows that their workforce is very top-heavy in terms of the age of their workforce. Over half of their registered workforce (e.g. qualified electricians, technicians) are technically able to retire within the next ten years. This would leave a serious shortfall. Work is currently being undertaken by the Workforce and OD directorate to assist Estates with workforce planning to minimise any risks and ensure that they have the right people in the right roles with the right skills at the right time; however, they are very resistant to change.

[illegible]

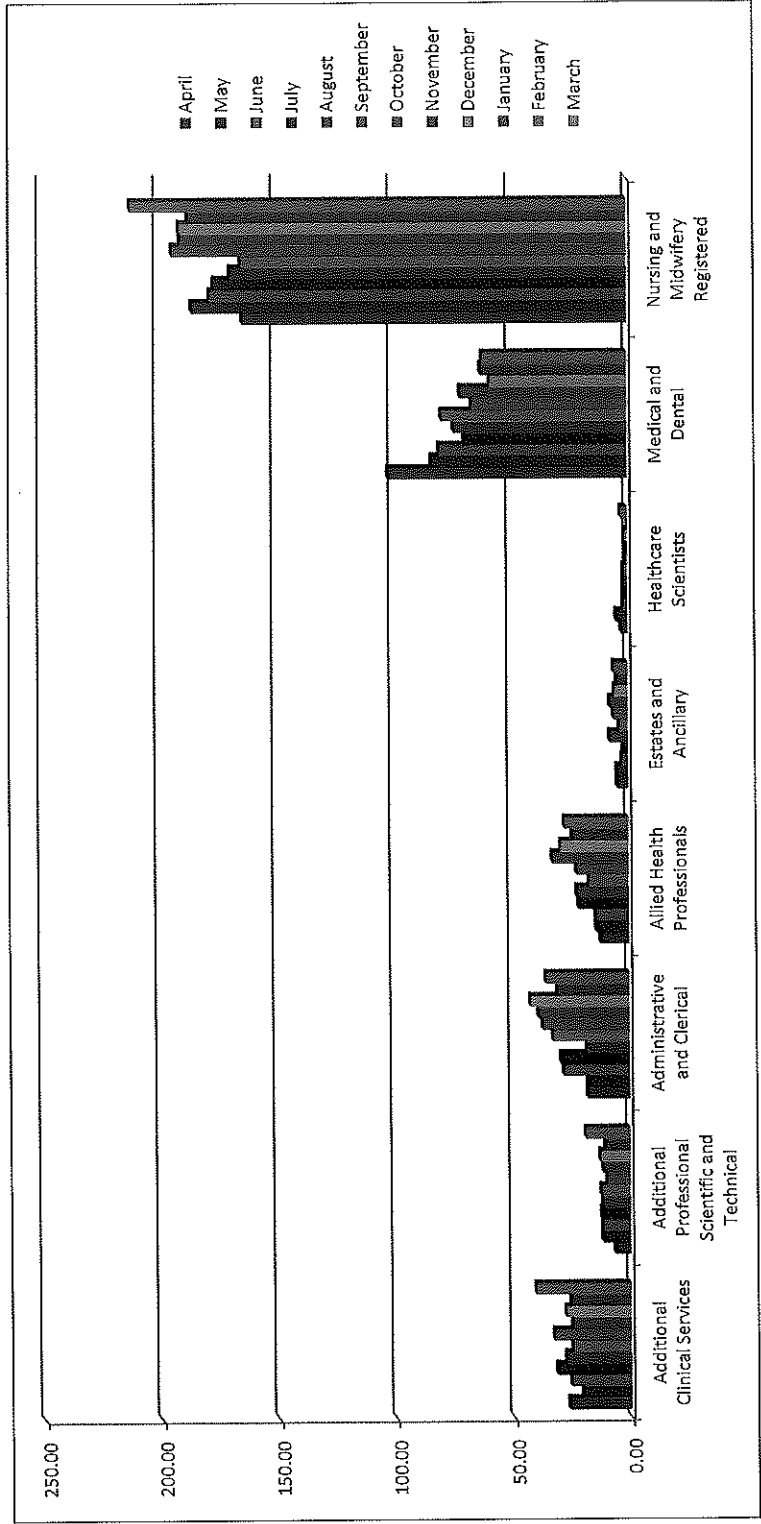
Total Approved Vacancies wte by Staff Group

Additional Clinical Services	Additional Professional Scientific and Technical	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	Grand Total
25.96	27.60	31.03	31.65	11.74	2.80	64.06	205.56	400.40
16.37	24.20	27.96	17.65	7.87	3.00	62.06	219.61	378.72
57.23	17.00	34.42	14.85	2.86	10.80	62.96	189.35	389.47
							0.00	0.00
							0.00	0.00
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							0.00	0.00
							0.00	0.00
							0.00	0.00



Total Approved Vacancies wte by Staff Group

	Additional Clinical Services	Additional Professional Scientific and Technical	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	Grand Total
April	26.57	6.80	18.09	12.40	4.86	3.00	102.10	164.03	337.85
May	20.61	11.80	17.82	14.00	5.00	5.00	83.40	185.52	343.15
June	25.71	11.80	28.25	14.30	2.80	2.00	80.20	177.97	343.03
July	31.46	12.40	29.28	21.60	2.20	2.00	69.60	176.15	344.69
August	27.70	11.80	18.33	22.30	8.10	2.00	74.13	169.29	333.65
September	24.92	12.44	32.92	17.00	3.96	2.00	79.23	164.69	337.16
October	33.01	10.00	37.25	22.50	6.33	1.00	66.40	194.12	370.61
November	24.99	11.60	39.01	32.80	7.97	1.00	71.50	190.48	379.35
December	27.70	13.00	42.45	29.10	5.96	1.60	58.90	191.03	369.74
January	25.81	10.83	30.73	24.17	5.09	0.00	62.80	187.21	346.64
February	40.72	19.00	35.83	27.47	6.37	3.00	62.00	212.11	406.50
March									



14c

Evidence number 15

Activity 2

2.1 Make reasoned recommendations for how the organisation can maintain an appropriate number of people with the skills required by the organisation.

Business Intelligence to continue to provide evidence of current situation, national data/benchmarking across other HBs, so all decisions on actions are justified.

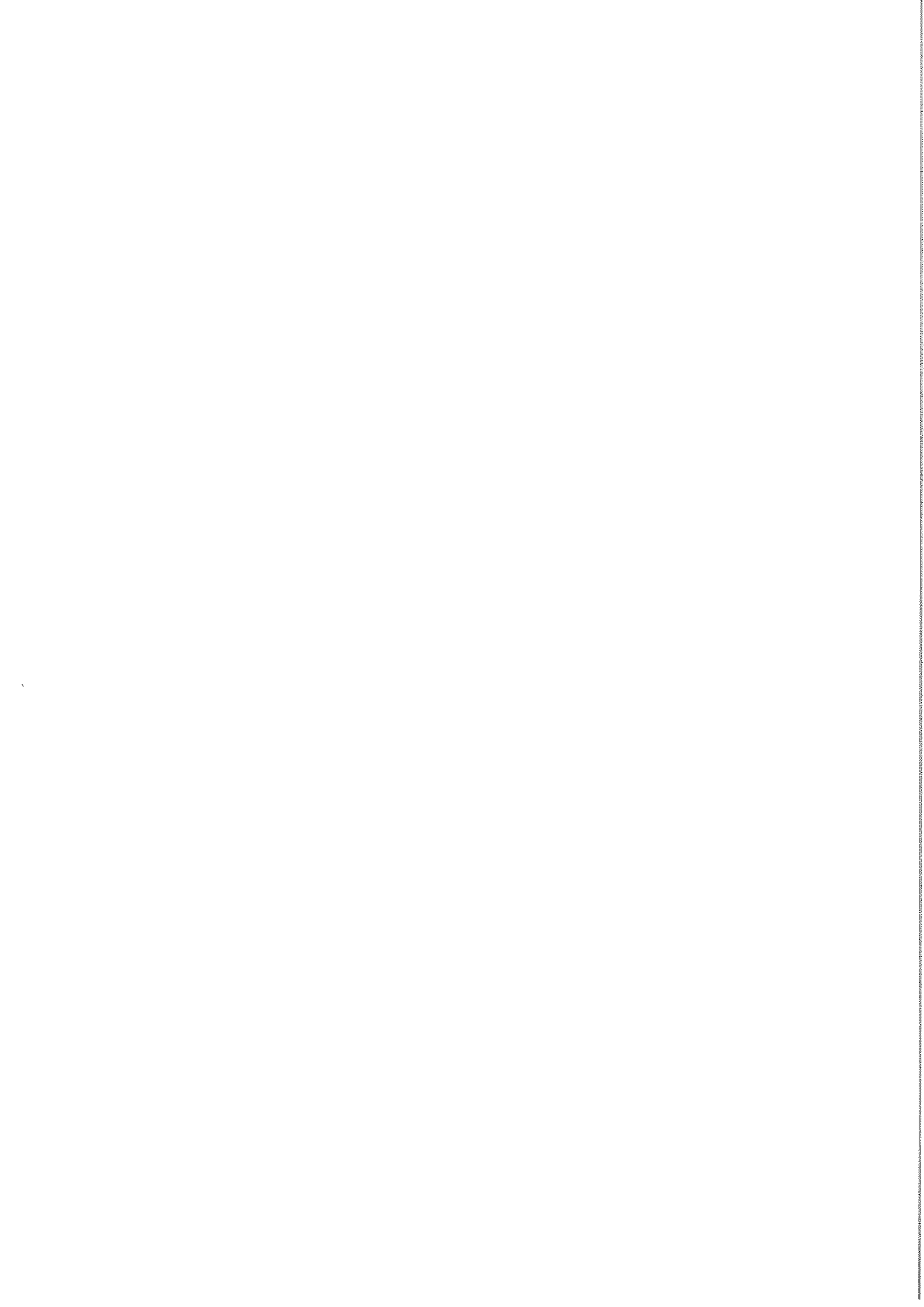
SWDM to have a team of people to reach out build relationships with operational teams. Work towards changing culture of teams to be 'change-ready' and try and move from short-term planning only, into short- and medium-term planning. This will take time and resources. An SBAR (Situation, Background, Assessment and Recommendation) paper to be written up and submitted to the board.

With evidence of a consistency of shortages in certain roles, new alternative roles have started to be drawn up across the UK – for example, Assistant Practitioners and Physician's Associates (NHSEmployers, 2020; NHSEmployers, 2019) – a scoping exercise needs to be carried out to ascertain need within our HB, where the need could be, what that would look like, the potential costs, impact, risks, and feasibility of such roles.

Continue to keep abreast of any educational, professional body and regulatory changes that could impact on workforce planning for the HB.

Recruit a second cohort of apprentices on to the Healthcare Apprenticeship Programme.

Start a new project that looks longer term into the influencing/inspiring primary school pupils into a profession in healthcare.



