Qualification: CIPD Diploma in Applied Human Resources

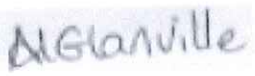
Module Name: 5ARTP Contributing to Resource and Talent Planning in the Organisation

Student Name: Amanda Glanville

Student Number: 1810229

CIPD Membership Number: 53072713

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: 

Date: 06th June 2020

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CIPD Candidate Evidence

Candidate name: Amanda Glanville				CIPD Membership/registration No.: 53072713		
Qualification title: CIPD Diploma in Applied Human Resources				Unique Learner No. (ULN):		
Unit code	**Unit title**	**Assessment criteria no.**	**Evidence description**	**Evidence Number**	**Assessor initials**	**I/V initials if sampled**
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Qualification title: CIPD Diploma in Applied Human Resources				Unique Learner No. (ULN): 53072713		
Unit code	**Unit title**	**Assessment criteria no.**	**Evidence description**	**Evidence reference number**	**Assessor initials**	**I/V initials if sampled**
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Qualification title: CIPD Diploma in Applied Human Resources				Unique Learner No. (ULN):		
Unit code	**Unit title**	**Assessment criteria no.**	**Evidence description**	**Evidence reference number**	**Assessor initials**	**I/V initials if sampled**
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Candidate name: Amanda Glanville	CIPD Membership/registration No.:
Qualification title: CIPD Diploma in Applied Human Resources	Unique Learner No. (ULN):

- 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:	A Glanville	Date:	06/06/2020.

LO1: Be able to review and evaluate on organisations approach to talent planning

Hywel Dda University Health Board are governed by requirements set out by Health Education and Improvement Wales (HEIW) and Welsh Government in many areas and workforce planning is no exception. The NHS Wales planning framework (NHS Wales, 2019) (EV 4) requires the Health Board to submit a three year Integrated Medium Term Plan (IMTP) (EV5). The formal process requires each health board to use the six stage approach to planning cycle (EV 6), with an agreed template also confirmed. Once the IMTP is submitted to HEIW, it is agreed and this informs the commissioning process, identifying the medical staff, nurses and therapists required. It also confirms the students that the Health Board have to provide placements for (EV7). From this process, the Education Commissioning and Training Plan (EV 8) is produced, identifying key priorities in relation to ensuring that the organisation have the clinical staff to service the local population.

Effective forecasting of demand is usually done in a stable environment for 1-2 years (Taylor, 2019), however the organisation plan using their IMTP for three years, an annual plan which is in more operational detail and 10 year forecasting, suggesting a robust workforce planning strategy.

The recent Covid-19 pandemic is no exception to the formal planning processes in place within the organisation, with all workforce planning decisions being formalised and set around the quality assurance and governance processes. Prior to any recruitment decisions being made, a recruitment strategy paper was presented forecasting anticipated demand for staff, with a three week lead time (EV13). A supply and demand plan (EV 14) was then produced setting out clear stages forecast supply, along with nominated managers to oversee demand and supply, including recruitment, volunteering, deployment, medical students and retire and return. A combination of a systematic technique and subjective management views were used to come to the decisions, which is best practice (Armstrong, 2020). Although there was evidence used of how the pandemic affected other countries, data relating to patient and healthcare, staff ratio and various other data, the organisation had never experienced a pandemic to the scale and as lockdown

affected the health board infection rates across Wales, there was no evidence to be able to long-term forecast the pandemic (HDUHB, 2020). By seeking sign off through the gold tactical group created a level of objectivity (Taylor, 2019).

The deployment implementation process (EV15) outlines considerations including pay scales, training requirements and risk assessments, with a focus on temporary changes to the working conditions. With the need to identify the gaps and skills needed a training gap analysis was carried out (EV 17) and a skills matrix/schedule to manage this operationally, providing a workforce of the right size, at the right time, with the right skills (CIPD,2019). A skills audit is an effective way of identifying gaps (Deloitte, 2020), however, this was difficult due to the lack of recording of staff who have the relevant skills to support specific activities (ESR, 2020). An example of this was the identification of healthcare support workers who had completed vena puncture training, CPAP and those who have skills within respiratory management.

With an awareness of the fluidity of the pandemic, a deployment hub was set up to manage addressing the gaps, with a deployment matching process (EV16), ensuring the right people, with the right skills could be matched effectively. This process demonstrates the four stages of planning (Taylor, 2019).

Recruitment processes are also very formal, with the job matching service to assess job descriptions, and Eagle Framework (EV19) to sign off the skills and competencies required and also if the role meets the requirements of the organisations vision and long term strategy, once again demonstrating best practice (Armstrong, 2012). Despite the formality of processes, the organisations do not have a recruitment policy as most procedures are laid down by all Wales practices.

The organisation have a substantial amount of recruitment activity being done by the service and following a recent audit (Owen, 2020) identified non-compliance of recruitment policies including shortlisting and interviewing. It was identified that in some cases the successful candidate did not make the full essential criteria, suggesting that the "who you know" method of recruitment was used, which can impact employee brand (Taylor, 2019).

Effective branding is important in recruitment marketing strategies, supporting recruitment and retention (Taylor, 2019). The organisations employer brand is based on values (EV9), with the 'Train, Work, Live' campaign (EV10), depicting the work life balance and the benefits of working in a rural community. In addition, the website, Hywel Dda have a Facebook page for the local population, promoting good news stories and wellbeing updates (EV11) and a 'Swyddi Hywel Dda/ Hywel Dda Jobs Page (EV12), promoting positive workforce stories and vacancies, which is one of the most effective means of promoting vacancies (Owen, 2020). All workforce and talent planning activities are linked to organisational values and goals, thus demonstrating best practices (CIPD, 2019). As social media pages link to the website, the ease of the application progress does mean that many irrelevant applications are received, will little understanding of the role (Taylor, 2020).

When considering the availability of talent, the organisation have 6.14% of vacancies, with 11.49% being in medical and dental, 7.94% in nursing and midwifery is and 7.33% in Allied healthcare professions (ESR, 2020) (EV20). With these being hard to fill. With the United Kingdom accessing 14.4% of the nursing workforce from overseas (Health Foundation, 2019). In order to overcome this, The organisation continue to have an overseas nursing program, relocation packages and more recently investment in a grow your own pathway from HCSW's and taking on 50 health care apprentices to become nurses on 2026, creating a talent pipeline.

When considering the shortage of nursing, 76% of band five specialist nursing vacancies are filled from internal workforce side stepping, advertised internally. This does not support the need to increase nursing capacity within the organisation. The other disadvantage of internal recruitment is the lack of different perspectives and diversity that this may bring (Forbes, 2020).

At the end of 2019, youth employment rates were up to 54.6% (Mistry, 2020) with the organisation still only having reached 8.4% of their workforce being in this age category (Employee Staff Records, 2020). In order to combat this, the organisation has an Apprenticeship Academy, with the opportunities for apprentices in all some areas of the organisation being written into the workforce plan.

With regards to the other vacancies within the organisation, including catering, cleaning and those that require a lower skill set, the vacancy rate is 0.94%, the vacancy rate still considerably low for administration and clerical being 2.79%, this reflect the year overall labour market information, creating a loose labour market (Wilkinson & Taylor, 2016). Due to high rates of unemployment within Pembrokeshire, Ceredigion and Carmarthenshire (Nomis, 2019), this makes recruiting non-skilled relatively easy in contrast to skilled roles, who tend to move to more urban areas (ONS, 2020).

The NHS Wales staff survey identifies very little focus on learning and development, with 52% feeling that they are not encouraged to develop and with external workplace learning report identifying 94% of employees stay with their organisation longer as a result of career development (LinkedIn, 2018), would suggest that there needs to be greater focus on development of employees and creating a talent pipeline (Wilkinson Ann Taylor, 2016). Despite robust workforce planning practices, in non-clinical roles, there is little evidence of talent planning or succession planning.

LO2: be able to recommend ways to improve an organisation's approach to talent planning

Overall the organisation has robust formal policies and procedures to support resource and talent planning requirements, with workforce plans being linked to organisational objectives as per best practices (Taylor, 2020). Due to the size of the organisation, the formalised processes are imperative (Armstrong, 2020) however there is significant disparity between the processes and actions in clinical and non-clinical roles.

To address gaps of skills shortages, an organisation should firstly consider internal resources (Wilkinson and Taylor, 2016). There is little focus when roles become surplus to requirement, on redeployment, especially when 32% of current vacancies advertised (Trac, 2020) are fixed term posts (non-covid). Fixed term vacancies often reduces the attractiveness to the labour market and is highly unlikely to attract talent from other organisations (Taylor, 2019). With 65% of fixed terms posts becoming full time (Owen, 2020), this questions the missed opportunity within workforce environment to attract the best possible talent. Where a role becomes vacant, this is the method the organisation uses to remove positions instead of redeploying an individual where there is no role needed (Owen, 2020). An evaluation of roles should be carried out to reassess the need for roles, providing new opportunities, which in turn will provide side-skilling opportunities (Taylor, 2019).

Currently, the only apprenticeship vacancies within the organisation are healthcare and administration. These opportunities should be widened to include other areas where there are shortages, including engineering, maintenance and clinical coding. This will not only support the reduction of skills shortages, but enhance the employee brand by creating opportunities for the youth population entering the labour market (Taylor, 2020), whilst improving the age demographics of the workforce.

With a local recruitment team, consideration should be given to centralise the overall responsibility for the recruitment process. This will allow greater ability to reduce bias and unfair recruitment practices (Owen, 2020), as well as reduce the current

timescale from offer to induction from 72 days. In other Health Boards where there is no central recruitment team, this is significantly higher at 86 days (ESR, 2020).

With a high proportion of specialist nurse vacancy being advertised internally, this does not support the skills shortage of nursing within the organisation and therefore all nursing vacancies should be advertised externally, encouraging the nursing workforce to the rural area, whilst continuing to develop the existing workforce as these vacancies do not currently result in a promotional prospects (Owen, 2020).

The organisation need to consider role redesign more than creating new roles, thus creating a more agile workforce (Taylor, 2020). The skills need to be recorded in such a way that when there is a need for specific skill, these staff can be identified by the use of reports. Cross-skilling will also support the organisation to drive sustained organisational performance (Wilkinson and Taylor, 2016), providing flexibility. Developing the workforce will also positively impact attrition (Taylor, 2019).

Approximately 80% of NHS staff currently employed will be the workforce of the future. It is important to understand what skills and competences are required to deliver planned services (NHS Improvement, 2018). A training needs analysis is to be completed to understand development needs across the organisation, identifying skills and competencies needed which are not readily available, making provision to develop these (HDUHB, 2018). A business partner model should be introduced to work with services, especially non-clinical areas to give a greater understanding of the need for talent and succession planning. This is particularly evident where there is a significant proportion of the senior roles within estates and facilities functions who are over 55 years of age (Employee Staff Records, 2020) and have already reached a full pension entitlement. These business partners could support not only a training needs analysis, but consider how the organisation can Identify development opportunities and redesign roles to reduce the impact of skill shortages (Taylor, 2020).

Review to be carried out assessing the current appraisal process, how this identifies talent pipeline, identifies skills and how managers identifies skills mix within their

team. This would also provide the opportunity to create a more agile workforce with a greater skill mix (Taylor, 2019).

LO3: Be able to contribute to people resourcing activities

As part of the current Covid-19 pandemic, the population have seen significant changes to visiting within the acute hospitals. As a result, patients were unable to visit their families, and this increased the pressure on ward-based staff. The pressure resulted in the need to answer telephone calls, passing information between families and patients, preventing the focus being on patient care. As my role involves developing new roles, I was asked to work with the service to create a role, having the first group starting on the 01st June 2020. The role fundamentally involved the communication between patients and their family so was named Family Liaison Officer. It started a meeting, with emails between myself and the clinical lead nurse. This identified basic principles of the role (EV21). We then had a Teams meeting and from that, a job analysis was carried out, agreeing the fundamental elements of the role. Following this meeting, I created a job description (EV22) and Personal Specification (EV23). Using the organisational template, I then sent this for job matching team for sign off (EV24). When writing the person specification, consideration was given in relation the need to ensure the criteria was a requirement of the role, not discriminatory in compliance with the Equality Act 2010. Following receipt of an email with the job matched report (EV25), this was then sent to the recruitment team to begin carrying out the process off creating a vacancy.