Evidence Number 16

Activity 3

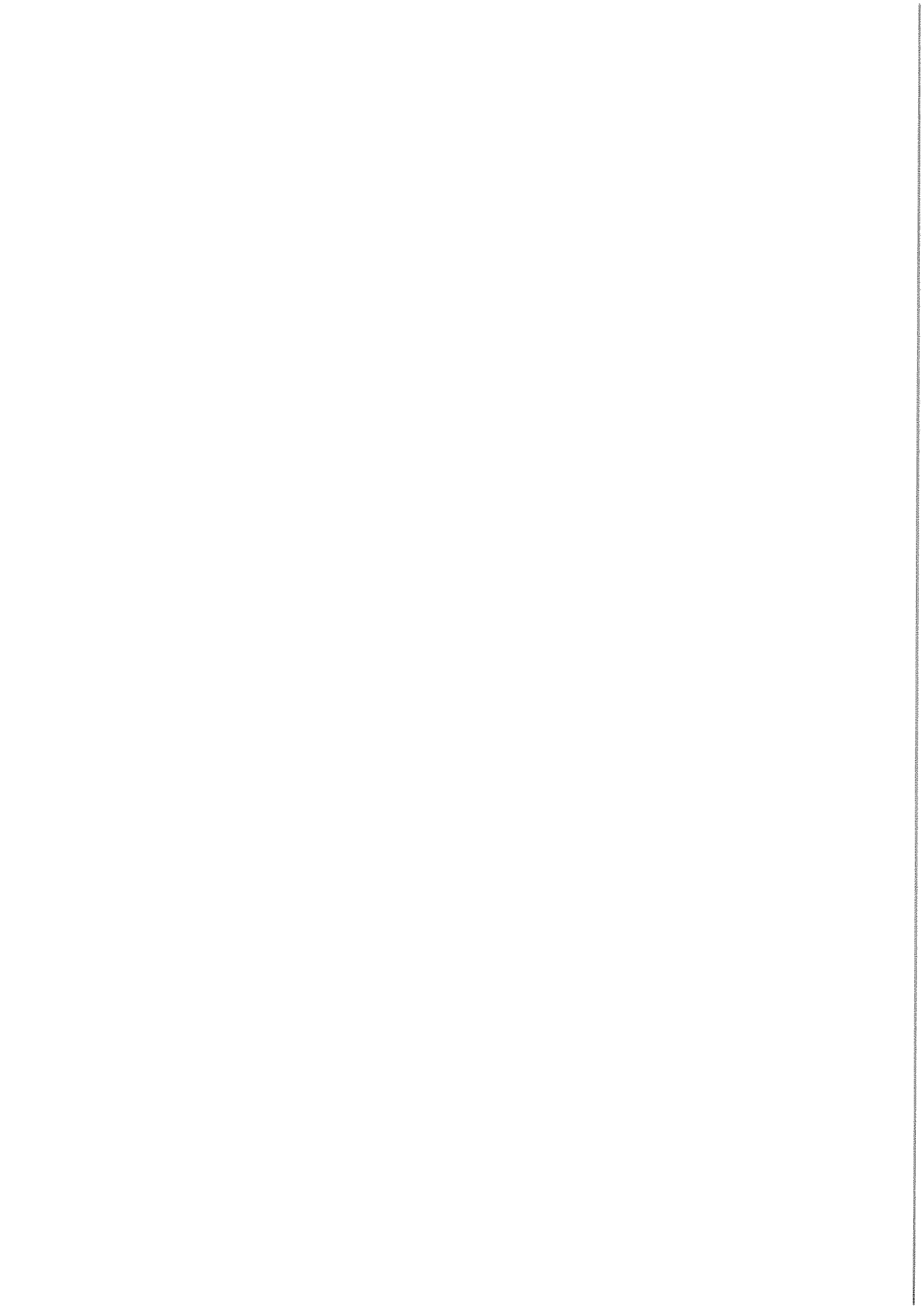
3.1 Identify and explain the rationale for a specific resourcing activity within the organisation.

Throughout the UK, there are difficulties in recruiting nurses into the NHS. In addition to the challenge faced by others, the rurality of the Health Board, combined with our financial challenge in delivering services across all sites, means that some services are fragile. In addition to this, we are in the long-term process of modernising our services and existing workforce via TCS. Our medical model is changing and the need to develop our existing registered nurses to fulfil new, expanded, extended and advanced roles means that there are even further pressures on our registered nurse numbers.

At January 2019 there were 253 live (current) nursing vacancies, with 192.34 FTE Band 5 Nurses needed, across the Health Board – some wards needing up to 17 to fulfil their obligations under the Nurse Staffing Levels (Wales) Act. We remain heavily reliant on temporary staffing, which is expensive and less effective when compared to the provision of care through substantive staff. Furthermore, the impact of the Nurse staffing Levels (Wales) Act, in terms of any additional RN workforce required in order to comply with the registered nurse staffing levels, is being calculated currently and it is imperative that this is built into the predicted numbers for acute skilled staff.

There is a new opportunity to offer apprenticeships to our local population. Building skills capacity for the future is essential to deliver the services to the ever changing need of the organisation, within its financial resources. This is an example of living our values – putting people at the heart of everything we do. The introduction of an Apprenticeship Academy with carefully selected roles that in the first instance support areas with recruitment challenges, and then expand to as many areas as possible, would support a new dynamic approach to up-skilling existing staff and develop opportunities for our local population to join us.

Apprenticeships are designed around the needs of employers and cover more than 150 different business sectors. The training provided is relevant to the business and allow employers to reach high levels of competence and performance. Within our Apprentice Academy, the apprentice would be employed within HDdUHB, and would receive the training they require from one of our local partner colleges, depending on the location of the apprentice and nature of the role/apprentice framework accessed.





WORKFORCE & ORGANISATIONAL DEVELOPMENT SUB-COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 May 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	The Healthcare Apprentice Programme
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling
SWYDDOG ADRODD: REPORTING OFFICER:	Shelley Dony

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Healthcare Apprentice Programme

This paper is being submitted for the committee's information.

The **Healthcare Apprentice Programme** will develop a future nursing workforce by investing in the development of the population within local community, engaging with educational institutions and youth & employment organisations. By maximising on the potential of the EAGLE pathway and the Apprenticeship Academy, the programme will develop individuals from entry level to registration within eight years, following a governed process. The population targeted will be those that need to follow an alternative pathway into nursing *e.g. those whose families can't support its child into university, a young carer who wasn't able to achieve their full potential whilst in compulsory school years.*

The committee are being asked to support the development and delivery of this programme by raising awareness in discussions being held.

Cefndir / Background

Throughout the UK, there are difficulties in recruiting nurses into the NHS. In addition to the challenge faced by others, the rurality of the Health Board, combined with our financial challenge in delivering services across all sites, means that some services are fragile. In addition to this, we are in the long-term process of modernising our services and existing workforce via TCS. Our medical model is changing and the need to develop our existing registered nurses to fulfil new, expanded, extended and advanced roles means that there are even further pressures on our registered nurse numbers.

At January 2019 there were 253 live (current) nursing vacancies, with 192.34 FTE Band 5 Nurses needed, across the Health Board – some wards needing up to 17 to fulfil their obligations under the Nurse Staffing Levels (Wales) Act. We remain heavily reliant on temporary staffing, which is expensive and less effective when compared to the provision of care through substantive staff.

Furthermore, the impact of the Nurse staffing Levels (Wales) Act, in terms of any additional RN workforce required in order to comply with the registered nurse staffing levels, is being calculated currently and it is imperative that this is built into the predicted numbers for acute skilled staff.

With the increase in the number of nurses employed within the Health Board, there should be a decrease in the costs paid to agency staff. Cost & quality
High quality of care

Asesiad / Assessment

Asesiad / Assessment

The Healthcare Apprentice Programme is being aligned to the resourcing and workforce planning strategies to ensure that it is of value to medium term workforce planning models being used in the Health Board. In doing so, robust decisions relating to numbers for the programmes are being considered and ensure that we do not over or under subscribe. It will also align to the youth employment strategy to ensure Hywel Dda is meeting its corporate responsibility in providing employment to the local population.

Aim:

Develop a future nursing workforce from the youth of the local population – from entry to registration – within an eight year programme.

Objectives:

- Increase number of registered nurses,
- Build future workforce from within local communities,
- Develop a robust and governed educational and professional pathway,
- Develop a sustainable pipeline of clinical nursing staff.

Overarching Timeline

The first apprentices will start in September 2019 and it will take them through to December 2027 where they will have completed the programme.

<i>Phase 1:</i> • Foundation Apprenticeship (18 months) • Further Education Employability Enhancement Programme (6 months) <i>Phase 2:</i> • Apprenticeship (18 months) <i>Phase 3:</i> • Level 4 Certificate (24 months) <i>Phase 4:</i> • Part-time Student Nurse (2 years 9 months)	September 2019 – March 2021 March 2021 – September 2021 September 2021 – March 2023 March 2023 – March 2025 March 2025 – December 2027
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Education

This project will build on a range of initiatives which continue the excellent work already undertaken, as well as develop new and innovative ways to attract, develop and retain our local population to achieve professional registration:

- Level 2 Foundation Apprenticeship
 - Level 2 Certificate in Healthcare Support Services
 - BTEC Level 2 Award in Employment and Personal Learning Skills in Health
 - Application of Number Essential Skill Level 1
 - Communication Essential Skill Level 1
- Level 3 Apprenticeship
 - Level 3 Diploma in Clinical Healthcare Support
 - Application of Number Essential Skill Level 2
 - Communication Essential Skill Level 2
- Level 4 Certificate in Health Care
- BSc (Hons) in Adult Nursing

By the end of the Healthcare Apprentice Programme the apprentice will be able to apply for their registration and PIN through the Nursing and Midwifery Council (NMC). These nurses then will be required to remain as employees within the Health Board for a minimum of two years after completion of the programme.

Operational

The number of apprentices will be 40 apprentices across the Health Board – 10 located on each site.

For the first phase, a job description has been written that allows the apprentice to gain experience, knowledge and skills at a foundation level. During this phase the apprentice will have 6 month rotational placements that allow them to get a panoramic picture of the Health

Board and how all services play an integral part of the day to day activities of a nurse. This will be the foundation on which their career will be based. There are four pillars to the placements that will shape the apprentices – Facilities, Therapies, Administration, and Health Care.

The aim of the pillars are:

Facilities – to allow individuals to become familiar with the layout of the hospital, as well as the standards expected within a healthcare environment. Individuals will interact with patients and develop their communication skills, whilst displaying the qualities needed to become a nurse of the future. Apprentices will gain an insight into how support services play an important role in patient care, through providing a hygienic environment. As nutrition and hydration is a vital part of patient care, this provides an insight into food service, dietary requirements and reporting processes.

Administration - to allow individuals to become familiar with the administrative systems within a healthcare environment. Exposure will be given to records needed and the need for confidentiality and respect of patient information. Individuals will interact with patients and develop their oral communication skills, whilst developing their resilience when dealing with patients and staff. The placement will provide an insight into various IT systems, giving experience in communicating through emails, telephone and face to face. This will allow individuals a holistic experience, developing the nurses of the future.

Therapies – to allow individuals the chance to support the therapies to carry out tasks within the service. This could be supporting with preparing for a clinic, manufacture of orthotics and preparation of equipment, providing an awareness of multidisciplinary teams and how different services work together to provide all round patient care. In addition, this would allow individuals to understand the different roles within the therapy services and how these are divided into different areas of specialism.

Health Care - This will give individuals an insight into care at an introductory level. This will involve working with a mentor within patient areas, preparing to deliver care to patients. As part of the placement, individuals will also spent time within the pharmacy and experience the safe and secure handling of medicines, using various computer systems, which will improve their confidence within IT. Through the supplying of medicines to departments and wards.

NB Discussions are currently taking place as to the definition of 'personal care' and the boundaries as to what a 16 year old may or may not be able to carry out in within this placement.

As with any new role, governance and accountability is key. The development of a mentorship and line manager process is currently being developed by key stakeholders, including workforce and nursing, to ensure robust roles and responsibilities are carried out for the duration of the programme.

When apprentices move on to the second phase, where they start working on the Level 3 Apprenticeship, individuals will move into HCSW vacancies where they will stay for the duration of their programme. Work is being undertaken along with the relevant services to secure these vacancies.

Key dates

Launch date when the communications element begins is on Friday 24th May 2019.

Information Sessions are being held in:

- Carmarthenshire – Monday 17th June - 10am -12pm at Coleg Sir Gar, Llanelli
- Ceredigion – Thursday 20th of June -10am – 12pm at Coleg Ceredigion, Aberystwyth
- Pembrokeshire – Saturday 29th of June – 10am -12pm at The Archives, Haverfordwest

Assessment days for interviewing and selecting are being held in:

- Carmarthenshire – Monday 8th of July - 9am – 4.30pm in Coleg Sir Gar, Llanelli
- Ceredigion – Wednesday 10th July – 9am – 4.30pm at Coleg Ceredigion, Aberystwyth
- Pembrokeshire – Wednesday 17th July – 9am -4.30pm at Pembrokeshire College, Haverfordwest

Induction for the programme will take place in cohorts per county in:

- Carmarthenshire – Monday 2nd September in Alun Ward, Hafan Derwen, Carmarthen
- Ceredigion – Monday 9th September in the Old Library, Bronglais Hospital, Aberystwyth
- Pembrokeshire – Monday 16th September in the IT Room, Withybush Hospital, Haverfordwest

Risk

The risks identified with the programme are held on the risk register, attached below.

Argymhelliad / Recommendation

For the information of the Committee.

The committee are being asked to support the development and delivery of this programme by raising awareness in discussions being held, and if possible attend one of the key dates.

Amcanion: (rhaid cwblhau)**Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	 TOR 120319.doc
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	 Risk Register - Apprentices Apr19.xl
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Develop a sustainable skilled workforce Improve efficiency and quality of services through collaboration with people, communities and partners Choose an item. Choose an item.

Gwybodaeth Ychwanegol:**Further Information:**

Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	EAGLE - Excellence, Assurance & Governance in a Learning Environment - An Organisational Development Strategy & Governance Framework for an Employer-Led Regulation and Registration System of Assistant Practice, Advanced Practice, Extended Roles and New Roles within Hywel Dda University Health Board Apprentice Academy – the suite of apprenticeship qualifications delivered in partnership between services and local colleges. Administered by the Future Workforce Team.
Partion / Pwyllgorau a ymgynhorwyd ymlaen llaw : Parties / Committees consulted prior to Workforce & Organisational Development Sub-Committee:	

Effaith: (rhaid cwblhau)**Impact: (must be completed)****Ariannol / Gwerth am Arian:**

e.g. financial impact or capital requirements:

Financial / Service:	Initial work has been undertaken, but further work is required. The money to pay for the salary of the 40 apprentices for the first two years will come from the overseas nurses budget – code 1520. http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Ansawdd / Gofal Claf: Quality / Patient Care:	e.g. adverse quality and/or patient care outcomes/impacts: Discussions are currently taking place as to the definition of 'personal care' and the boundaries as to what an apprentice may or may not be able to carry out in within this placement. http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Gweithlu: Workforce:	e.g. adverse existing or future staffing impacts: This programme will impact on Workforce staff in the development and delivery in its duration. There is a need for additional resourcing potentially in mentoring, but also in administration of the programme. http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Risg: Risk:	e.g. risks identified and plans to mitigate risks: Risks have been identified and scored on the Risk Register (embedded). http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Cyfreithiol: Legal:	e.g. legal impacts or likelihood of legal challenge: As this programme involves the employment of apprentices, there are many legal impacts to be considered. The Head of Workforce East is a member of the steering group and leads on all legal issues involved. http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Enw Da: Reputational:	e.g. potential for political or media interest or public opposition: As this is a programme open to youth in our local population, there is anticipated to be media interest in its running. A member of the Communications team sits on the programme steering group and leads on the communication strategy. http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Gyfrinachedd: Privacy:	e.g. potential impact on individual's privacy rights or confidentiality and/or the potential for an information security risk due to the way in which information is being used/shared, etc: Discussions are currently taking place as to the definition of 'personal care' and the boundaries as to what an apprentice may or may not be able to carry out in within this placement. http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906

**Cydraddoldeb:
Equality:**

e.g. potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation – follow link below

- Has EqIA screening been undertaken? **Yes**
(if yes, please supply copy, if no please state reason)
- Has a full EqIA been undertaken? **Yes**
The EqIA has been carried out, and the document is currently being written up.

<http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906>

Evidence Number 18

3.2 Agree roles and responsibilities with other contributors to the activity.

A stakeholder analysis was carried out to ascertain who would need to be involved in the design, planning and implementation of the programme. This included the programme team, the operational team, internal and external stakeholders.

A Task and Finish Group was set up with purpose of designing the programme, whilst involving all the key stakeholders. I created a Terms of Reference document for the group, which included details on the specific members that were necessary for successful designing.

Stakeholder analysis – evidence number 19

ToR – evidence number 20

3.3 Identify organisational procedures and legislative requirements which underpin the activity.

Two of the key internal stakeholders that form part of the Task and Finish Group are the Interim Head of Resourcing and the Head of Learning & Development. These two are pivotal to help the team ensure that the relevant Workforce & OD policies are being followed. Also, as the apprentice roles are clinically-based with clinical legislation and national frameworks to be born in mind, therefore the Assistant Directors of Nursing and Therapies are included as part of the group to ensure all aspects of the programme were compliant, including the Safe Nurse staff (All Wales) Act and the National Framework of Skills and Careers for HCSWs.

Recruitment and Selection Policy – evidence number 21

Induction Policy – evidence number 22

Learning & Development Policy – evidence number 23

Nurse Safe Staffing (All Wales) Act – evidence number 24

National Framework – evidence number 25

3.4 Plan and prepare for agreed role, ensuring the availability of any materials or resources required.

Part of the design of the programme was to ascertain what roles and activities the apprentices would carry out on a day to day basis in their placements. It was vital to work with the service leads to gauge what would be appropriate to ask the apprentices to do when working in their own services. I arranged and led workshops with various key services managers across the three counties

attended to contribute to the discussions. Notes were taken and collated from all workshops, and job descriptions were written up. These draft job descriptions were taken to the Heads of Service, Assistant Directors and, finally the Directors of the relevant services for approval.

Workshop of placement managers – evidence number 26

Notes – evidence number 27

Email to service heads – evidence number 28

Job Description for placements – evidence number 29

3.5 Undertake agreed role in a timely and accurate manner, in line with organisational procedures and legislative requirements.

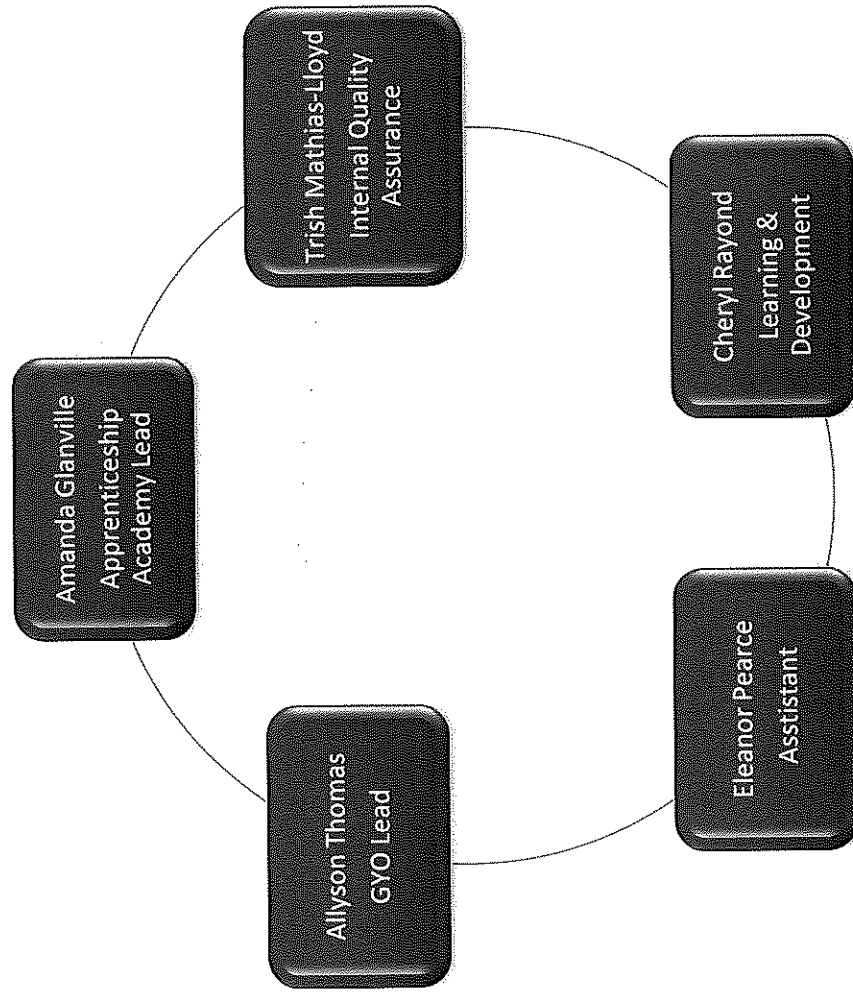
I drew up an overview timeline (mini GANTT) targeting specific phases of the development of the programme – design, delivery, communications and implementation. Following this I started a more detailed GANTT that was shared with team and updated every week following the Task and Finish Group meeting. Between the detailed GANTT chart and the regular meetings, we could ensure that all roles carried out relevant activities on time.