Due to the changes in the Pandemic situation, the hospitals were significantly under capacity, resulting in not needing the level of staff that was originally calculated, I suggested in a senior manager touch base meeting that rather than withdraw the offer of employment to catering and laundry staff, we could re-interview, informally, explaining the situation, and assessing the level of communication skills, empathy eagerness to take on the new role. As they had not had their offer, they had no rights to Fixed Term Employees (Prevention of Less Favourable Treatment) Regulations 2002, however their rights were identical to those they originally applied. Under the exemptions to the Rehabilitation of Offenders Act 1974, as they would be concerned with providing elderly, sick or disabled people with health or social services, the full enhanced DBS was completed and a few applicants were withdrawn as a result.

We were looking for 98 Family Liaison Officers, with a surplus of 106 staff. I also suggested not making any decisions what to do with a surplus until this activity been completed, allowing for the fact that not all of the candidates would be suitable for the position due to not having the qualities outlined on the person specification. Once completed, I then sent an outline of staff awaiting a start date, along with the discussions with services with a final position (EV26) to the senior workforce team, with the final being allocated by the 05th June 2020 as agreed (EV27).

Whilst recruitment created the role through the internal electronic systems, I worked with the Patient Experience Manager, Senior Lead Nurse and the Clinical Education Development Manager to create a training schedule (EV28), which was signed off through the Eagle Process (EV19). The induction process included health and safety training, manual handling and the use of PPE to comply with the Health and Safety at Work Act 1974.

I also arranged all interviews, and organised change of roles as well as confirming start dates (EV24), with all data collected kept confidential and only data needed was collected in line with the Data Protection Act 2018.

As agreed, I was asked to design a role, follow all process, work with the Patient Liaison Team and ensure that the first inductions were held on the 01st of June 2020. The witness statement (EV27) demonstrates that I was able to meet the agreed deadline, having worked with stakeholders, written a Job description, person specification and training plan. It also confirms that my contribution was effective and met requirements. The witness statement (EV27) also identifies my part in the recruitment and talent planning process during COVID-19, demonstrating that I was able to work to agreed processes efficiently and effectively. In addition, no applicants were given start dates until their pre-employment checks were completed, complying with the Immigration, Asylum and Nationality Act 2006. Contracts were issued on their first day of training in line with the Employment Rights Act 1996.

Having played a fundamental part in the recruitment process for Covid-19, I have many reflections in relation to various stages of recruitment and talent planning. The first being the success of recruitment using social media, attracting a wider audience

(Headworth, 2015). The organisation used telephone inductions, however, consideration should have been given to the use of digital media including Zoom or Teams, providing the ability to observe body language (Armstrong, 2012). When considering the interviews, in order to comply with the Equality Act, anyone with a disability was offered an interview as long as they met the essential criteria.

My first reflection relates to the formal processes that the organisation used through the recruitment of 1000 employees. With robust, processes, this did not allow for the flexibility needed due to the changes in the expected Covid-19 peak, resulting in delays for on-boarding. In addition, once a decision was signed off, the changes were made very quickly, resulting in bottle neck pressures to different services at different points. An example of this was when the pre- employment checks process was changed, resulting in over two hundred applications being sent to Learning and Development for action at the same time.

With regard to the family liaison officer role, a task that would normally take on average 12 weeks, took less than four, which questions are number of things. Usually the initial group will discuss job analysis would be a task and finish group with possibly 6 to 8 people in a room. This was predominantly done between myself and one other, with the help of specialists from the patient liaison service and clinicians. This seemed to streamline the process considerably, with negative outcomes as yet.

On reflection, I should have not taken as much accountability for some tasks, empowering the service to do some of the initial activities as I need to be thinking more strategically, rather than get involved in the operational activities.

In terms of processes, Covid-19 tested a lot of resource and talent planning activities and before reverting back to the traditional methods, a full evaluation is needed to identify ways of keeping some of the streamlined processes. The average time from offer to on boarding pre-COVID-19 was 72 days, whereby the current average is 24.

Due to the peak of the pandemic not hitting Wales as hard due to lockdown being imposed as cases were low, this will have hit the employer brand hard, with many

being offered an immediate start date and having to wait seven weeks. This has resulted in a significant number of complaints due to inability to meet their expectations. There is a concern that this may impact the Health Board being an employer of choice in the short term, until the reputation of the organisation is restored.

Llywodraeth Cymru
Welsh Government

GIG CYMRU NHS WALES

4







NHS Wales Planning Framework

2020/23

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- Appendix C – Finance and Workforce planning templates

NB: The C1 performance template covering profiles for the year 2020-2021 will be issued separately. The Performance and Delivery team, Welsh Government, will provide these directly, in the near future.

Message from the Minister for Health and Social Services

Welcome to the NHS Planning Framework for the 2020-23 integrated planning cycle.

I was pleased to be able to provide Ministerial approval to seven Integrated Medium Term Plans (IMTPs) this year, more than in any previous year, and I am looking to maintain and improve on this position through the 2020-23 planning cycle.

IMTPs produced by organisations for 2020-2023 must build on the good work already underway in regards to the Well-being of Future Generations (Wales) Act five ways of working:

- prevention,
- long term planning,
- integration,
- collaboration,
- involvement

These are key enablers that must underpin plans. Improving the health and well-being of people, including our staff, remains central to our ambition for a healthier Wales.

Whilst we are making good progress, particularly in the area of collaboration, there will always be more to do. I want to see more long term planning and involvement of our stakeholders in the design and implementation of new service models that matter to them as individuals. We must also take a wider focus on prevention.

The health and care system is made up of a wide range of organisations, and learning to work across traditional organisational boundaries is paramount to ensuring quality services are delivered to our population. Working both locally and regionally is key to delivering a value and prudent based approach. I expect to see how organisations are maximising this approach within their plans.

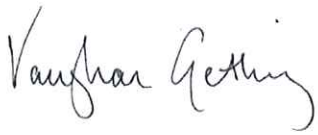
Continuous improvement in the quality of care and treatment that we provide to our population is a clear expectation of *A Healthier Wales: Our plan for Health and Social Care*. Integrated planning in Wales must reflect an inclusive, whole system approach to the quality agenda. NHS organisations must ensure quality is monitored at board level and throughout the entirety of services, partnerships and care settings.

A Healthier Wales sets out our ambition for rapid service redesign to ensure the improvement of population outcomes. One year on, I can see that NHS bodies, and their partners, are embracing that challenge. The Transformation Fund has supported progress on the journey, and the ability to support scale and pace is delivering real benefit. Ensuring new models of care can be sustained is fundamentally important, and I expect IMTPs to provide assurance that immediate and lasting changes are being implemented.

We are building on the discipline of developing IMTPs and this year, for the first time, are extending this methodology to primary care clusters. The cluster IMTPs produced in September will be used to inform organisational plans. I am looking forward to seeing the primary care agenda further progressed through this approach and I expect to see the shift from secondary care to primary and community care accelerated.

When publishing last year's Framework, I alluded to the creation of a Planning Academy. This has begun to take shape and the 'Planning Programme for Learning' encapsulates a holistic approach to building integrated planning skills and capacity. A new Postgraduate Diploma in Healthcare Planning welcomes its first cohort of students in October 2019, and these successful participants will be part of the next generation who will have responsibility for further improving our NHS.

Our system in Wales is based on planning rather than competition. Strong planning arrangements are essential to developing the NHS to be sustainable and fit for the future. Thank you for your contribution to the progress we have made so far and I look forward to seeing the next round of IMTPs setting out the next steps on that journey.



Vaughan Gething
Minister for Health and Social Services

Introduction

The NHS Planning Framework provides specific guidance for NHS bodies in the development of Integrated Medium Term Plans (IMTPs), including priority areas and additional guidance from national programmes and new policy requirements. This document supersedes the 2019-2022 NHS Wales Planning Framework and applies to health boards, trusts, Health Education and Improvement Wales (HEIW), and supporting organisations.

The Framework has taken account of the feedback from national engagement events, stakeholder and learning sessions, as well as valuable contributions from Directors and Assistant Directors of Planning over the past few months. This feedback reported the need for:

- greater clarity on what is expected in response to priority areas;
- streamlining of the planning process, with greater emphasis on continuous planning;
- more collaborative working and integrated planning, which is essential to transformation and the introduction of new models of care.

This is the seventh annual planning cycle and this framework covers the period 2020-2023. **For this year only the submission date will be deferred to 31 January 2020**. In subsequent years this will revert to a December deadline.

Where 'IMTP' is referenced through this framework, these requirements will also apply to annual plans, noting there will be specific requirements for some organisations that will be defined through their escalation arrangements.

The Framework provides a template developed specifically for health boards. However, the expectation is that all other NHS organisations will tailor their submissions in line with their functions and responsibilities, while maintaining the spirit of the Framework requirements. These expectations will be discussed with individual organisations during the development phase of their IMTPs.

In *A Healthier Wales* the Welsh Government committed to producing a National IMTP by December 2019 as part of the drive for continuous improvement and planning development. In order to add value and maximise the opportunities to learn from the last planning round, the Welsh Government has brought forward its publication to support the next IMTP submissions. The first National IMTP is issued in conjunction with this Framework.

For this year, the National IMTP sets out to identify areas of good practice, key developments and innovation across the health system, as well as identifying areas for further development where there is a clear need for additional focus. This is an interim approach that will be refined as the functions of the NHS Executive are finalised.

Strategic Priorities

Quality is the watchword for the NHS in Wales, and it is a clear expectation in *A Healthier Wales*. Quality must act as the foundation for our thinking, in the commissioning and delivery of services, and in all our engagement with partners, service users, carers and citizens, in whatever the setting.

Wales has set high quality as a key priority that must underpin all aspects of services, settings and contacts with the NHS in Wales. The Quadruple Aim is central to this approach. This quality foundation should run through every element of the health and social care fabric. Every activity must be underpinned by explicit consideration of quality, and the expectation is that everyone that works in and for the NHS, will have 'quality' at the forefront of their minds.

Primary and community care providing 'care closer to home' is the bedrock of the Welsh Government vision for NHS Wales. Primary care clusters will take the next step to planning this transformation by developing their first cluster level IMTPs this autumn. They will provide a solid foundation on which to plan local services to meet local needs and will dovetail into health board IMTPs as these are refreshed or developed.

Ministerial key priorities remain extant:

- Prevention
- Reducing Health Inequalities
- The Primary Care Model for Wales
- Timely Access to Care
- Mental Health

IMTPs must demonstrate how organisations will respond to the Ministerial priorities as individual bodies and how they will deliver their joint commitments through partnership plans, including Area Plans and Well-being Plans. IMTPs must demonstrate that organisations are delivering *A Healthier Wales* through a seamless health and social care system which is tangibly equitable.

The NHS in Wales must ensure equity and improved access to services, whether at local community level or in acute hospital settings. Organisations must utilise the improvement opportunities offered by the national programmes, for example planned care, unscheduled care, endoscopy, mental health, primary care, value and efficiency etc. These national programmes provide tools and advice to embed preventative and sustainable approaches into operational delivery.

Detailed requirements in relation to priorities are set out in PART 2.

Financial Allocations

The Welsh Government's draft budget for 2020-21 will be published later than in previous years due to the national comprehensive spending review and Brexit. Welsh Government will work with NHS Directors of Finance to provide advice, resource planning assumptions, and guidance as soon as information becomes available. This does not preclude

organisations from continuing to develop their overall plans within reasonable assumptions and scenarios.

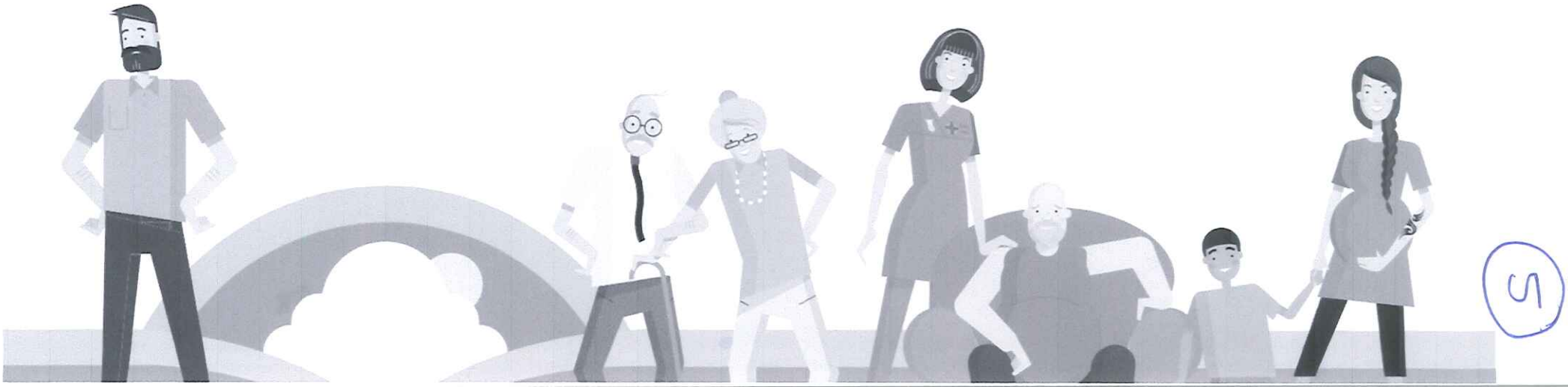
The resource planning assumptions will provide an interim resource planning context to enable organisations to develop their own planning assumptions and scenarios. It is anticipated that details of organisation's financial allocations will be provided in the 2020-21 allocation letter which will be issued in early 2020.

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

Hywel Dda University Health Board
Three Year Plan 2020/23
Workforce

WORK IN PROGRESS – DRAFT AND CONFIDENTIAL

SOURCES OF FUNDS ARE STILL TO BE IDENTIFIED FOR THE DEVELOPMENTS INCLUDED IN THIS PLAN. WORK IS UNDERWAY TO ASSESS RETURN ON INVESTMENT OF THE INDVIDUAL DEVELOPMENTS WHICH WILL BE A MAJOR DETERMINANT OF BOARD DECISIONS



Executive Objectives:

- **Develop a clear 3 year workforce delivery plan to support our Health and Care Strategy**

These Objectives are supported by the detailed plan from the 'Hywel Dda University Health Board Three Year Plan 2020-23 for:

- **Workforce and OD Plan**

NHS Wales Planning Domain:

- **Workforce and OD**

Our Workforce Journey

To deliver "A Healthier Mid and West Wales: Our Future Generations Living Well'" it is critical to ensure we have a motivated and sustainable workforce that is competent, confident and engaged ready to meet the opportunities and challenges that will present in delivering a social model for health as described in "A Healthier Wales".

We need to ensure workforce stability, and be mindful that our future workforce intentions are aligned to the wider Health & Social Care and public services system. To do this we need to ensure our actions are consistent with the ethos of the Well-being of Future Generations (Wales) Act (2015) and the Social Services and Well-being (Wales) Act 2014 that we will work to align our workforce plans across primary care and throughout social care and third sector provision. We are alert to the need to quantity and qualify the workforce across the health and social care sector across the region - primary care, social care (statutory and independent) and for third sector provision in health and social care. At this stage, figures can only be indicative as we develop our relationships and evolve practices for sharing information and intelligence across agencies.

Our population is c384,000; as an employer, our workforce equates to almost 3% of our population (without taking account of commissioned services, volunteers or carers) and therefore need to be mindful of the role we play in ensuring health and wellbeing of our workforce and wider population. The 2011 Census highlighted that there are over 47,000 carers living in the Hywel Dda area but evidence suggests that this may be an underestimate. Based on the Census figures we would have 12 % of our population who are carers. This gives an insight to the scale of the challenges and change for workforce as we move our thinking from a health system to a health and social care system and how we engage with the wider system workforce or "careforce."

The scale of workforce opportunities and challenges within the Health Board are significant and touches all aspects of design and delivery of services. We know that all health and social care organisations, as well as wider public sector partners, will face similar challenges and how we work together to address these challenges holistically will be key:

- Planning to meet the needs of an aging population with an aging workforce and increasing numbers of unpaid carers
- Managing changing demand resulting from an increasing prevalence of complex long-term conditions and co-morbidities
- Managing changing public expectations about the care they receive
- Achieve better integration between health, social care and support organisations
- Shifting the focus towards prevention and well-being
- Delivering the personalisation agenda and providing person centred care within financial constraints
- Ensuring the system delivers high quality services within financial constraints
- Developing effective measures for high quality of care and productivity (and ensuring high quality data is collected)
- Preparing for changes resulting from innovation and technology
- Planning service delivery, given the uncertainty around levels of funding, and impact on future demand and supply of services
- Uncertainty in how investment in life science and health care will support the economy, especially in the context of Brexit and the local Welsh economy.

However, we do face local challenges that can have an impact on our workforce:

- Rurality and poor local transportation links
- Welsh culture & language
- An aging estate
- Financial pressures

An assessment of the *"workforce challenges facing service delivery"* have been assessed here. We know the scale of workforce stabilisation and transformation is significant and touches all aspects of design and delivery of services. Our counties and localities are looking to redefine ways of working and assess different approaches to integrated working and multi-disciplinary teams, taking a holistic approach comprising population health and wellbeing, community care, primary care, long term care and links into the servicing hospitals. Each of the

counties and servicing hospitals have workforce challenges in the delivery of services, some of which can be linked to the rurality of locations others reflect different starting points (baselines) and strategies employed to achieve workforce sustainability.

As our locality working develops, the seven locality teams will work to deliver seamless services across primary, community and social care services, third sector organisations and wider partners and show appropriate local distinctiveness in each locality reflecting the difference of each part of the region. This will require us to consider the nature of our workforce and look to develop different approaches to workforce planning locally and regionally. This is currently evolving; however, we are alert to the specific need to strengthen support for workforce planning at Cluster/Locality level to facilitate future transformation. The Wales National Reporting Workforce System (WNWRS) data is now available and going forward can be utilised to support; we are current working with HEIW to develop and deliver Primary Care Workforce Planning Training. New workforce models are emerging in Primary Care i.e. social prescribers and advanced paramedic practitioners but not at the pace and scale needed to stabilise services, for example, "out of hours services" and we now need to consider, at pace, actions to stabilise and alleviate the pressure on our workforce and services.

We are also mindful that the numbers of unpaid carers is increasing and the contribution that they make to supporting those they care for remain in their own homes and communities is significant. Whilst they are not part of our formal workforce, we need to work with our local authority and other partners to ensure that unpaid carers have access to timely information, advice and the assistance they need to maintain their own health and well-being, whilst supporting those they care for. This holistic approach is fundamental to our strategy *"A Healthier Mid and West Wales: our future generations living well".*

We currently work collaboratively with a range of regional and local partners including: the ARCH Workforce and Skills Development Group, the Llanelli Wellness Village, the Mid Wales Joint Committee for Health & Social Care, Joint Regional Planning Committee, University Partnership Board, West Wales Care Partnership and our three Public Services Boards. Collaborative working is key; as we work to stabilise our workforce and move to a seamless model of health and care delivery, in line with 'A Healthier Wales'. As part of the West Wales Regional Partnership Board, we have developed our core objective to deliver a Regional Workforce Strategy; this will evolve, in line with the vision for HEIW's Health & Care Workforce Strategy. Our engagement in the consultation through national, regional and local events has highlighted the scope and scale of the work required to move forward; we are committed to that challenge, to work collegially in supporting opportunities for increasing the skilled supply of the future workforce in Mid and West Wales.

Our partners in health and care delivery: carers, volunteers, work placements and those who work within other organisations, public, private and voluntary agencies are integral to how we will move forward. We are alert to the need to reflect the widest conception of our workforce in our future plans as we work towards a whole system approach. This will be at the heart of our work to develop services and our workforce.

An analysis has been undertaken of our *"workforce shape"* available here. To highlight, 2019/20 has brought significant challenges in relation to our work in stabilisation and development of our workforce, there have been many key successes:

- Our age profile has shifted with four generations working side by side: 17 to 71 years of age: recruitment success of 50 Apprentices into HealthCare Assistants (who will go on to become nurses) and retention of our valued and experienced staff.
- Increases in WTE across most professional groups i.e Allied Health Professionals and Professional & Technical.
- Sickness absence at 4.61% is again below the Welsh Government target of 4.75%, and current rates rank amongst the best in Wales.
- Our turnover rate has reduced on last year and is the lowest it has been on the preceding 3 years at 7.68% after reaching a peak in July/August to 8.18%.
- Recruitment campaigns are resulting in successful appointments with 110 (headcount) Registered Nurses recruited externally and 42 (headcount) Therapists recruited externally between April – September 2018.
- In addition, 94 Newly Qualified Nurses started in September 2019
- Mandatory Training and Personal Appraisal Development Review figures continue to improve and are currently at 75% and 83% respectively.
- Medical Appraisal is consistently well above target and has ranged between 94%-96% for the full year.

Our workforce is at the heart of our organisation. In order to sustain the delivery of services the Health Board has an overarching aim to be an employer of choice, promoting equality, diversity and inclusion and ensuring that the wellbeing and support for all our employees drives practice across all services and levels. Our priority within the context of the 2019-2023 plan is to continue to stabilise the workforce and establish a framework for continued growth and resilience.

Whilst recognising that hierarchies and systems are important, engaging staff around shared purpose and values will result in increased commitment, morale and a positive attitude to change. It is essential that we continue to support our existing and future workforce to create environments that meet the ambition for our services and therefore our workforce – to be:

- Safe
- Sustainable
- Accessible
- Kind

We know our greatest asset is the people we employ to provide our services and care for our patients. This plan which will focus on building a connected and people focused organisational culture to support the delivery of national and local well-being goals, and strategic equality objectives. We will build on our shared understanding and strong links to our organisational values:

- Working together to be the best we can be
- Striving to deliver and develop excellent services
- Putting people at the heart of everything we do.

With this in mind we have developed a Workforce, Organisational Development and Education Strategy 2020 to 2030 covering 8 Strategic Intentions that is supportive of the ethos and ambitions described by HEIW in the development of the Workforce Strategy for Health and Social Care, as a contributor to its development as a region, we are aligned to the ethos of the strategy as articulated in our 10 Year Workforce Strategy and are keen to engage to:

1. Deliver collective and compassionate leadership
2. Recruit and retaining great people
3. Engage our staff
4. Deliver a workforce fit for the future
5. Enable our people to release their potential
6. Deliver high performance teams
7. Deliver innovation, system learning and change agility
8. Create workforce efficiency and effectiveness



The draft strategy is available here.

The 3 Year Plan developed to deliver this strategy will be rolled forward each year and we will work to create an appropriate structure to deliver. Our workforce is key to the delivery of our services and every one of the wide-ranging staff groups have a role to play in delivery. As part of our evolution, the Workforce and OD Directorate will work under the following Directorates to align and evolve the strategic intentions into delivery led by the Workforce Leadership Group:

1. Workforce Performance & Wellbeing
2. Workforce Resourcing & Utilisation
3. Workforce Development & Education
4. Organisational Development & Design

This group will lead and develop the infrastructure that enables workforce planning, change management, implementation and governance to be embedded in our operational activity and effectively prioritises our workforce ambitions. A core focus will be aligning the organisational wide workforce activity to strategic imperatives through connectivity to the Strategic Enabling Group for our Strategy "A Healthier Mid and West Wales". All work will then fit within the overarching governance of the workforce and OD Sub-Committee.