Brief GANTT chart – evidence number 30

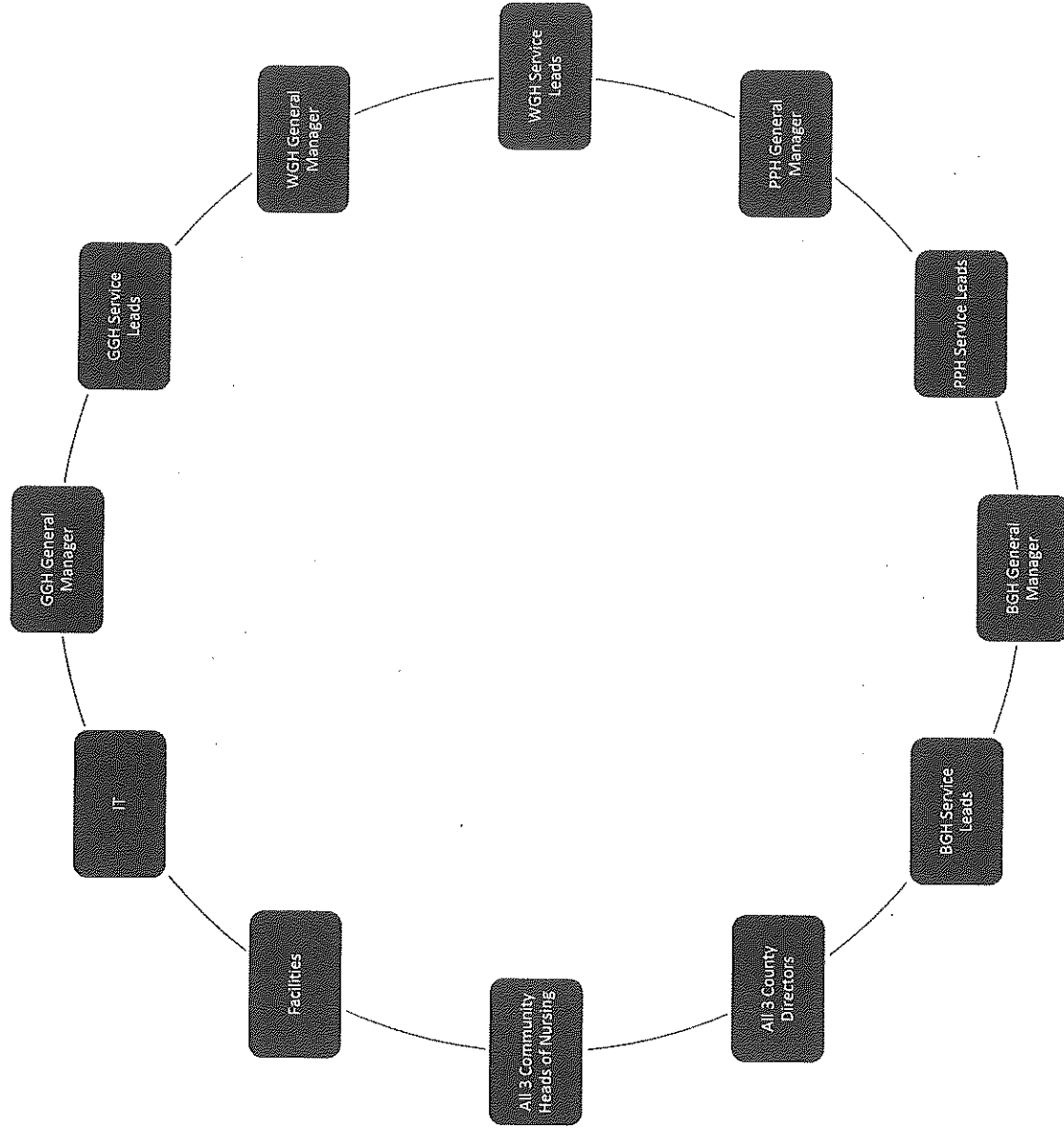
Detailed GANTT chart – evidence number 31

Appendix 3

Internal qualification stakeholders

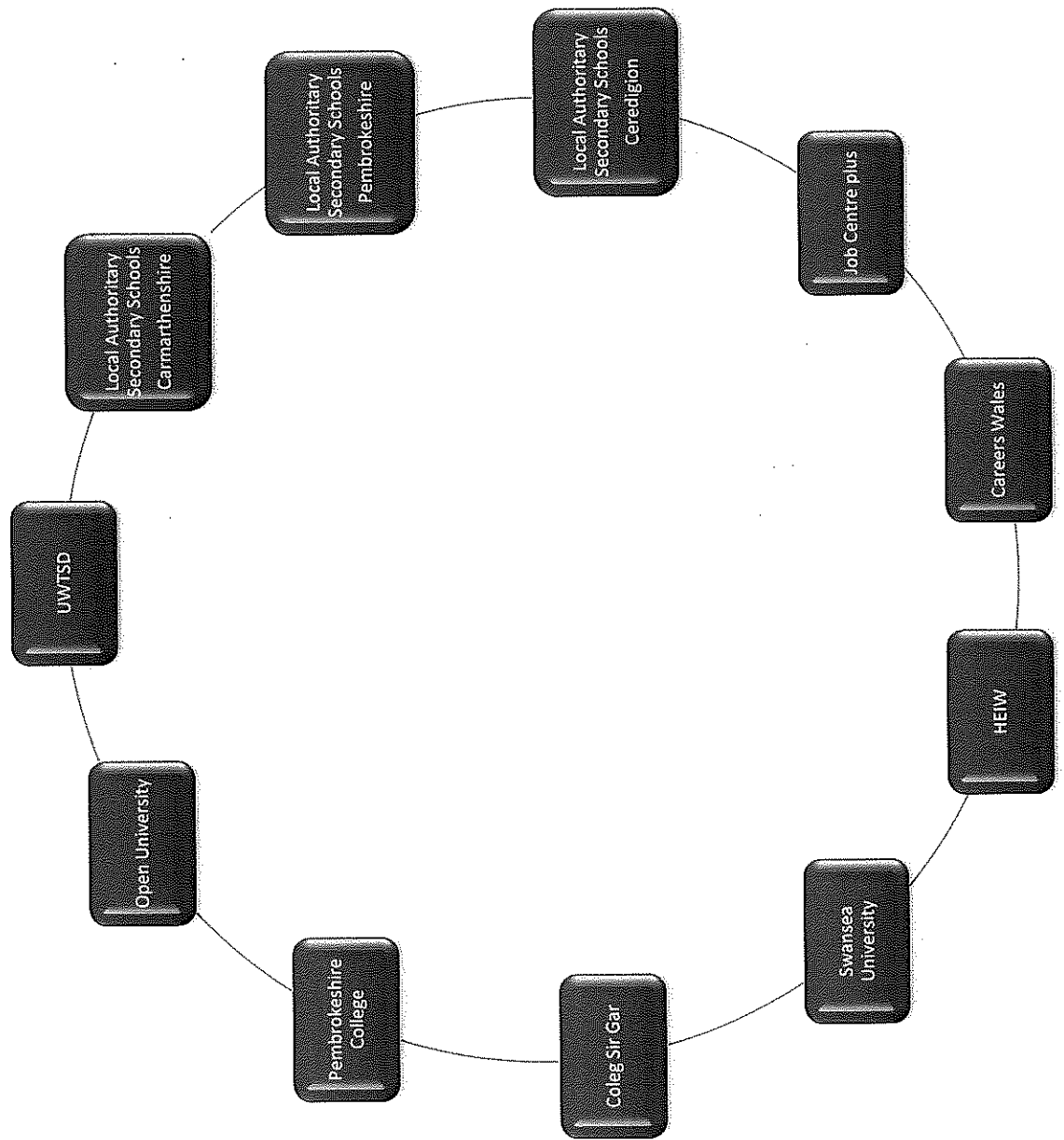


Appendix 4



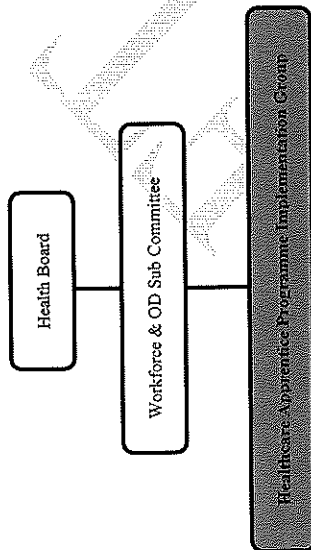
Appendix 5

External stakeholders





Healthcare Apprentice Programme



TERMS OF REFERENCE

Version	Issued for	Date	Comments
V.01	Healthcare Apprentice Programme Implementation Group	June 2019	
V.02			
V.03			

Purpose	
1.1	The Healthcare Apprentice Programme Implementation Group will operate as a task and finish group to ensure the implementation and evaluation of the programme is at a high quality for the development of nurses of the future across Hywel Dda University Health Board.
Aims & Objectives	
2.1	Aims: 2.1.1 Ensure all risks are taken into consideration and minimized. 2.1.2 Oversee communications and engagement for the programme. 2.1.3 Oversee the implementation of all elements of the programme 2.1.4 Oversee ongoing methods for governance and evaluation.
2.2	Objectives: 2.2.1 Ensure all defined "products" developed for the programme continue to be fit for purpose 2.2.2 Ensure overall programme design is implemented effectively by operational teams 2.2.3 Implement plan for recruitment and selection, including communication and marketing. 2.2.4 Oversee risks identified for the programme, assess impact and mitigate. 2.2.5 Implement plan for communications and engagement with internal staff, partners and local population. 2.2.6 Ensure all roles defined in the programme are clearly governed within the appropriate framework (i.e. EAGLE) 2.2.7 Finalise and establish governance mechanisms and evaluation processes for the programme.
Accountability & Responsibility	
3.1	The Healthcare Apprenticeship Programme Implementation Group will be accountable to the Workforce and Organisational Development sub-Committee.
3.2	The Governance for the Healthcare Apprenticeship Programme Implementation Group shall embed the Health Board's vision, standards, values, priorities and requirements through the conduct of its business.

Membership & Chair	
4.1	The membership of the Implementation Group shall comprise: Chair: Director of Workforce & OD (LG) Core Membership: Future Workforce Development Manager (SDo) Co-Vice Chair Senior Workforce Development Adviser (AG) Co-Vice Chair Assistant Director of Nursing (SDa) Head of Strategic Resourcing (SO) HCSW Development Manager (TML) Senior Nurse, Education & Learning (SH) Assistant Director of Therapies (WO)
4.2	The membership of the group will be reviewed on an ongoing basis
4.3	Additional members to be invited as and when it is appropriate to the prioritized workplan.
4.4	The group secretariat arrangements will be provided by Programme Support.
Frequency of Meetings	
5.1	The Chair of the Implementation Group shall determine the time and the place of meetings and procedures of such meetings.
5.2	Meetings will be bi-weekly during the recruitment process and then move to monthly.
Standing Items	
6.1	Recruitment & Communication
6.2	Placements
6.3	Governance & Risk
6.4	Training/Education
Agenda & Papers	
7.1	An agenda setting meeting will be held between the Chair, Vice Chairs, and Programme Support.
7.2	The agenda will be based around the implementation, progress and actions needed for the successful implementation of the Healthcare Apprenticeship Programme. Following approval, the agenda and timetable for papers will be circulated to all Implementation Group members.
7.3	All papers must be approved by the Director of Workforce & Organisational Development.

7.4	The agenda and papers for meetings will be distributed by the Programme Support within a reasonable timeline based on meeting schedule at least 2-3 days in advance of the meeting.
7.5	The minutes and action log will be circulated to members within 2-3 days of the following meeting to check the accuracy. The minutes must be an accurate record of the meeting which captures the discussions that take place.
7.6	Members must forward amendments prior to meeting or provide comments at the meeting. The group secretary will then update and forward the final version to the Chair for approval.
Quorum	
8.1	A quorum shall consist of no less than 50% and must include as a minimum the Chair or Vice Chair of the Group.
8.2	The Director of Workforce & Organisational Development shall chair the meeting. In their absence the co-vice chairs shall be requested to chair the meeting.
8.3	Additional members may be invited to contribute to specialised areas of discussion.
8.4	Any senior manager of the HB/partner organisation may be invited to attend when appropriate.
8.5	The Chairman of the HB reserves the right to attend any of the Programme Board's meetings as an ex officio member.
8.6	Should any member be unavailable to attend, they may nominate a deputy, with full voting rights to attend in their place, subject to the agreement of the Chair.
8.7	The Chair may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.
Review	
9.1	These terms of reference and operating arrangements shall be reviewed upon programme start.