We will measure ourselves on how successful we will be in achieving our core workforce performance metrics as (outlined in the performance table in the main document).

- PADR
- Sickness Absence
- Recruitment
- Variable Pay
- Mandatory Training
- Staff Surveys
- Turnover

We will work to evolve this set of metrics to drive improvement in our workforce from gender pay, equality and inclusion through to the management of talent and leadership. Ultimately, measuring ourselves on how safe, sustainable, kind and accessible our *"Workforce"* is. We will have the appropriate number of healthcare professionals in the right roles, with the right skills in the right settings to provide the right care, at the right time, to the right people; and able to deliver the kind and compassionate care, essential for those in need, prudently.

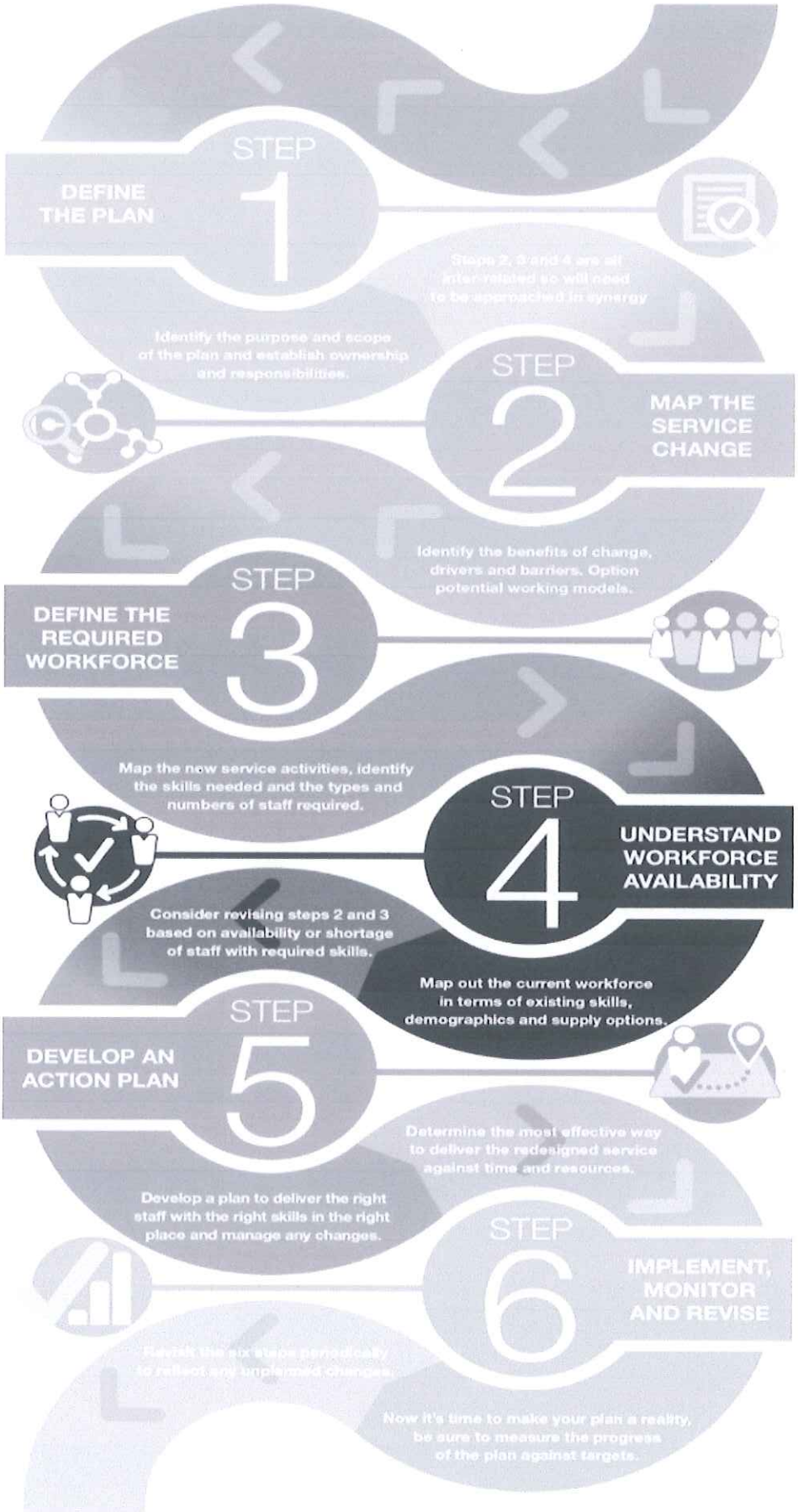
The Health Board has made significant progress towards workforce sustainability; and when looking through a strategic lens, this is truly apparent; over the 10 year period to date our workforce has increased by 1284.58 substantive WTE. This is an overall increase of 17.5%.This increase of the workforce brings with it, its own burden, on managers add workforce and OD professionals in terms of recruitment and retention, education and management development, employment relations and workforce modernisation of our workforce in line with ongoing challenges and the need for change.

We are alert to the challenges of each professional group especially retention and education of our medical and nursing workforce alongside the changing shape of the allied health professional workforce. We are working across professional boundaries to create a workforce plan that articulates the challenges for each group and looks to how multi-professional and multimodal working can be facilitated and how this may transcend across organisational boundaries as we engage in "transformation" programmes. In an assessment of the education and commissioning requirements we are aware of the need to create an ongoing and evolving pipeline of practitioners across health and social care, drawn from our local population as well as enhancing our development and wellbeing offer to prospective employees. To enable a "showcase" of opportunity, we are developing career journeys for those who want to aspire from Carer, Volunteer, HCSW to Advanced Practitioner or any other pathway within health and social care. Our ambition is to be flexible and creative. To achieve this we will need to be engaging in opportunities with other Health Boards, education provider and a variety of other agencies to create opportunities for placement, joint or rotational posts to maximise our attractiveness as an employer locally, nationally and internationally. To enable this we have developed a new Medical Education Strategy, and developments are underway across all professional groups to strengthen our offer to encompass flexibility, innovation, learning and leadership and will be articulated in detailed workforce planning activity to be taken forward in 2020.

In particular, we must focus on the impact of the Nurse Staffing levels (Wales) Act (2016) as it embeds in relation to adult medical and surgical ward staffing levels and looks to extend into paediatric ward nurse staffing levels by 2021. The Act has driven much of the significant increase seen in the substantive nursing workforce based in acute wards over the past 18 months and we anticipate working towards ensuring achievement of the requirements of the act within paediatric areas within the next 18 months. Further extensions of the Act will likely apply to district nursing, mental health and health visiting services during the life of our ten-year workforce strategy. Key to our success in meeting the patient benefits that the Act brings is to ensure we remain at the forefront of the national programme of work that underpins the widening of the scope of this Act. It will be essential to embed and apply the core principles described within the Act to the calculation of nurse staffing levels across all nursing services as the stabilisation and transformation work programmes gather pace.

To summarise, workforce efficiencies and management of variable pay is a key output and driver for workforce stabilisation; the challenge lies in how we align workforce flexibility with our broader agenda for improving the health and wellbeing of our staff. Recruitment and retention are also key themes as we seek to ensure we maximise our recruitment opportunities, as we know we need to recruit a monthly average of 18 WTE nurses to keep pace with turnover and retirement. Internal turnover can be a positive, as we *"Grow Our Own"* workforce programmes demonstrate, however, this needs to be aligned to our workforce ambitions for service delivery as we evolve. Role design and

The **Six Steps Methodology** to integrated workforce planning



7

2020/21 ALL WALES PLACEMENT PLAN

COMMISSIONED COURSE	UNIVERSITY	Commissioned	Aneurin Bevan	Cardiff & Vale	Velindre	Swansea Bay	BCU	Cwm Taf	Hywel Dda	Powys	Other	Total	2019/20 Commissioned	%
Bachelor of Nursing (B.N.) Adult (incl. p/t numbers)	BANGOR	309					294			15		309	295	4.75%
Bachelor of Nursing (B.N.) Adult (incl. p/t numbers)	CARDIFF	276	52	221	3							276	239	15.48%
Bachelor of Nursing (B.N.) Adult (incl. p/t numbers)	SWANSEA	392				180			167	45		392	353	11.05%
Bachelor of Nursing (B.N.) Adult (incl. p/t numbers)	USW	363	149					214				363	299	21.40%
	Total less OU	1340	201	221	3	180	294	214	167	60	0	1340	1186	12.98%
	OU	55	4	4	0	4	4	4	10	10	15	55		
	Total	1395	205	225	3	184	298	218	177	70	15	1395		
Bachelor of Nursing (B.N.) Child	BANGOR	34					34					34	30	13.33%
Bachelor of Nursing (B.N.) Child	CARDIFF	43	18	25								43	48	-10.42%
Bachelor of Nursing (B.N.) Child	SWANSEA	40				21			19			40	33	21.21%
Bachelor of Nursing (B.N.) Child	USW	37	5					25		7		37	43	-13.95%
	Total less OU	154	23	25	0	21	34	25	19	7	0	154	154	0.00%
	OU	5	0	0	0	0	5	0	0	0	0	5		
	Total	159	23	25	0	21	39	25	19	7	0	159		
Bachelor of Nursing (B.N.) Mental Health (incl. p/t numbers)	BANGOR	74					74					74	71	4.23%
Bachelor of Nursing (B.N.) Mental Health (incl. p/t numbers)	CARDIFF	91	35	56								91	89	2.25%
Bachelor of Nursing (B.N.) Mental Health (incl. p/t numbers)	SWANSEA	96				45			42	9		96	86	11.63%
Bachelor of Nursing (B.N.) Mental Health (incl. p/t numbers)	USW	75	15					54		6		75	73	2.74%
	Total less OU	336	50	56	0	45	74	54	42	15	0	336	319	5.33%
	OU	20	2	2		2	2	2	5	5		20		
	Total	356	52	58	0	47	76	56	47	20	0	356		
Bachelor of Nursing (B.N.) LD	BANGOR	20					17			3		20	22	-9.09%
Bachelor of Nursing (B.N.) LD	USW	57	12	13		10		12	10			57	55	3.64%
	Total	77	12	13	0	10	17	12	10	3	0	77	77	0.00%
Midwifery	BANGOR	35					32			3		35	31	12.90%
Midwifery	CARDIFF	49	11	38								49	40	22.50%
Midwifery	SWANSEA	36				15			15	6		36	31	16.13%
Midwifery	USW	41	9					32				41	32	28.13%
	Total	161	20	38	0	15	32	32	15	9	0	161	134	20.15%

COMMISSIONED COURSE	UNIVERSITY	Commissioned	Aneurin Bevan	Cardiff & Vale	Velindre	Swansea Bay	BCU	Cwm Taf	Hywel Dda	Powys	Other	Total		2019/20 Commissioned	%
Physiotherapy	CARDIFF	120	24	29	1	24		27	15			120		117	2.56%
PG Dip Physiotherapy	BANGOR	19					10		9			19		12	58.33%
Physiotherapy	GLYNDWR	25					15			10		25		18	38.89%
	Total	164	24	29	1	24	25	27	24	10		164			
Occupational Therapy	GLYNDWR	40					22		5	7	6	40		34	17.65%
Occupational Therapy (p/t)	GLYNDWR	15					8		3	2	2	15			
Occupational Therapy	CARDIFF	85	12	16		29		21	7			85		79	7.59%
PG Dip Occupational Therapy	CARDIFF	23	4	6		3		3	6	1		23		20	15.00%
	Total	163	16	22	0	32	30	24	21	10	8	163			
Diagnostic Radiography	BANGOR	35					20		10	5		35	HD North	28	25.00%
Diagnostic Radiography	CARDIFF	105	27	16	0	16		36	10	0		105	HD South	84	25.00%
Therapeutic Radiography	CARDIFF	22			11	8	3					22		20	10.00%
	Total	162	27	16	11	24	23	36	20	5	0	162			
Radiography Assistant Practitioner - Diagnostic	CARDIFF	12	3	1		5			2	1		12		12	0.00%
ODP	CARDIFF	49	6	9		7	8	7	10	2		49		49	0.00%
B.Sc. Human Nutrition and Dietetics	CARDIFF MET	35	5	9	1	4	5	4	6	1		35		30	16.67%
PGDip Dietetics	CARDIFF MET	17	3	4		1	4	4		1		17		12	41.67%
B.Sc. Podiatry	CARDIFF MET	24	4	6		2	3	2	4	3		24		24	0.00%
Speech and Language Therapy	CARDIFF MET	40	10	4	1	7	6	3	8	1		40		44	11.36%
Speech and Language Therapy - Welsh Language	CARDIFF MET	9	0	0	0	1	3	2	1	2		9			
Clinical Physiography	CARDIFF	5	1	2		1		1				5		5	0.00%
Clinical Psychology	BANGOR	11					8			3		11		10	10.00%
Clinical Psychology	CARDIFF	18	2	5		4		5	2			18		17	5.88%
	Total	29	2	5	0	4	8	5	2	3	0	29			
Healthcare Scientists - Cardiac Physiology	SWANSEA	24	5	4		5	5	1	4			24		24	0.00%
Healthcare Scientists - Audiology	SWANSEA	10	1	1		1	1	2	3	1		10		20	-50.00%
HE Cert in Audiological Practice	SWANSEA	15	3	2		3	3	2	1	1		15		0	
Healthcare Scientists - Respiratory and Sleep	SWANSEA	5	1	1		1		1	1			5		5	0.00%
Healthcare Scientists - Neurophysiology	SWANSEA	4	1			3						4		3	33.33%
Healthcare Scientists - Nuclear Medicine	SWANSEA	1			1							1		3	0.00%
Healthcare Scientists - Radiotherapy Physics	SWANSEA	2			2							2			
Healthcare Science - Biomedical Science - Blood	CARDIFF MET	11	2	1	2	1	1	1	3			11		12	-8.33%
Healthcare Science - Biomedical Science - Infection	CARDIFF MET	10	1			1		1			7	10		4	150.00%
Healthcare Science - Biomed Science - Cellular	CARDIFF MET	2				1		1				2		5	-60.00%
Healthcare Science - Biomed Science - Genetics	CARDIFF MET	1		1								1		0	
Physicians Associates	BANGOR	18					12		6			18	Hywel dda = Aberystwyth	12	50.00%
Physicians Associates	SWANSEA	42	4	2		13		8	15			42		30	40.00%
	Total	60	4	2	0	13	12	8	21	0	0	60			

COMMISSIONED COURSE	UNIVERSITY		Aneurin Bevan	Cardiff & Vale	Velindre	Swansea Bay	BCU	Cwm Taf	Hywel Dda	Powys	WAST			
Ambulance Paramedics - EMT conversion	SWANSEA	30									30	30	15	100.00%
B.Sc Paramedicine	SWANSEA	52	2	6		2					42	52	0	
	Total	82	2	6	0	2	0	0	0	0	72	82	2 yr Ambulance Paramedics -	

2020/21 ALL WALES PLACEMENT PLAN - PART TIME NURSING ROUTE (figues included in above total commsions)

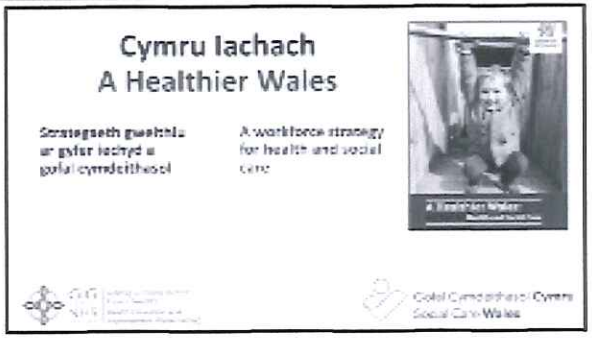
COMMISSIONED COURSE	UNIVERSITY	Commissioned	Aneurin Bevan	Cardiff & Vale	Velindre	Swansea Bay	BCU	Cwm Taf	Hywel Dda	Powys	Other	Total			
Nursing - Adult/MH	BANGOR	30					30					30		15	100.00%
Nursing - Adult/MH	SWANSEA	45				21			19	5		45		30	50.00%
Nursing - Adult/MH	USW	45	18					27				45		30	50.00%
Nursing - Adult(55)/MH (20)/Child (5)	OU	80	6	6		6	11	6	15	15	15	80	Other - Care Homes	40	100.00%
	Total	200	24	6	0	27	41	33	34	20	15	200			

Education Commissioning & Training Plan for 2021/22

Stephen Griffiths, Director of Nursing and Executive lead for AHP and Healthcare Science, HEIW
May 2020
Version 2

Context

- COVID 19!!
- COVID 19!!
- COVID 19!!



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@HEIW_NHS
Trawsnewid y gweithlu ar gyfer Cymru iachach
Transforming the workforce for a healthier Wales

Context

- COVID 19 – potential impact??
  - Increased student attrition?
  - Increased retirement?
  - Increase/decrease in return to practice?
  - Increased/decrease in application rates?
  - Increased service demand long term impact on waiting times
  - Decreased activity requiring greater level of service provision
  - Impact on clinical placements for students and trainees
- Education and training numbers for many staff groups are at the highest level for the past 20 years
- Majority of students from 2018 start, have committed to work in Wales on graduation – but less than last year

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@HEIW_NHS
Trawsnewid y gweithlu ar gyfer Cymru iachach
Transforming the workforce for a healthier Wales

Health and social care workforce – Priorities for the next government (2019)

The Health Foundation

Key messages for England (but position similar in Wales):

- Workforce growth slower in the past decade compared to previous decade – despite growing need
- Projects significant workforce shortages in some areas:
  - Nursing - over 100,000 by 2028/29
  - GP's – number of patients per permanent GP continues to increase
- Increasing skill mix to meet workforce needs:
  - Pharmacists
  - AHP
  - Support workers

Conclusion of the report is that the NHS workforce needs to grow and there is a need to invest in education and training

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Approach for 2021/22

- In recognising that investment in training and education is paid back within a very short time after graduation, Education and Training Plans will be based on workforce need – and the case made where this requires increased investment.
- Recommendations within the paper will not be based on a single year's workforce need but will be informed by:
  - IMTP's
  - wider available workforce intelligence
  - capacity within the system to support training/student/trainees.
- Welsh Government will continue to sign off the Education and Training plan and will need to commit to expenditure in advance of the overall health budget being agreed – timescales for training
- HEIW will **engage with stakeholders** (recognising the constraints COVID 19 is placing on this), to ensure:

Current Annual Cycle

- April – June:
  - Collation of organisation education commissioning pro formas and staff projections
  - Review against HEIW data and modelling
  - Queries picked up with individual organisations
  - Review of medical specialties and organisation submissions
  - Engagement with stakeholders
- June / July: Draft plan produced

- July:
  - CEO meeting
  - NEB meeting
  - HEIW Education, Commissioning and Quality Committee

July / August: submission to Minister

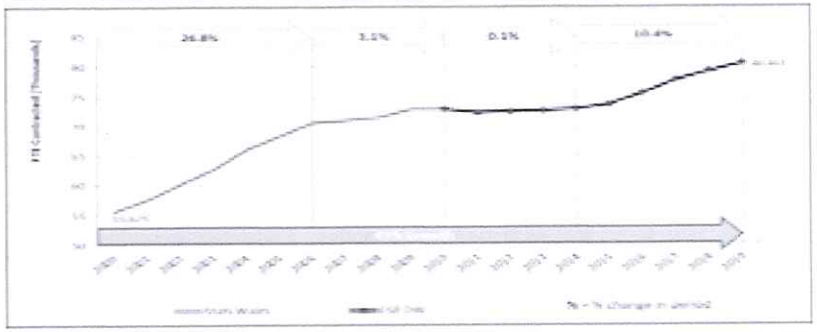
September / October: Decision on investment in professional healthcare education for following year covering all healthcare professional staff

Current Recruitment Challenges identified in IMTP's

- **Medical** - varies across HBs and Trusts and Consultant/training/ SAS grades but includes: Psychiatry, GPs, Radiologists, Emergency Medicine, Oncologists, Trauma & Orthopaedics, General Surgery, O&G, Diabetes, Pathology specialties including Histopathology and Microbiology & Infectious Diseases, Care of the Elderly, Anaesthetics and ICM, Neurology, Paediatrics, Urology, Geneticist, Sexual Health, ENT, Gastroenterology, Rheumatology, Ophthalmology, Dental
- **Nursing** – across the board including adult, child health, mental health (including CAMHS), practice nursing
- **AHPs** – in a number of plans – including physiotherapy (including entry grade), SALT, OT, ODP, Dietetics, Orthoptists, Clinical Psychologists
- **Health Care Science** - Radiographers, Sonographers, Cardiac Physiologists, Rehab Engineers, Nuclear medicine practitioner,
- **Pharmacy** – less recruitment difficulties reported in this year's plans
- **Not in all plans but in a number of plans**: CBT and other psychological therapists including in primary care and CAMHS, all staffing groups across mental health services, IT technicians and Information Analysts, Estates staff, and experienced senior and executive level managers. PHW had recruitment difficulties across microbiology staffing.

Actions taken over past years will start to address some of these challenges e.g. increase in radiologist training numbers

Overall Workforce growth - FTE Profile of the NHS Wales workforce 2000 – 2019



HEIW RECOMMENDATIONS FOR 2021/22 ACADEMIC/TRAINING YEAR

Medical Workforce

Specialty	Increase/Decrease required for August 2021
Emergency Medicine	+3 Higher Trainees to accommodate the ACCS coming through system +2 ACCS posts on the North Wales rotation
Anaesthetics	+ 3 Higher Trainees to support workforce changes
Intensive Care Medicine	+ 4 Higher Trainees
Obstetrics & Gynaecology	+2 ST1 in response to Maternity Care in Wales report
Paediatrics	+ 4 additional ST1 posts to address the recommendations of the RCPCH workforce report
Community Sexual & Reproductive Health	Review in 2021
Medical Oncology	+3 Higher Training posts per year for 5 years to support the Cancer agenda
Clinical Oncology	+4 Higher Training Posts per year for 5 years to support the workforce modelling undertaken by the Royal College of Radiologists
Medical Microbiology	+3 Higher Trainees per year for 5 years (2nd year)
Radiology	Maintain intake of 20

Medical Workforce

Specialty	Increase/Decrease required for August 2021
Internal Medicine	+15 Core Trainees change to Internal Medicine curriculum
Respiratory Medicine	+2 Higher Trainee to support future workforce requirements
Gastroenterology	+2 Higher Trainee to support future workforce requirements
Renal Diabetes & Endocrinology	No change and review in 2021
Acute Medicine	+4 Higher Trainees to support workforce expansion and retirements
Neurosurgery	A phased reduction of posts in line with trainees completing their training
General Surgery	+4 Higher Trainees to support future workforce requirements and the MTC workforce model
Trauma & Orthopaedics	No change
Plastic Surgery	+2 Higher Trainees to support the MTC workforce model
Urology	+4 Higher Training posts to support future workforce requirements and the Cancer agenda

More GPs

- New model of GP training
  - Implementation commenced
  - 160 Advertised GP training places with option to over-recruit (187 filled in 2019)
  - Capacity to recruit to 200
  - "1+2" model of GP Training (50 – 70%)

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Pharmacy

- Pre registration Pharmacy – 170 combined multi sector places
- Pharmacy Diploma
  - remain at 40 places with HEI provider
  - Increase advanced practice/extended skills budget to enable transformation of practice across sectors (see Advanced practice slide)
- Pre-registration Pharmacy Technician – increase places from 45 to 55 with a number of these being multi-sector