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Hywel Dda
University Health Board

Recruitment & Retention Payment Protocol (All Wales)

Procedure Number:	572	Supersedes:		Classification		Employment	
Version No:	Date of Eq/A:	Approved by:		Date Approved:	Date made active:	Review Date:	
1		W&OD Committee Welsh Partnership Forum		18.5.2017 March 2017	11.4.2017	18/5/2020	

Brief Summary of Document:	This is to provide information, advice and guidance on the process for determining an RRP and the process for consulting on the proposed RRP prior to implementation.
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Scope	The policy is applicable to NHS Terms and Conditions of Service (AfC) posts where market pressures would otherwise prevent the Organisation from being able to recruit and retain staff in sufficient numbers (for the posts concerned) at the normal salary for the job.
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To be read in conjunction with:	
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Owning group	Workforce & OD Group – for approval 19.5.17 Welsh Partnership Forum – AW – March 2017
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HYWEL DDA UNIVERSITY HEALTH BOARD



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Hywel Dda
University Health Board

ORGANISATIONAL INDUCTION POLICY

Policy Number:	100	Supersedes:		Classification	Employment
Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V4	January 2013	W&OD Committee	17.5.2018	18.5.2018	18/05/2020

Brief Summary of Document:	Outlines a clear framework for Induction of new staff into the organisation
Scope:	This policy applies to all employees (medical and non-medical) of the Health Board in all locations, including, temporary employees and locums. Doctors in training will attend a separate induction programme, organised through the relevant Post Graduate Departments at the start of their rotations
To be read in conjunction with:	New starters welcome pack (one for each county) 225 Data Protection Act Policy 173 – Freedom of Information Act Policy

Owning Group	W&OD Group
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Executive Director:	Lisa Gostling	Job Title	Director of Workforce & Organisational Development
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University Health Board

Learning and Development Policy

Policy Number:	113	Supersedes:		Classification	Employment
Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V5		W&OD Sub Committee	17.5.2018	18.5.2018	18/05/2020

Brief Summary of Document:	Outlines the process and management of learning and development opportunities in relation to study leave
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Scope:	This policy applies to all employees excluding medical and dental staff who have their own study leave arrangements
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To be read in conjunction with:	443 - AW Pay Progression Policy Degree and Higher Award Policy 045 – PADR Policy 248 - Standards Of Behaviour Policy - Incorporating Declarations of Interests, Gifts, Hospitality and Sponsorship 203 – All Wales Capability Policy 201 – All Wales Disciplinary procedure 192 – Records Management Policy 225 – Data Protection Act Policy
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Owning Group	Workforce & OD Group
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Executive Director:	Lisa Gostling	Job Title	Director of Workforce & Organisational Development
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Llywodraeth Cymru
Welsh Government

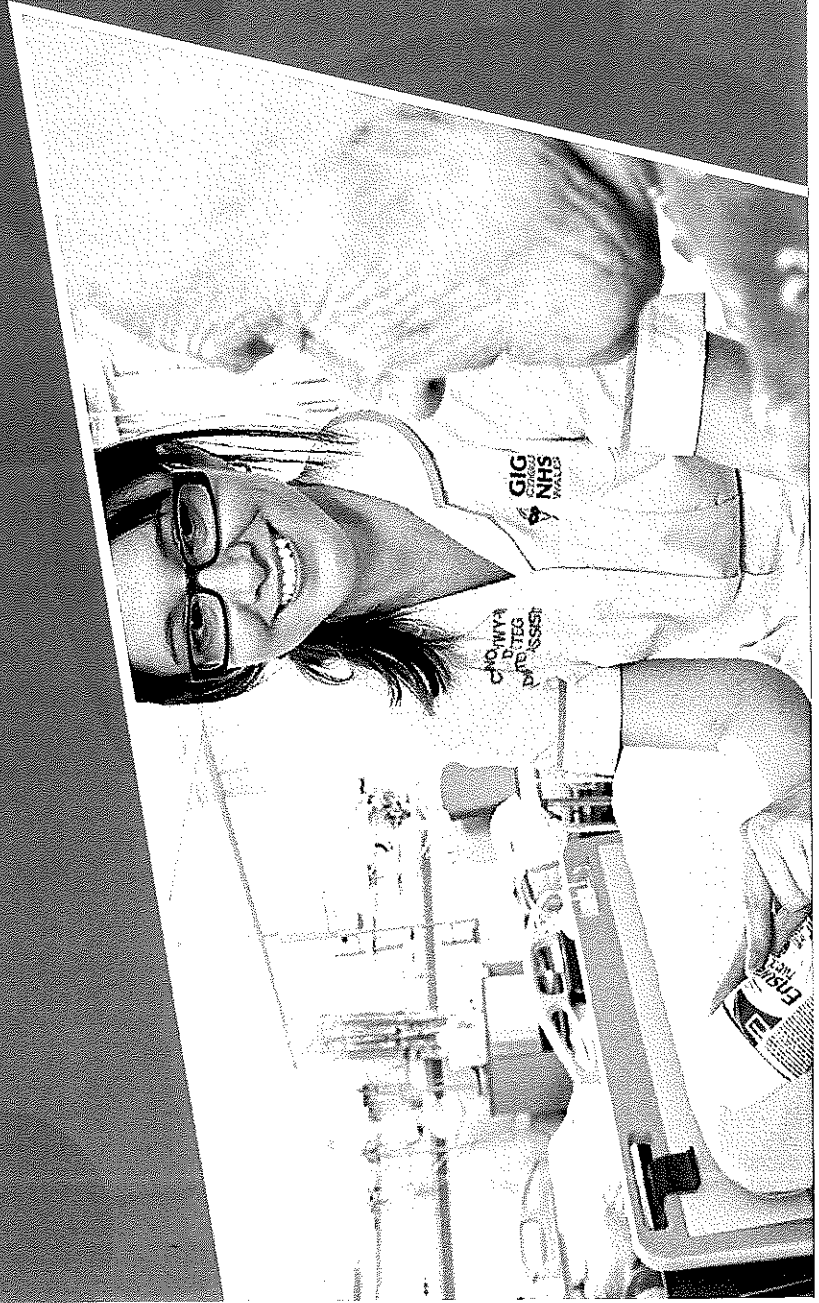
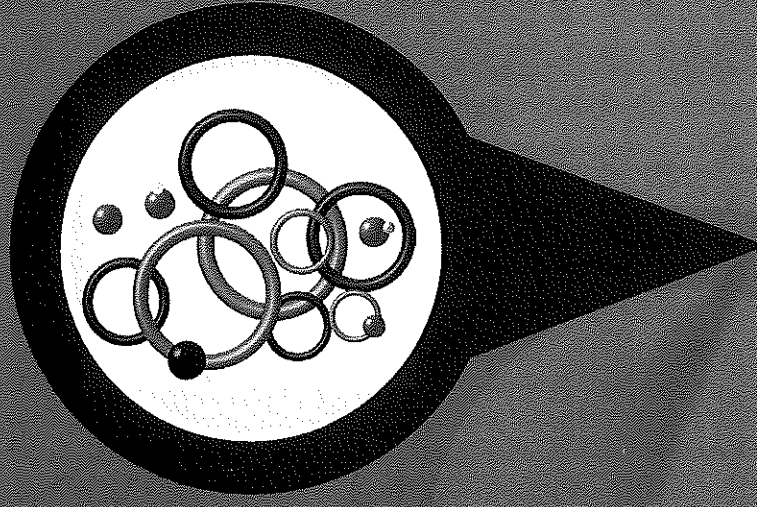


Nurse Staffing Levels (Wales) Act 2016

Statutory Guidance

Developing Excellence in Healthcare

An NHS Wales Skills and Career Framework for Healthcare Support Workers supporting Nursing and the Allied Health Professions



Partnriaeth
Cydwasaethau'r
Gwasanaethau'r Gweithlu, Addysg a Datblygu
Shared Services
Partnership
Workforce, Education and Development Services

BGM. 20/5/19.

Name	Department	role	Line manager	Supervisor	comments
Suzanne Crompton	Occupational Therapy	Clinical lead Occupational Therapist.	Kerrie Phipps ←		
ENTUS JAMES.	Podiatry	Cerebration Manager	Nicole Whitby.		
Claire Davies	USC	Hospital Services Manager	Hazel Davies/ Lew Cullum		
David Harrison	SNM	SNM	Dawn Jones		
Tracey Evans	Head of Community Nursing	Community	Tina Hawkes		
KAREN BARKER	~~SENATED~~ CARE	INTERIM HEAD OF NURSING	SPAH HIRE.		

WGH.

Name	Department	role	Line manager	Supervisor	comments
KELLY RONE	Pharmacy	CLINICAL LEAD PHARMACIST.	Dave Morgan.		
CAIRN Cueran	Physio	Clinical lead Tao Physiotherapist.	Sue Griffiths.		
Andrew Murray	Unscheduled Care	Clinical Lead Nurse	Carol Thomas.		
Gina twyer	USC	Senior Nurse Manager	Carol Thomas.		
Stephen John	Estates. BNC.	Ops manager	Robert		
Lynsey Stowell	Hotel facilities	Hotel facilities Supervisor	Jill Richards.		

WCH attendance list. placement meeting 13/5/19.

Name	Department	role	Line manager	Supervisor	comments
Simon Mansfield	WSC	SDM	Jenice Cole Williams.	11	
Jo Davies	CROU	Team leader	Jane Phillips.		
Helen George	Scheduled Care.	SNM.	Karen Baker. Diane Linaght		
Nicole Davies	Speech and Language therapy	Speech therapist	Alyson Thomas ~~Kellett~~		
Lorna Butler.	O.T	Occupational therapist.	Alice Sims. (Sharon Davies)		
Susan Phillips	OT	Occupational Therapist	Clare Smith (Sharon Davies)		

/ (un) Davis
 Estology
 Catering /
 Laundry
 org

R. Elliott

Healthcare Apprentice Facilities Placement Duties

One day at college, four days a week at placement:

One day will be spent in the Kitchen: — Assistant Manager - Richard Daniel.

↓
Kitchen Team Leaders

- Learning about how the kitchen works
- How they cater for dietary needs
- Awareness of the All Wales Menu
- Understanding waste
- Understanding the roles involved in producing patient meals
- Plating up in the Kitchen

Three days, which include the following: — Assistant Manager - David Lewis.

↓
Hotel Services Supervisors.

- Change water jugs regularly
- Patients menu order
- Tea Trolley
- Cleaning of ward areas
- Deep cleaning
- Patient feedback project
- Plating up on ward and giving out meals
- Understanding the importance of reporting of patient food not being eaten

Plating up of food is done on the wards at GGH & PPH. In BGH and WGH, food is plated up centrally in the kitchen.

— Porterage duties could be added.