Workforce modelling for wider health professional workforce

- HEIW has developed workforce tools to consider workforce supply
- Underpinning assumptions
  - Based on average of last 3 years **turnover**
  - Based on **retirement trends** for the past 3 years
  - Based on **course attrition** rates remaining stable

The figures are considered conservative as:

- Policy position on 'Commitment to work' in Wales will come into effect in 2020/21
- Anecdotally there is an increase in retire and return rates

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What the modelling tells us

Between now and 2023 on average the workforce across nursing and AHP professions has the potential to grow considerably compared to 2018 baseline data and **based on current trends**

	FTE Sep 2019	Estimated Increase / Decrease FTE at 2024	Estimated Increase / Decrease % at 2024	FTE Sep 2030	Estimated Increase / Decrease FTE at 2025	Estimated Increase / Decrease % at 2025
Adult	16169	1849	11.4%	16347	2351	14.5%
Child	1702	458	26.9%	1751	564	33.2%
MH	3136	469	15.0%	3181	585	18.7%
LD	384	129	33.6%	389	164	42.7%
Total Nursing	21390	2905	13.6%	21668	3664	16.9%
Midwifery	1395	276	19.8%	1412	355	25.5%

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*The estimates for 2024 are based on retaining 96% of graduates coming into the Workforce from September 2020 due to the tie-in

	FTE Sep 2019	Estimated Increase / Decrease FTE at 2024	Estimated Increase / Decrease % at 2024	FTE Sep 2030	Estimated Increase / Decrease FTE at 2025	Estimated Increase / Decrease % at 2025	
Occupational Therapy	1114	624	56.0%	1169	793	71.2%	
Physiotherapy	1318	693	52.6%	1344	886	67.2%	
Radiography (diagnostic)	554	364	36.6%	1012	471	47.4%	
Radiography (therapeutic)	165	88	53.8%	167	113	68.8%	**
Speech & language therapy	461	191	41.4%	474	252	54.6%	

**Based on 12% Graduate attrition

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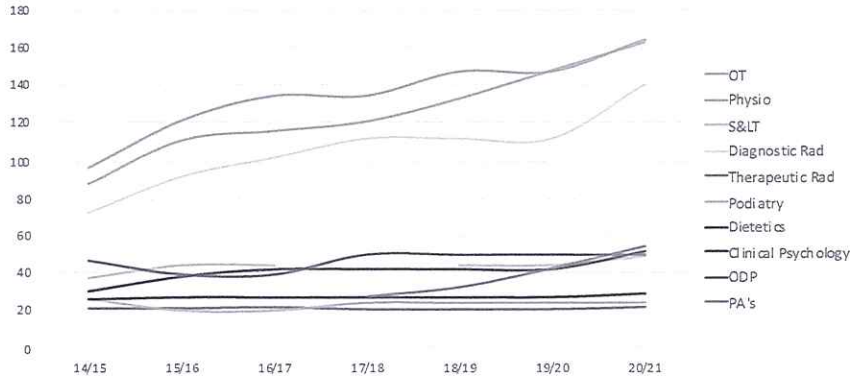
Adult Nursing Commissions 2014 - 2020



Pre-Reg Nursing and Midwifery Commissions 2014 - 2020



AHP Commissions 2014-2020



Recommendations

- **Wider health professional staff**
- Education commissions should continue strategy to support widening access by:
  - Expanding the number of education programmes delivered through part time and shortened programmes
  - Increasing the proportion of pre-registration nursing places delivered by the part time/distance learning route
  - Expanding the provision of part time nursing places available to the care home sector.

- Adult nursing places to increase from **1,400 to 1540**
- Mental Health nursing places to increase from **356 to 410**
- Child Nursing places to increase from **159 to 175**
- Midwifery places to increase from **161 to 185**
- Diagnostic radiography places to remain at **140**
- Therapeutic radiography places to increase from **22 to 26**
- Dietetics places to increase from **52 to 57**
- Physiotherapy places to increase from **164 to 174**

- Paramedic to increase from 52 to ??
- Doctorate in Clinical Psychology places to increase from **29 to 32**
- Healthcare science
  - STP's places to increase from 24 to **30,**
  - PTP BMS places to increase from 21 to **24**
- Physicians Associates to remain at **54**
- To increase the Advanced Practice budget by **£500k** from £1.5m to £2.0m*
- To increase HCSW budget by **£500k** from £2.0m to £2.5m*
- *increased to support the development of mental health workforce and clinical skills across the workforce
- Maintain investment in non medical prescribing programmes following significant increase last year

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Key messages

Due to the increasing investment in Health Professional education there are considerably more students in the system, expected to graduate, over the next few years. This together with other factors from our workforce modelling tools will inform the number of training places commissioned.

Medicine

- Emergency medicine
- Intensive care medicine
- Internal medicine
- Clinical oncology

Wider health professional workforce

- Nursing - adult and mental health fields
- Midwifery
- Dietician
- Physiotherapy
- Mental health workforce
- Advanced practice and HCSW development

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Stephen.griffiths2@wales.nhs.uk
Pushpinder.Mangat2@wales.nhs.uk
Martin.riley@wales.nhs.uk

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NHS values in staff hearts and DNA

This News in Welsh/Y Newyddion hyn yn Gymraeg

Gwerthoedd y GIG yng nghalonnau a DNA ein staff

Friday, 22 July 2016

Hywel Dda University Health Board today (22 July 2016) launches its organisational values which will shape the future delivery of services across Carmarthenshire, Ceredigion and Pembrokeshire.
Over the last few months, healthcare staff from across mid and west Wales have been feeding back on the personal values that

are important to them to form a final list of nine values.

To symbolise the values, a logo has been developed which depicts a DNA strand within a heart holding the nine personal values. As well as the personal values of staff, there are three statements around the heart design which represent the organisational values as a whole.

As illustrated in the design, the personal values are:



Dignity, Respect and Fairness

Integrity, Openness and Honesty

Caring, Kindness and Compassion

The organisational values are:

Working together to be the best we can be

Striving to develop and deliver excellent services

Putting people at the heart of everything we do

On launching the values, Steve Moore, Chief Executive of Hywel Dda University Health Board explained: "As an organisation I feel it is important that we have a set of behaviours that we are all aligned to and will benefit from, and I am proud to announce the launch of our organisational values.

"They will underpin all that we are and do within Hywel Dda, and as an organisation we will continue to develop and grow from them being in place.

"These values represent how we will do things and thebehaviours expected of those working for the Health Board. We also wanted organisational values that we can genuinely live and breathe."

Bernardine Rees OBE, Chair of Hywel Dda University Health Board added: "It is important for the Board to ensure that as an organisation we have implemented a framework of behaviours and values that have been designed and agreed by the organisation, and we want to personally thank everyone who has contributed either individually or through team working.

"They will play a big part in measuring and improving both staff and patients experience within the organisation."

Lisa Gostling, Director of Workforce & Organisational Development for Hywel Dda said: "I'm delighted to be able to present the outcome of our staff's efforts in designing values which are meaningful to them.

"The values will be lived through many mechanisms within the Health Board and will become embedded into our culture over time. We will have achieved excellence when they are second nature to us in everything we do."

You can read more about the values here:

Welsh - www.bihyweldda.wales.nhs.uk/MaentYnEinDNA

English - www.hywelddahb.wales.nhs.uk/ItsInOurDNA

And you can get involved in the conversation on Twitter by following:

Welsh - https://twitter.com/Gwerthoedd_HDd

English - https://twitter.com/HywelDda_values

Source: Hywel Dda University Health Board

10

16:41

hduhb.nhs.wales

Hywel Dda University Health Board

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Search for current job vacancies and recruitment opportunities.

More about job vacancies

Volunteering

We are incredibly grateful to our volunteersin Hywel Dda thank you!

More about volunteering for us

Work experience

We welcome work experience placements in Hywel Dda.

More about work experience

Like Comment Share

Hywel Dda Health Board
Yesterday at 13:00 ·

Our Patient Support Team is committed to helping you stay in contact with your family and friends currently in hospital.

There are a number of new initiatives in place, such as sharing messages with loved ones, dropping off personal belongings and gifts or virtual visiting all to help make you and your loved ones time easier.

More information on how you can stay in touch with family and friends in hospital can be found here: https://hduhb.nhs.wales/healthcare/covid-19-information/covid-19-1/staying-connected-support-available-to-patients-and-their-families-and-friends/



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01267 235151

Typically replies within a few hours

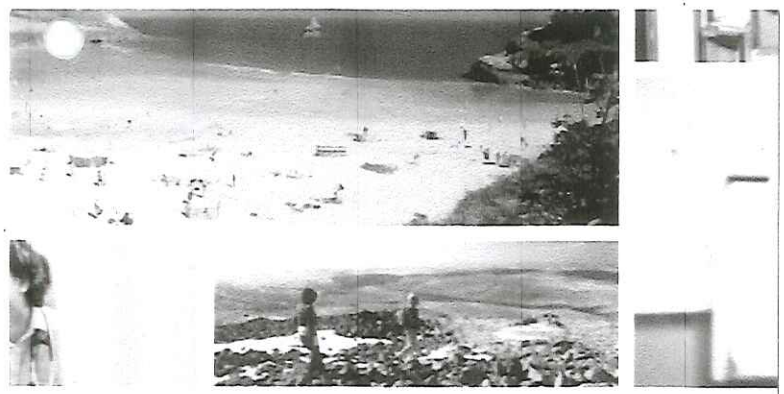
28 April ·

COVID19 RECRUITMENT

We are urgently recruiting Regi... See more



14 30 shares



Swyddi Hywel Dda Jobs

Medical and health

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Message

Sylvia, Andrea, Lee and 5,412 others like this

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Ask for phone number
Send this question in Messenger.

Typically replies within a day

COVID19 – RECRUITMENT STRATEGY – PAPER FOR GOLD GROUP –ACCURATE AS AT 22.3.20

Executive Director Lead	Lisa Gostling
Strategic Delivery Lead	Annmarie Thomas
Operational Delivery Lead	Sally Owen
Project Management Support	TBC

Anticipated increase in demand for key roles in approximately 3 weeks

	Based on 1000 extra beds	**Based on 2000 extra beds**
Healthcare Support Workers	400 (estimate – final figures being worked through)	800 (estimate – final figures being worked through)
Porters	800	1300
Domestics		
Catering		
Laundry		
Total	**1200 wte**	**2100 wte**

Type of contracts being offered

- Bank – flexible hours – no obligation on HB to offer work and no obligation on worker to accept work;
- 3 months fixed term part time or full time;
- 6 months fixed term part time or full time.

RISK – Danger of us exceeding actual demand with supply and being tied into the cost associated with 6 months contract. GOLD GROUP TO NOTE AND CONFIRM WE ACCEPT THIS RISK.

GOLD GROUP COMMENT: NEED TO ENSURE WE HAVE EXIT STRATEGIES FOR ALL PEOPLE OFFERED POSTS LINKED TO RESUMING NORMAL HEALTH SERVICES – SEEN AS A RISK FOR W&OD TO MANAGE.

AMT RESPONSE – all contracts will be bank or temporary which will facilitate an exit strategy.

Sources of supply

- Offers of deployment from public/private sector partners e.g. Universities;
- Internal deployment;
- Businesses/Organisations facing closures – target those with high volumes of staff e.g. Bluestone, Restaurant and social sector, school LSA's most work term time and will have a DBS in place, Colleges;
- Medical and Healthcare Students;
- General public.

Methods of attraction

- Social media campaign – need all our staff to 'share' posts;

- Adverts on NHS Jobs and Hywel Dda Internet sites;
- Word of mouth – our own staff are our 'recruiters';
- Radio;
- Targeted contact to partners, businesses, service providers, universities etc.

RISK – We will not comply with 'accessibility' requirements or Welsh Language requirements. GOLD GROUP TO NOTE AND CONFIRM WE ACCEPT THIS RISK.

GOLD GROUP COMMENT: ACCEPTED BUT ASKED IF WE COULD HAVE SOME WELSH ON ANY FACEBOOK SOCIAL MEDIA ADVERTS. IF NOT THEN RISK ACCEPTED BUT IDEALLY SOME SENTENCES TRANSLATED PREFERRED. CAN WE ALSO CAPTURE WELSH LANGUAGE SKILLS ON THE APPLICATION? CAN THIS BE REPORTED VIA BRONZE GROUP FOR TACTICAL TO NOW OVERSEE THIS PLAN.

AMT RESPONSE – Socia media adverts will be bilingual. Paper to be presented at Bronze on 24.3.20

Method of application

- Via TRAC for the majority due to the need to process large volumes. Alternative perceived simpler processes carry a higher risk of errors and increase in admin capacity needed to on-board;
- Where possible we may offer alternative simpler process where we look to on-board large volumes e.g Uni Students, Bluestone staff etc.

Method of assessment

- Very simple 5 question telephone interview (Service Leads will sign this off);
- Assessments will be scripted for interviews in a simple proforma;
- C. 20 individuals needed to 'interview' large volume intensively over 3-5 days;
- Minimal approach to standard pre-employment questions.

RISK – Volume and timescale to appoint needs fully scaled down process. Risk is that we will not be following even the basics of what a good assessment process should look like. Quality of candidate will be an issue. GOLD GROUP TO NOTE AND CONFIRM WE ACCEPT THIS RISK

GOLD GROUP COMMENT - I ALSO TALKED ABOUT THE FACT WE WILL BE BREAKING LEGISLATION BY ASKING SENSITIVE QUESTIONS EG PREGNANCY, UNDERLYING HEALTH CONDITIONS – WAS ACCEPTED IN THE CIRCUMSTANCES AS A REASONABLE STEP LINKED TO PROTECTING THE CANDIDATES – ASKED IF WE COULD ALSO ASK ABOUT AGE TO MIRROR THE VULNERABLE GROUPS – AGAIN UPDATE VIA BRONZE

AMT RESPONSE– . We will be asking about age. We will not be breaking legislation in these specific circumstances. We will be relying on an element in the Equality Act 2010 which sets out a number of "occupational requirement" exceptions that employers might rely on when facing discrimination claims. An employer is entitled to apply this where doing so is a "proportionate means of achieving a legitimate aim". The following clause will be used.

In light of the current situation with COVID-19 (Corona Virus), applicants are asked to be mindful of their own safety in respect of the current governmental guidance. This role will be public facing and there is an expectation that you will be in regular contact with the members of the general public and colleagues. Those who are self isolating or practicing social distancing for their own health reasons are politely asked not to apply at this time whilst we manage our staff during this pandemic. This is an unusual restriction, but is in line with the current guidance during these unprecedented times as a public health measure to protect our staff and the general public.

Method of appointment

- Corporate led process designed and led by W&OD team;
- Team of 'interviewers' following agreed script;
- Simple flowchart to highlight any situations where we WILL NOT appoint otherwise all applications converted to offers;
- Offer will be made at the end of the telephone call if all issues meet an agreed 'green' criteria. If there are issues linked to question of competency, health, general conduct these will be categorised as 'amber'. The call will be ended and the W&OD team asked for advice. If the W&OD team are satisfied that the issues are not sufficient to justify not making an offer the candidate will be called back and an offer made. If the issues identified meet a 'red' criteria no offer will be made and the candidate will be thanked for their interest;
- Offer made subject to satisfactory completion of a number of pre-employment checks BUT we will be risk assessing these to allow candidates to start and checks completed either ON or as soon as possible AFTER day 1.

Risk – no ownership for the 'offer' at service level. Volume of 'amber' cases may affect timeline for offers to be made. Quality of candidate may be an issue. GOLD GROUP TO NOTE AND CONFIRM WE ACCEPT THIS RISK

ACCEPTED THE RISK TWO ACTIONS REQUIRED – (1) WE HAVE ESCALATED WORKFORCE PROCEDURE FOR ANY INDIVIDUALS WHO ARE LATER DEEMED UNSUITABLE & (2) WE DEVELOP A SUPERVISION FRAMEWORK/GUIDANCE FOR MANAGERS SO THEY RECOGNISE WE DON'T KNOW THESE CANDIDATES IN THE SAME WAY WE USUALLY DO – SO NEED TO THINK ABOUT ADDITIONAL SUPPORT BEING PUT IN PLACE TO HELP THEM – AGAIN VIA BRONZE

AMT – both points noted and will be actioned.

Process post-offer

- Candidates to be offered an almost immediate start date as induction programme and service teams can accommodate;
- Learning and Development Team are currently developing what a fully scaled down induction and training programme will include;
- Completion of suite of 'pre-employment' checks taking risks on each one at the time of offer, completing some on Day 1, some as soon as possible thereafter and some not at all.

2 references	Not being actioned
Right to work in UK/Immigration – check passport	Question asked at Interview – prompt to bring papers on day 1.
Qualifications check	Not being actioned
Occ Health check	Not being actioned
DBS	Declaration Question asked at Interview Utilise transferrable DBS wherever possible If no DBS - Either risk assessed and completed post Day 1 OR if the Police can provide support we can DBS pre-day 1.
Passport/ birth certificate as payroll require DOB verified.	Day 1

RISK: Variation to policy and procedure for 'pre-employment' checks. GOLD GROUP TO NOTE AND CONFIRM WE ACCEPT THIS RISK

IN THE CIRCUMSTANCES ACCEPTED – NEED FOR POLICE SUPPORT TO BE ESCALATED – I'VE ASKED SAM HUSSELL IF WE HAVE A RESPONSE OR THE FORMAL RESPONSE WILL BE ACTIONED CENTRALLY.

HAPPY WITH PASSPORT, DOB, RIGHT TO WORK BEING CHECKED

ACCEPT OTHER CHECKS WILL NOT BE ACTIONED AT RECRUITMENT STAGE, SHOULD WE LOOK TO KEEP FOR LONGER WILL THEN BE UNDERTAKEN AGREED.

AMT response – all points noted.

Conclusion

Gold Group to note:

- The significant variation to current policy and best practice in order to ensure we recruit large volumes in 3 weeks;
- Other NHS Organisations are probably considering similar measures but we do not have the time to engage and benchmark approaches elsewhere to 'sense check' level of risk others are prepared to take;
- The significant support the W&OD team will need from other corporate directorates to deliver the strategy in 3 weeks. The interview process, checks needed on Day 1 and on-boarding this volume of candidates will require significant resource;
- The project management plan is under development. As the key issues, challenges, risks and resources required are identified a further paper may need to be presented to the Gold Group.
- Annmarie Thomas will be the Strategic Delivery Lead for this project. A project management approach will be adopted with a key focus on daily progress against milestones. This project will be Annmarie's only focus for 3 weeks.

Paper prepared by Annmarie Thomas, Head of Workforce: Resourcing and Utilisation. 22.3.20 10:16

Approved by Gold 23.3.20

COVID-19

<table>
<tr><th></th><th></th><th>LEAD</th></tr>
<tr><td>Stage 1</td><td>Demand identified</td><td>Managers</td></tr>
<tr><td>Stage 2</td><td>Demand recorded, tracked and reported</td><td>Sharon Richards</td></tr>
<tr><td>Stage 3</td><td>1. How will demand be met
a. Internal deployment (own staff)
b. Volunteers (external)
c. Contracted out (SLA)
d. Recruitment
e. Mass recruitment – students - paid
2. Commission (a) – (d) leads to act in accordance with their own agreed process to deliver supply</td><td>Which individual or Team who can look at posts and agree best source of supply a, b, c or d?

Triage/filter centre – who?</td></tr>
<tr><td>Stage 4</td><td>
<table>
<tr><th>A
INT. DEPL.
(TW)</th><th>B
VOLUNTEERS
(CD)</th><th>C
CONTRACTED
(Bluestone)</th><th>D
RECRUIMENT
(SO)</th><th>E
MASS
RECRUITMENT
(STUDENTS)
(WO)</th></tr>
<tr><td>These leads need to define their stage post Stage 4</td><td>These leads need to define their stage post Stage 4</td><td>These leads need to define their stage post Stage 4</td><td>1. Advertise
2. Interview
3. Offer</td><td></td></tr>
</table>
</td><td>Tracy Warmsley/Amanda Glanville</td></tr>
</table>

SOURCE OF SUPPLY ROUTE D – RECRUITMENT

Stage 5	Recruitment send list to L&D	Sally Owen
Stage 6	L&D receive list, induct/train, organise starts with SERVICE (for Porter, HCSW, RN do PECS during training so PECS will be done for these before they arrive on site with the service)	Amanda Glanville
Stage 7	Service get list of new starters to expect on which day and which time, plan Day 1 activity from Amanda.	Managers

	County Workforce Teams will lead PEC process/candidate experience/ liaison with service on each sites.	County Workforce
Stage 8	PEC pack in entirety back to Hafan Derwen Resourcing for QA, data entry and complete on-boarding process.	County Workforce to send safely to Recruitment daily (need a process for safe delivery across all 4 sites – asked Sharon Richards to look at this with Kim)
Stage 9	Recruitment send starter to Payroll and OH form to OH	Sally Owen
Stage 10	Recruitment to send OH forms to OH	Sally Owen
Stage 11	OH Dept to manage screening	Vanessa Davies
Stage 12	Payroll to receive starter forms	Jason
Stage 13	ESR/Rostering actions	Michelle

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Internal Deployment Implementation Process for Covid 19

This process is designed to consider changes or temporary deployment in broadly two sets of circumstances:
1. Where there is a need to make changes to staff existing ways of working, including but not limited to hours or work, days of work, location etc. to ensure appropriate support for Covid 19 across the Health Board; and
2. Where there is a need to deploy a staff member temporarily to conduct another role, task or duty, to support for Covid 19 across the Health Board.

This flowchart should be considered alongside the Staff Categorisation document recently agreed by the Tactical Command Group. Line Managers should use the Categorisation document to determine which of their staff are essential and which are currently not deemed to be essential in terms of the Covid 19 arrangements. It should be noted that those staff designated as 'essential' in categories 1 and 2 will be working on matters deemed crucial towards the planning arrangements. Staff in category 3 are those most likely to be subject to this deployment process.
Line Managers should use the document at Appendix A to scope a better understanding of all staff who could fall into category 3 and others within their team who are available for deployment. They should then submit them to Susan Jarvis, Senior Workforce Manager in the Internal Deployment team. Line Managers are encouraged to update in respect of any deployment arrangements already actioned and provide details to Susan Jarvis: Susan.Jarvis4@wales.nhs.uk . This will allow for a central database of all internal deployment to be recorded.

1. Communication - Why is this important

Whilst some staff are likely to come forward and ask to help elsewhere it is likely that many staff will be anxious or at least have some reservations about moving roles especially if in doing so the new role may bring them into contact with Covid 19 patients. Managers therefore need to consider any concerns carefully and compassionately. Managers should seek to reassure staff as best they can and emphasise that any staff who are requested to undertake roles in infected areas will be provided with appropriate PPE and training in its proper use. Whatever role staff might be deployed into, Line Managers should ensure that appropriate training has been identified and provided. It is vitally important that Managers take time to fully explain the reason for the need to transfer individuals and that it is in the interests of providing safe and effective patient care or maintaining services. Line Managers should link with Susan Jarvis in the Deployment team in order to assist with discussions with staff and also in respect of advice and support throughout this process. They can also secure advice from their local Workforce Teams.

2. Ask staff to agree with the change

Try and encourage staff to consider the request and seek agreement to the deployment. Line Managers should also seek volunteers to deploy and agreement to change.

3. Managers decision

If there are insufficient numbers of staff who agree to be deployed then Line Managers will have to decide, based on the information available to them, to determine which staff to transfer. Line Managers are again advised to link to the Deployment Team where they will be able to access appropriate support from an Operational Workforce practitioner. Line Managers will be asked to gather appropriate information about their staff to ensure this selection is undertaken fairly and reasonably. This can be undertaken by matching those with the appropriate knowledge, skills and experience for the new role, taking into account where possible individual circumstances.