Healthcare Apprentice Healthcare Placement Duties

One day at college, four days a week at placement

Delegation is the responsibility of the Registrant

- Meet and greet new patients and their families to the ward. ✓
- Orientate new patients to ward facilities. ✓
- Support hygiene activity for patients: cleaning teeth/brushing hair ✓
- Prepare wash bowl for individuals that need minimum support. ✓
- Walk patients to the bathroom. X
- Support activity for equipment and resources in a ward area eg assisting supervisor with setting up a dressing. ✓
- Make beds. ✓
- Prepare bed areas for new admissions. ✓
- Clear bed area post discharge. ✓
- Stocking up, putting away stock ✓
- Getting equipment ready/clearing away equipment ✓
- Help keep ward tidy. ✓
- Preparation of tea tray for distressed relatives. ✓
- Assist with food and drinks, cutting up food, filling jug/glasses, opening packets (no feeding patients). ✓
- Patient mouth care. ✓
- Patients menu order ✓
- Disposal of body fluids (no documentation) X
- Transfer patients to the discharge lounge with *Porter only.*
- Escort patients to XRay if they have no infusion or other medical devices. *? bed.*
- Collect medication ✓ *& face requests.*
- Answer phone ✓
- No intimate personal care. ✓
- No documentation ✓
- Not to administer last offices. (Could spend time with the Bereavement Officer to understand what happens after an individual has passed away in terms of how bereavement support is offered and possibly paper work completed). ✓
- *Taking samples to path lab.*
- *Patient activities on the ward.*

Healthcare Apprentice Occupational Therapy Placement Duties

- Compiling case notes for acute and community teams.
- Answering phone calls and taking messages.
- Supporting training – Getting resources and equipment ready.
- Support therapy programmes written by therapists – conversation practice and interaction with patients, picture matching, reading newspaper, puzzles, Connect 4, IPAD
- Sending out letter and information to patients and families.
- Support with group work eg hand group, stroke groups. Preparing room and beginning and end of sessions. Welcoming and talking to patients, helping with refreshments, supporting activities as directed by therapists or support worker.
- Support therapist with individual treatment sessions, observing, talking to patients, fetching/holding equipment, information packs.
- Shadow community team on community visits – helping to load/unload and carry equipment and accompany therapists into patients home.
- Accompanying patients to and from appointments eg transporting or accompanying patient in wheelchair or working with patients.
- Observing activities of daily living assessments and practice including ~~washing and dressing~~ kitchen tasks, Grooming.
- Organising eqipt. store - stock take
- Transferring pts from ward to therapy room + ?
- Attending mtg's, Board rounds ?
- Support running of ~~various~~ clinics
Joint protection programmes ?
- ~~organising~~ therapy areas, before / after interventions / groups

Healthcare Apprentice Physiotherapy Placement Duties

- Compiling case notes for acute + community teams.
- Answering phone call + taking message
- Supporting training - getting resources + equipment
- Support therapy programmes written by therapists + with supervision
 - ↳ Simple bed, standing + chair exercises
 - ↳ Mobilising patients with appropriate aids who are not assessed as low by Physios
 - ↳ A nursing/Physios sit to stand + mobilising patients who are not observing ~~relatives~~
- Sending out letter + information to patients.
- Supporting group work - getting welcoming patients, preparing equipment + setting up room, support activities as directed, providing refreshments as needed, packing away, cleaning up
- Individual treatment sessions support
 - ↳ Observing, delivering exercises, info packs,
 - ↳ Observing complex ~~rehabilitate~~ rehabilitation + participating in delivery under close supervision from qualified
- Accompanying pts to + from appts eg. transporting or accompanying pts to treatment sessions.
- Observing variety of meetings - Board rounds, MDT's, training sessions specific to Physio, ward rounds.
- Stock taking of equipment.
- Inputting of clinical data into audit sheets.

Healthcare Apprentice Facilities Placement Duties

One day at college, four days a week at placement:

One day will be spent in the Kitchen:

• *front of house*

- Learning about how the kitchen works
- How they cater for dietary needs
- Awareness of the All Wales Menu
- Understanding waste
- Understanding the roles involved in producing patient meals
- Plating up in the Kitchen

*Tracey Evans
Specialist Services Assistant
Manager - Cefneng PPH.
Tracey.evans 241884
@wales.nhs.uk.*

Three days, which include the following:

- Change water jugs regularly
- Patients menu order
- Tea Trolley
- Cleaning of ward areas
- Deep cleaning
- Patient feedback project
- Plating up on ward and giving out meals
- Understanding the importance of reporting of patient food not being eaten

*- 7-3. Susan Davies
Soft Fm Assistant Manager
PPH.
susan.davies16af2e@wales.nhs
.uk.*

Plating up of food is done on the wards at GGH & PPH. In BGH and WGH, food is plated up centrally in the kitchen.

Requirement

Food Safety Level 2 training

Admin Role.Healthcare Apprentice Administration Placement Duties

Reception Duties. - First point of contact

Meet & greet visitors / patients

Answer telephone & direct calls appropriately

Book, alter and cancel appointments

Collect medical notes, print off clinic lists.

liaise with clinical staff and other health professionals

Support medical secretaries

Filing

Process incoming and outgoing correspondence

Healthcare Apprentice Podiatry Placement Duties

- Meet and Greet patients
- Remove shoes and socks
- Assist in open access /Foot at Risk clinics with dressings for patients
- Assist Nail Surgery
- Input patient details on computer
- Orthotic Lab work , computer and simple manufacturing
- Clinics ; checking and ordering stock
- Setting up, clearing up between patients
- Learn Aseptic techniques
- Support Empowering Patient programme / Health Education
- Assist Orthotist
- Learn Footcare (cutting of simple nails) and Health promotion to patients.
- Filing, answering phone
- Domiciliary visits with podiatrists/chaperone

Healthcare Apprentice Occupational Therapy Placement Duties

- Compiling case notes for acute and community teams
- Answering phone and taking messages
- Supporting training - getting resources and equipment ready
- Support therapy programmes written by therapists - conversation practice and interaction with patients, picture matching, reading newspaper, puzzles, connect 4,
- Send out letter and information to patients and families
- Support with group work eg hand group, stroke groups. Preparing room and beginning & end of sessions. Welcoming & talking to patients, helping with refreshments, supporting activities as directed by therapists or support workers.
- Support therapist with individual treatment sessions, observing, talking to patients, fetching / holding equipment, information packs.
- Shadow community team on community visits - helping to load / unload and carry equipment & accompany therapists into patients home.
- Accompanying patients to and from appointments ie Transporting or accompanying patient in wheelchair or walking with patients.
- Observing activities of daily living assessments and practice including washing and dressing, kitchen tasks.

Healthcare Apprentice Speech & Language Placement Duties

- Compiling case notes for acute and community teams
- Producing communication books for patients
- Supporting training – Getting resources and equipment ready
- Support Acute Therapy Team on the Wards by thickening drinks/getting food ready for swallowing assessments
- Carry out therapy programmes written by therapists – conversation practice and interaction with patients, picture matching, reading newspapers, puzzles, connect 4,
- Sending out mail shots e.g. sending information to nursing homes relating to training
- Support with group work e.g. Parkinson's Disease groups – as part of the 8 weeks MDT programme, helping a practitioner – demonstrating and supporting.
- Shadow community team on visits – eg Nursing homes – and supporting

Shelley Dony (Hywel Dda UHB - Future Workforce Development Manager)

From: Claire Sims (Hywel Dda UHB - Head of Occupational Therapy)
Sent: 03 July 2019 22:56
To: Shelley Dony (Hywel Dda UHB - Future Workforce Development Manager); Alison Shakeshaft (Hywel Dda UHB - Executive Director Of Therapies & Health Science); Helen Annandale (Hywel Dda UHB - Head of Physiotherapy- Carms Therapy Lead); Karen Thomas (Hywel Dda UHB - Joint Head of Dietetics / Ceredigion Therapy Representative); Philippa Large (Hywel Dda UHB - Interim Head of Speech and Language Therapy)
Subject: RE: Healthcare Apprentice Programme - Scope of Practice
Attachments: Healthcare Apprentice Occupational Therapy Placement Duties.docx

Thanks

Have amended slightly. Happy to sign off attached for occupational therapy. Assume we can review and update once programme is running as suspect we will learn and adapt as we go along.

Claire

From: Shelley Dony (Hywel Dda UHB - Future Workforce Development Manager)
Sent: 03 July 2019 11:28
To: Alison Shakeshaft (Hywel Dda UHB - Executive Director Of Therapies & Health Science); Helen Annandale (Hywel Dda UHB - Head of Physiotherapy- Carms Therapy Lead); Claire Sims (Hywel Dda UHB - Head of Occupational Therapy); Karen Thomas (Hywel Dda UHB - Joint Head of Dietetics / Ceredigion Therapy Representative); Philippa Large (Hywel Dda UHB - Interim Head of Speech and Language Therapy)
Subject: Healthcare Apprentice Programme - Scope of Practice
Importance: High

Good morning all,

We have collated all the information from the managers within your services that attended our placement meetings recently and have drawn up scopes of practice based on the activities they suggested.

Please can you take a look at what has been included on the documents attached and, if you are happy with them, could you please sign them off for us to take forward. If you have issues with any of them, it is not a problem for us to take activities off.

Regards
 Shelley

Shelley Dony

Rheolwr Datblygu Gweithlu i'r Dyfodol
 Adran Gweithlu
 Hafan Derwen
 Parc Dewi Sant
 Tre Ioan
 Caerfyrddin
 SA31 3BB

Future Workforce Development Manager
 Workforce Department
 Hafan Derwen
 St. David's Park
 Johnstown
 Carmarthen
 SA31 3BB

Rhif Tel: 01267 239862 (ext 4862)



Ysgrifennwch ataf yn Gymraeg neu Saesneg
Please write to me in Welsh or English

Edrychwch allan am yr hashnodau isod am wybodaeth ar rai o fentrau'r gweithlu i'r dyfodol y mae'r Bwrdd Iechyd wedi'u datblygu:

Keep an eye out for the hashtags below on social media for information on some of the HB's future workforce initiatives:

#GYON #growyourownnurses #destinationnhs #hywelddacelebration #apprenticeacademy #HywelDdaHAP



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For office use only

CAJE REFERENCE **HD2019/0063**

DATE APPROVED **10/04/2019**

JOB DESCRIPTION

JOB DETAILS

Job Title: Healthcare Apprentice

Pay: Apprentice rate during initial training whilst gaining the appropriate level of knowledge and skills
Annex 21 of band 2 upon offer of a HB contract

Directorate: Health Board Wide

Department: Health Board Wide

ORGANISATIONAL ARRANGEMENTS

Managerial Accountable to: Relevant Manager in the area of placement

Reports to: Relevant Supervisor in the area of placement

Professionally Responsible to: Director of Nursing

Responsible For: N/A

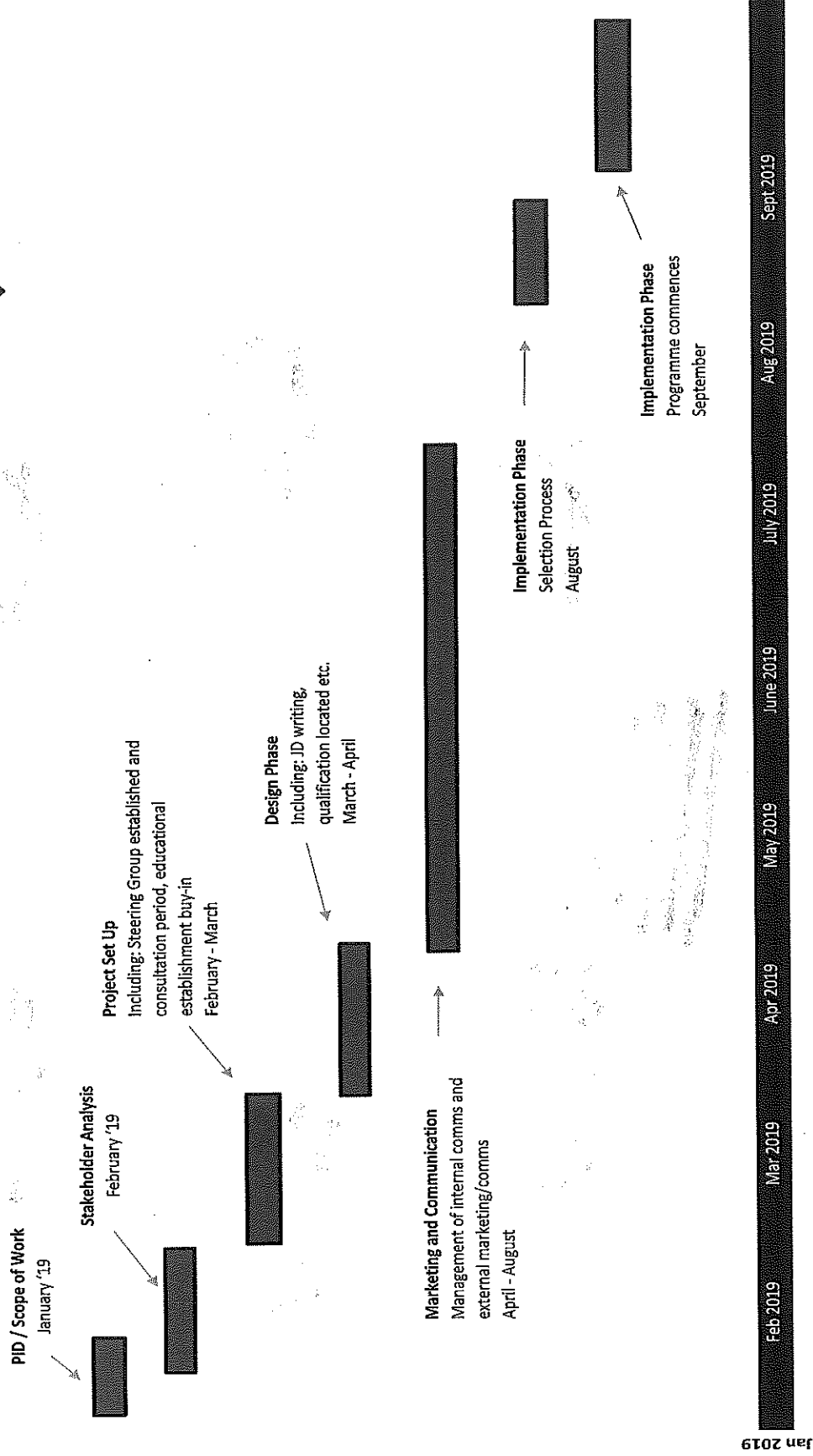
Organisation chart:

This job description describes an overview of the role that the apprentice will be working in during the training period. Specific requirements of the role and the academic learning are set out as in appendix 1 – 5.

Supervision and support will be provided during tasks, supporting the apprentice to safely gain experience and confidence, and to successfully complete the training programme.

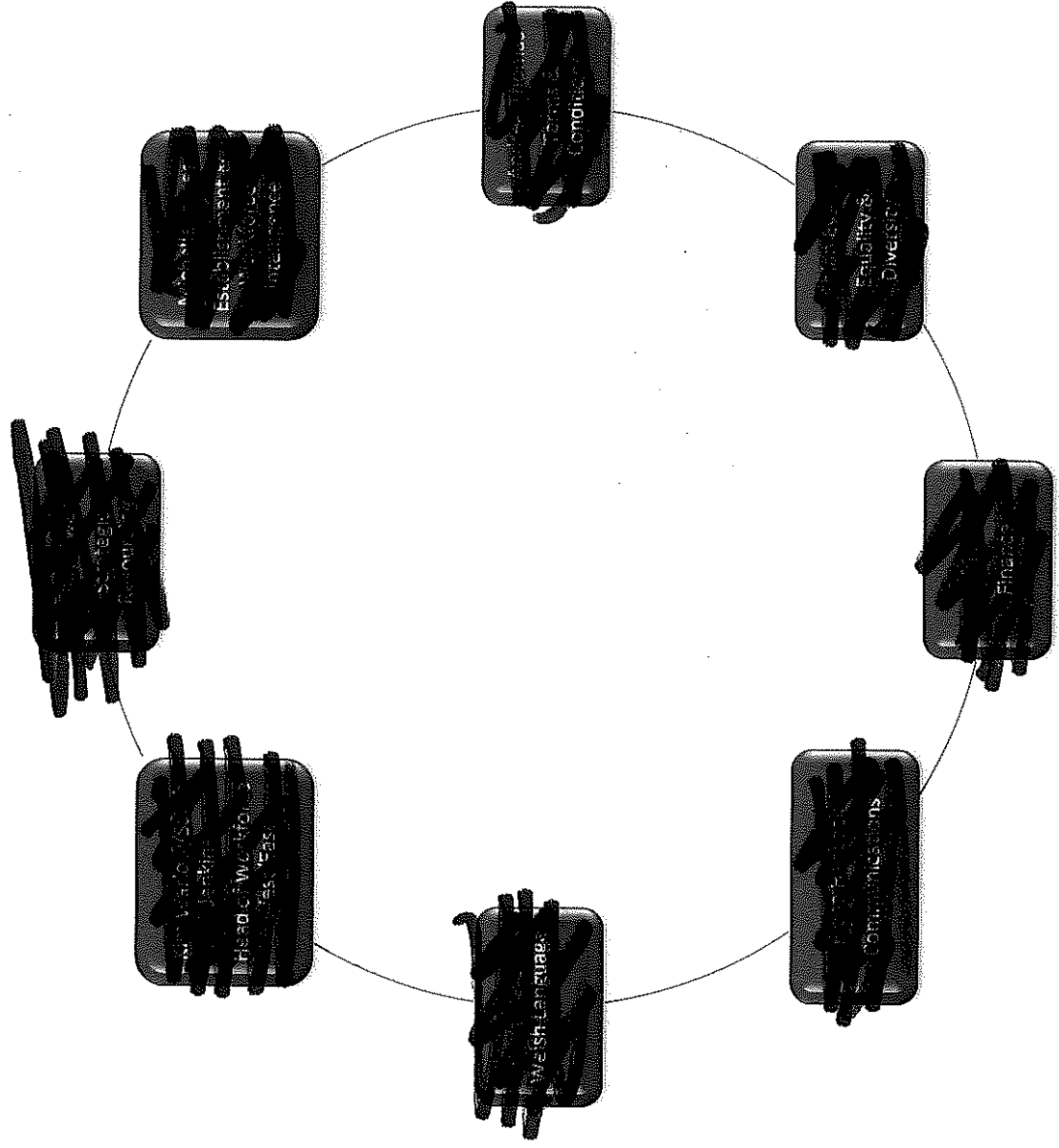
Appendix 1

Made in Hywel Dda - Timeline



Appendix 2

Steering Group



Evidence Number 32
Witness Testimony (TW)

To whom it may concern:

As Shelley's line manager throughout her time developing programmes to "grow our own" talent within Hywel Dda University Health Board I have been impressed by Shelley's commitment to individual mentorship and wider projects. These projects have covered: Destination NHS, Apprentice Academy and Healthcare Support Workers programmes.

As part of the Healthcare Apprentice programme, Shelley took a lead role in developing and managing the programme; looking at all aspects of the work i.e. scope, plan, risk assessment and implementation. Her commitment to the programme and supporting individual apprentices. Happy to provide detail if required.

Kind regards Tracy

Tracy Walmsley
Senior Workforce Development Manager / Uwch reolwr datblygu gweithluHywel Dda
University Health Board / Bwrdd Iechyd Prifysgol Hywel Dda
Hafan Derwen St Davids Park / Parc Dewi Sant
Carmarthen / Caerfyrddin
SA31 3BB

Evidence Number 33

3.6 Reflect on the effectiveness of the resourcing activity in meeting required objectives and report back to stakeholders.

One of the Implementation Meetings was focused on evaluating the process and roles so far. The meeting consisted of the chair, the programme leads, and all key internal stakeholders. Each person in the meeting had feedback to provide from their service area teams. The agenda was provided beforehand, so they all had the opportunity to collate and bring to the meeting. Feedback was also sought from apprentice applicants and family members who attended the various information events, assessment days and feedback days. This was also fed back to the internal and external stakeholders.

Minutes from meeting (evaluation) – evidence number 34

Feedback sheet – evidence number 35

Healthcare Apprentice Implementation Group

Monday 30th September 2019, 4.00pm – 5.00pm

Board Room, Ystwyth Building

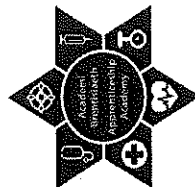
MINUTES

PRESENT

Lisa Gosling, Director of Workforce & OD
Amanda Glanville, Future Workforce Advisor
Shelley Dony, Future Workforce Development Manager
Sally Owen, Head of Strategic Resourcing
Sally Hore, Senior Nurse, Education & Learning

IN ATTENDANCE

Gaynor Bowen, Project Support



Item No	Agenda Item
1.	Apologies for Absence & Welcome Apologies were received from: Sharon Daniel, Assistant Director of Nursing Will Oliver, Assistant Director of Therapies Trish Mathias-Lloyd, HCSW Development Manager Welcome LG welcomed all to the meeting. Minutes and Actions of the last Meeting <i>Minutes</i> Due to the length of time since the last meeting the minutes were approved as an accurate reflection of the meeting held on 24th June 2019. Table of Actions SDo said that the TOA had been updated accordingly for this meeting. Draft ToR's/ Risk Register SDo had not received any additional risks for adding to the TOR's. LG asked for the Risk Register to be updated as some will now have closed and recirculate to the group again. Now that the Apprentices are in post there will be new risks associated with this. Suggestions were given as follows: Safeguarding; Wellbeing; Exposure to things whilst in placement; Communication issues. LG asked for updated TOR's to be brought to the next meeting. Health & Wellbeing AG informed the group that she has set up contact log to keep a record of how they are getting on, monthly 1-1's, placement contact. There have been
2.	SDo
3.	SDo

	some teething problems with them not looking at their Outlook calendars so to avoid missing appointments etc so they are sent on the Facebook group as well. There has been 1 referral to Occupational Health in relation to safeguarding. LG suggested a slot in resilience to be included at some point and to be included in future Induction programmes for each site. SH added that the Action Learning Sets will help with the exposure they may experience.	AG
4.	Establishing Processes AG said that clear processes/guidelines need to be established for when problems arise which will need to include sickness etc. LG said that we may also need to develop a pack/guide for younger Apprentices and their parents. It was agreed to call the packs 'Apprentice Information Pack' and 'Guide for Parents/Guardians'.	AG
5.	Qualifications/Induction This item is to be kept as a standard agenda item to discuss how they are doing. The Colleges have emailed to say how in depth our Induction was which has meant that they have already covered some of their Personal Development qualification as part of their framework.	GB
6.	Placements AG sending lots of emails out to mentors. Surprised at how many were not aware. The response from BGH has been poor. AG had phoned contacts to ensure all arrangements were in place. AG said that they were all enjoying apart from 2 admin placements in the Diabetic Centre that were having a completely different level of experience and SDo would be following this up once the manager returned from leave. AG to record all feedback to share with services. SH said that there had been a few questions regarding chaperoning and thought that it would be best to set up examples of what is acceptable. SH will draft guidelines and share with Senior Nurses for comments before circulating wider. After their initial 2 years they will be able to fulfil the full elements of chaperoning. For clarity this will also cover recording in different types of notes too. A query regarding the hours of work had been raised by Outpatients in that they would like their Apprentice to work longer days over a shorter week and have asked if they could use their discretion. We need to be clear about what we are saying and ensure that the 7.5hr day rule is followed.	SDo AG SH
7.	Finance Apart from 1 error this has now been sorted LG informed the group. LG also said that she had submitted an Invest to Save application to Welsh Government for help covering the salaries.	
8.	Evaluation – Recruitment Processes, Campaigns/Comms, Induction & Uniforms LG felt that to evaluate the processes it would be better to go through stage by stage. Resourcing SO said that from a recruitment point of view the timelines were tight. It would be better if next time they fitted in with GCSE's which would give more time for the pre-employment checks. The advertising and marketing strategy would ideally be better starting in January. Targeting the College's Open Evenings and having the current Apprentices in attendance would be of benefit.	

AG suggested that we might of been too late sending out our offer letters and that we should fail in line with other organisations and send at the same time.

SO said that if they were to be sent out earlier then it would mean having the events out of hours eg weekends/evenings. SDo felt the event held in Pembrokeshire on the Saturday had a nice atmosphere to it. SO added that this was a duel event which was the difference. LG felt that one of the weeks we were feeding back and also interviewing which didn't sit right and felt rushed. SO thought that this could possibly happen again even if they were held earlier in the year. Maybe try February or March instead and ensure the assessment and interview dates are plotted in at the same time. SO also felt that having the Apprentices involved in the events would be beneficial. It would also be nice to have parents involved. Very little support from schools to advertise the programme and most of the Apprentices saw it via Facebook and other social media sites. LG said that in Ceredigion there was definitely a lack of support from the schools there. We need to find a way that applicants understand expectations of application form in terms of questions.

Assessment Days

AG said that she was pleased with how these went. The feedback has been positive although the buy-in from services was challenging at times. It was difficult having events close together and to ensure there was consistency between the people interviewing or assessing. For future AG said that she would prefer to select who participates. SH said that having smaller, niche groups would be better. AG said it's finding parity between people and at the most recent apprentice interviews explained to interviewers what to mark/expect against each point. GB said that some of the interviews didn't allow much time to write up and AG added that future interviews have been looked at to provide more time.

LG raised the issue of those that declared disabilities on the day and this in a particular circumstance as panels weren't aware of it had an impact on their scoring. LG also felt with how a couple of them were collated that she lost knowing the person overall. AG said that at the Patient Experience assessment day she had a board with 'My name is...' and took photos (with their permission) to display. AG also suggested having an overall suitability score eg what would a 10 look like.

Feedback Days

It was felt that more time was needed to prepare for the feedback days. Seemed to be a rush the night before and everyone agreed that they were lucky with the amount of feedback they were given.

SO felt that the structure of the days were good, even for those who were unsuccessful. For those who were in pairs feedback had been received that they initially thought they were unsuccessful and the extra person was there to console. LG said that for future it would be best to explain why pairs and this would not be a reflection on the outcome. AG said that making the commitment to work experience etc and following this up has been difficult. It was also felt that the work experience application form should have been available on the day or a pack with the application form included to be handed out.

Staff engagement was poor and minimal from Senior Nurses. LG noted that the Senior Nurse at BGH was not at the celebration event last week.

It had been noted that comments had been made by staff directly to the Apprentices about them working for £3.90 when they could have a HCSW role on full pay. SDo said that more engagement needs to be done at all levels. Some thought also needs to be given to existing HCSW's and opportunities available to them. As a result of this programme there are now 37 HCSW's waiting to do their Level 2 in Carmarthenshire. LG suggested a commms about supporting existing HCSW and contact us for further information.

LG said that the event at Pembrokeshire College there was quite a distance between rooms which wasted time. It was agreed that the College had been unhelpful in ensuring suitable rooms were available on the day.

Start Dates

LG asked the group if the staggered starts dates worked? SDo felt that it would have been better if GGH and PPH apprentices had been staggered and AG agreed with this.

Discussion was had regarding the timetable for the Induction and it had become apparent that a waiting list for new starters has now built up. LG asked if Cheryl had been to earlier meetings and this was confirmed. There was confusion and miscommunication around venues. LG said that alternative venues should have been sourced. SDo and AG did induction and the impact was caused by availability of rooms, more than staffing.

AG said that she had asked the Apprentices for feedback and has got a list of 'What went well' and 'What didn't go well' to review. AG suggested a different format for future. AG also felt that as the trainers were specialists in their field and not 'Trainers' they may have struggled to keep the Apprentices attention. SH said that having a brief 'Introduction to Professionalism' may help future intakes with a shorter Induction and ongoing training.

Video Process

LG asked SO if there were any more videos from AMP as she had not seen any individual ones. SO explained that there had been 4 individual interviews and it was necessary to pick the ones that would convey the best message. These were selected carefully and included males, and considered age etc. LG said that it would be nice to map their journey and what it means to them. Already got photos from when they started and could show the transformation through to Christmas and onwards. SO said that this would be discussed with SDo and AG. AG informed the group that the Apprentices had already said they would like to have contact with W&OD every 6 months and it may be the opportunity to video a 30s clip for marketing purposes. LG said that we need to ensure that those that are confident are used for external purposes.

Attending the Skills Cymru events would be beneficial AG added as it is informal. SDo said we need to encourage the Welsh speakers to do more. In addition with the number of Welsh speakers it was disappointing that none of the Assessments Days were requested through the medium of Welsh.

To date 3 have been withdrawn before starting and 1 after starting.

LG said that she had noticed at the Celebration Events that Pembrokeshire Apprentices are not wearing uniform trousers and that by the time they start their placement they will need to. AG said that by tomorrow they will all have

	the correct trousers. AG raised concerns that there was not much team building, this needs to be an integral part of induction going forward. There has been a delay with the name badges as Jeanette Jones had had trouble gaining authorisation via Oracle. GB to raise order. Uniforms had been an issue with the ordering of sizes and not been given the correct procedure for ordering or samples for the Apprentices to try. There is now a number of trousers left with the team and Laundry are refusing to accept returns. LG suggested that they email Joan and explain the situation and inform them they will be returned. LG was happy for this email to be sent in her name.	GB
	It was agreed that supplying the Apprentices with an additional polo shirt was better so that they would have rotation of clean clothes. AG currently waiting on confirmation of sizes from the Apprentices to order extra in.	AG
9.	Apprentice Initiatives – Information & Sign-off The most recent Assessment Day has been for the Patient Experience position which was very good. AG said that she had learnt lessons from it. LG said that for future campaigns the process should be managed by the Apprentice Academy Team with the manager for the service/department part of it. AG said that it was frustrating not being able to see information on Trac and was unable to plan properly due to this. SDO said that we need to achieve parity across processes and LG added that for DBS we consistency. SO felt that for future campaigns smaller groups would be far easier to manage. AG asked what colour the Patient Experience Apprentices should wear and it was agreed that they will wear peacock as this is the Apprentice uniform. The ToRs were added to the agenda as now the project has moved along they need to be developed. LG felt that they should now become generic to suit any discipline that recruits under the Apprentice Academy umbrella. This group would need to continue and maintain an overarching log of programmes. A process for sign-off also needs to be developed.	
10.	Any Other Business SO asked if there would be another campaign next year and LG confirmed that there would be as HEIW have committed plus Finance have said they are double-running costs. This maybe the opportunity to open up to Therapies or areas where extra support is required.	
11.	Next meeting date: Monday 16th October 2019 at 11.00am in the Board Room, Ystwyth Building, Hafan Derwen.	

I just wanted to drop you an email following our recent conversation in the Ceredigion apprentice open day. I've been really motivated by all the talks and presentations had have definitely come to the conclusion that Nursing is where I would like to be! I'm currently in the process of completing the application for the scheme. Although the apprentice route really appeals to me, I am aware that there is only a certain amount of spaces and that not everyone will be successful. Therefore as previously discussed with you at the end of the open day, if I am one of the unlucky ones this time around, would you be happy to advise me on other possible paths into healthcare and nursing? Are there any other routes of working whilst gaining qualifications etc?

Once again, many thanks for all the help and excellent advice that was provided on Thursday, it really was a great help in concretising my decision!

I just wanted to let you know how amazing it has been to work with you and to have been involved, albeit in a small way, in this exceptional venture. Having been involved from the inception, seeing the successful applicants today was so moving. I am not easily brought to tears in the workplace so today was an exception but in a very good way. You and your team must be so proud of bringing your idea to fruition - it really is changing lives. There is so much more to come and this is just the first step to what is going to be an incredible journey for those 10 ecstatic young people. And it's not just the successful candidates that you have supported, the way in which the whole process has been handled has been professional, empathetic and very supportive. As I mentioned to you earlier, 4 of the 10 unsuccessful candidates have opted to apply for courses at Coleg Ceredigion and we have already received some completed application forms. It's been a pleasure to be a part of your journey and to witness your infectious enthusiasm and passion first hand.

I'd just like to say that I thoroughly enjoyed last week and would like to thank you all for making it such a relaxed, informative day. Interviews on the whole can be quite daunting, but the whole structure of the day was brilliant! I for one appreciated the warmth and friendliness of your team and the humour you brought with it as it worked wonders at keeping my nerves at bay! Thank you again and I will see you Friday, hope you've had the chance to enjoy the weather today.

I may not have got in, but I now know I really want to be a nurse. I will be doing my Access to Nursing and I will see you in a few years!

Thank you for the feedback today, I'm really excited to be offered work experience even though I didn't get it. This still gives me a chance to have my dream

The Assessment say was BRILLIANT, thank you!

I just wanted to say a huge thank you (again) for accepting me as an Apprentice. Never in my wildest dreams did I think that I was going to get a 'yes!' It's still not completely sunk in, however you'll be pleased to know that I was all cried out by the time I left you guys on Friday (thank god!) ...but have been smiling ever since!!! I cannot wait to grab this opportunity with both hands and get started. Over the moon that I'm going to be part of the Hywel Dda family!!

Thanks again for believing in me!

Absolutely loved the assessment day, it was unlike any interview I've been to and allowed us to relax enough to show you the real us, as opposed to us being nervous wrecks. Thank you for organising such a great day!

I just wanted to drop a quick email to say Thank You to you and all the Hywel Dda staff who have been involved with the apprenticeship process. I feel so lucky to have had the chance to be a part of it. The time, good advice and information provided, the insight into different health care staff experiences and the tips on completing applications etc has been invaluable to me. Everyone has been so very kind, friendly, approachable and helpful, I really do appreciate it.

The information day, I really feel that a nursing career is something for me. It gave so much information and great insight into a nursing career.

I'm going to have to calm down. Every time I talk about it I get that excited I go light headed; I can't breathe because I can't stop talking about it, and I have a headache because I haven't stopped smiling!!

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