4. Review the information to help make a decision

The Line Manager will need to review all of the information gathered and determine which staff are able to be deployed to another area.

5. Talk to your staff about the consequences

Line Managers will be expected to talk to their staff who are able to be potentially deployed. The following issues should be discussed so that they understand: - Reiterate the need to deploy staff to a core or supporting area to ensure safe and effective patient care and maintenance of services; Encourage staff to volunteer and seek agreement wherever possible; If need be, emphasise that the Health Board requires staff to work flexibly in the interests of patient care and maintaining services; - Emphasise the potential to increase skills by working in another area - Emphasise that the deployment will be temporary - Consider whether the deployment can be arranged on a rotational basis i.e. with other team members. In circumstances where a change to the way existing responsibilities are delivered is needed, Managers should consider individual impact at this stage and seek advice as appropriate.

6. Implementing the change

In these exceptional circumstances, it is acknowledged that it may not be possible to provide appropriate contractual notice to implement the deployment and would encourage managers to agree short notice periods with staff taking account of any difficulties raised by the staff. Work with the member of staff to be reasonable,

particularly if they have personal circumstances that may require adjustment. If necessary and as a last resort, you may require a staff member to be deployed provided the request is reasonable and in line with essential service needs. We would hope that staff understand and agree to the requests being made to support services. Managers should also keep a record if possible of what was agreed and discussed. Appropriate advice should be sought from the Operational Workforce link in the Deployment team in relation to any employee relations issues arising from this process.

Links to the relevant policies are below.

http://www.wales.nhs.uk/sitesplus/documents/862/315-DeploymentofStaffProcedureV4.pdf

http://www.wales.nhs.uk/sitesplus/documents/862/315-InternalDeploymentProcedure-Managers%27DeploymentGuide-v2.pdf

NHS Wales

COVID-19 (Coronavirus)

Temporary redeployment / alternative duties principles

Context

The Covid-19 pandemic is placing unprecedented challenges on NHS Wales. Services have had to be reconfigured to respond to the increase in the demand and therefore the way in which many of our services are provided has had to change and adapt to fit in with this response. These rapid changes have led to significant changes to many roles and there are areas where normal NHS services have been reduced or which have been suspended for the duration of the pandemic. Accordingly, there are staff whose roles have or will temporarily diminish during the period of the response to the pandemic and who have skills and or the ability to take up a different role on a temporary basis in NHS Wales to help with the unprecedented challenges facing the service.

To respond to this challenge, NHS Wales staff may therefore be required to work differently or outside of their usual job description for a temporary period. Health Boards and Trusts will coordinate such temporary redeployments either internal to the organisation or between organisations through processes which will be guided by a common set of principles.

Principles

1. It is the expectation that during the Covid-19 crisis that any NHS Wales employees who are no longer required to perform their current roles will be open to redeployment to an alternative role on a temporary basis, until such time as the Covid-19 crisis has concluded.

2. Individuals will have the opportunity to consider the role(s) being proposed and organisations should ensure that there is partnership involvement in the strategy and approach which the organisation is using to temporarily redeploy staff.

3. Staff will either self-identify or will be identified by managers/service leads if their current role has temporarily diminished or may not be required, during the response to the pandemic.

4. Organisations will identify the roles where additional capacity is required and put in place a process to align individuals to those needs.

5. If organisations do not have any roles for temporary redeployment or if there are more employees requiring temporary redeployment then consideration will be given to temporary redeployment to another NHS Wales organisation.

6. It is essential that staff are flexible when responding to redeployment requests, even if they only have the basic abilities required.

7. Organisations will ensure that staff have the necessary induction and introductory training in their new department/service, they will be clear on what is expected of the member of staff being redeployed and inform them of what additional on-the-job training and support will be provided. This will include any necessary health and safety requirements for the role.

8. Organisations will consider and mitigate (e.g. a non-shift worker being required to work shifts,) any changes to working patterns and travel which may affect the employee's ability to effectively commit to the role. Individual risk assessments should be carried out where requested or required and any reasonable adjustments made in accordance with the Equality Act.

9. Pay (including any enhanced elements of pay) in all instances will be protected, even where staff are fulfilling a lower banded post.

10. It is recognised that some staff will be worried about putting their own and their family's health at risk if particular roles and the location of those roles are proposed for them whilst Covid-19 prevalent. In respect of these redeployment principles there are no circumstances where employees who do not usually provide direct patient care will be expected to do so, or will be expected to undertake roles in patient care areas if they do not wish to. Such roles may be offered and it will be for individuals to determine for themselves whether they wish to take up such roles on a temporary basis. Similarly, staff working in patient care areas may be offered work in another patient care area and the same principles apply.

11. Where an employee considers that the temporary alternative employment is not suitable, the reasons will be explored with them and where possible, alternative roles will continue to be sought.

12. If an employee declines to undertake all available suitable alternative roles presented to them, then the matter will be discussed with the employee, in partnership with their trade union representatives if requested, and other avenues and opportunities explored e.g. home working on different tasks and duties or re-deployment to another Health Board/Trust.

13. At the end of the response to the Covid-19 pandemic, in all circumstances the employee will be guaranteed a return to their substantive job with their employing Health Board or Trust. Any necessary support will be provided to ensure a smooth return to their substantive job.

14. Throughout this process all staff will be treated with dignity and respect in accordance with the Core Principles of NHS Wales

Guide for Managers – Deployment Matching Process

How Workforce can help match supply and demand of staff across the Health Board during Covid 19

To help services understand who to seek support from and know the flow for deployment of staff/new starters/volunteers across the Health Board we have created this guide which highlights the process and who to go to, to seek help on particular matters:

How do I confirm my "demand" requirements?

I have identified I need some more support. This might be due to sickness gaps, new roles required for field sites, new duties identified due to Covid 19. How do I ensure this demand is centrally logged so that my request can be considered appropriately?

Demand

Any requests for Demand should be sent to:

Leanne Slaymaker, OD Project Support Officer
All requests should be made via COVID19Deployment.HDD@Wales.nhs.uk

What sources of supply of staff are available to me?

There will be 3 sources of supply which have been identified to help fill any demand need across sites:

1. Internal Deployment (existing staff) – this is coordinated by Sarah Jenkins, Head of Workforce East
2. Volunteers – this is coordinated by Christine Davies, Assistant Director of Organisational Development
3. Recruitment – this is coordinated by Annmarie Thomas, Head of Workforce: Resourcing and Utilisation

The Workforce team will assess which is the best source of supply open to you in addressing your demand. Contact details for whom you should raise all queries regarding each source of supply are highlighted below:

1. Internal Deployment of Existing Staff

All enquiries should be passed to:
Susan Jarvis, Senior Workforce Manager
Susan.Jarvis4@wales.nhs.uk
Julie Bassett, Senior Workforce Advisor
Julie.Bassett@wales.nhs.uk

Both will coordinate this source of supply. They will hold a central database showing details of all staff available for supply. Please link in with them to ensure all details of existing deployment are centrally recorded and seek advice from them regarding offers of supply.

2. Volunteering

Offers to join the volunteering bank should be sent to:

David Fretwell, Volunteer Manager
David.Fretwell@wales.nhs.uk

A new process has been developed to on-board volunteers to help with Covid 19. This should facilitate supply quickly.

3. Recruitment

All recruitment should be signposted to the Hywel Dda employment website:

Swyddi Hywel Dda Jobs

How will my request for demand be matched to ensure I have the requirement filled?

This process will be managed by the Workforce and OD Team as set out below:

Matching

All sources of Supply and Demand will then be passed by the relevant lead highlighted above be considered as follows to ensure an appropriate matching process is undertaken:

1. Meeting of the Senior Workforce Team which sits Monday, Wednesday and Friday at 9am.
2. This will allow consideration of all requests across the Health Board, allows us to record centrally and monitor to ensure appropriate skills are matched etc..

3. Leanne Slaymaker will communicate the outcome of the matching process to any Service/Manager who has made a Demand request and advise how the demand will be met. Please be aware this may be from more than one source of supply above.
4. Should any arrangements for supply indicated fall down (for example a volunteer does not turn up, or an internal member of staff refuses to undertake the duties allocated), then it is necessary for you to update the relevant supply contact so that we can keep a track of any such issues and the continuing need to fill demand.

Any general enquiries should be made via COVID19Deployment.HDD@Wales.nhs.uk

Should any advice be required regarding the Internal Deployment Implementation process – please direct to your Operational Workforce Teams

Field Hospitals
Training Gap Analysis by Staff Group

Staff Groups Deployment / Redeployment Training Needs Project Schedule

Project Start Date: 11 May 2020 | Display Week: 1
Project Lead: Tracy Walmsley

WBS	TASK	LEAD	START	END	CALENDAR DAYS	% DONE
1	**Registered Nurses**			-		
1.1	Dealing with Bariatric Patients			-	1	0%
1.2	Dementia and Delirium			-	1	0%
1.3	Discharge Planning			-	1	0%
1.4	Difficult Conversations and Questions			-	1	0%
1.5	Emotional & Psychological Resilience			-	1	0%
1.6	Fire Training - Site Specific			-	1	0%
1.7	Inhaler and Oxygen Therapy inc Breathlessness			-	1	0%
1.8	Mortuary Procedures			-	1	0%
1.9	Point of Care Testing - Blood Sugar Testing			-	1	0%
1.10	Record Management / Welsh Clinical Portal / Datix Training			-	1	0%

Staff Groups Deployment / Redeployment Training Needs Project Schedule

Project Start Date: 11 May 2020 | Display Week: 1
Project Lead: Tracy Walmsley

TASK	LEAD	PREDECESSOR	START	END	CALENDAR DAYS	% DONE	WORK DAYS
Health Care Support Workers (Band 2)							
Dealing with Bariatric Patients					1	0%	
Dementia and Delirium					1	0%	
Discharge Planning					1	0%	
Emotional & Psychological Resilience					1	0%	
Fire Training - Site Specific					1	0%	
Inhaler and Oxygen Therapy inc Breathlessness					1	0%	
Mortuary Procedures					1	0%	
Point of Care Testing - Blood Sugar Testing					1	0%	
Record Management / Welsh Clinical Portal / Datix Training					1	0%	
Revised Mobility Support 1					1	0%	
Support for Frailty Patients 1					1	0%	

Staff Groups Deployment / Redeployment Training Needs Project Schedule

Project Start Date: 11 May 2020 | Display Week: 1
Project Lead: Tracy Walmsley

TASK	LEAD	PREDECESSOR	START	END	CALENDAR DAYS	% DONE	WORK DAYS
Oxygen Guardian (HCSW Band 3) / Respiratory Support Worker (B2/B3)							
Discharge Planning					1	0%	
Dementia and Delirium					1	0%	
Fire Training - Site Specific					1	0%	
Inhaler and Oxygen Therapy inc Breathlessness					1	0%	
Mortuary Procedures					1	0%	
Record Management / Welsh Clinical Portal / Datix Training					1	0%	

Staff Groups Deployment / Redeployment Training Needs Project Schedule

Project Start Date: 11 May 2020 — Display Week: 1
Project Lead: Tracy Walmsley

TASK	LEAD	PREDECESSOR	START	END	CALENDAR DAYS	%DONE	WORK DAYS
Care Navigator				-			-
Discharge Planning				-	1	0%	-
Dementia and Delirium				-	1	0%	-
Fire Training - Site Specific				-	1	0%	-
Manual Handling				-	1	0%	-
Manual Handling				-	1	0%	-
Record Management / Welsh Clinical Portal / Datix Training				-	1	0%	-
Reduced Mobility Equipment				-	1	0%	-
Support for Frailty Patients				-	1	0%	-

Staff Groups Deployment / Redeployment Training Needs Project Schedule

Project Start Date: 11 May 2020 — Display Week: 1
Project Lead: Tracy Walmsley

TASK	LEAD	PREDECESSOR	START	END	CALENDAR DAYS	%DONE	WORK DAYS
Therapies				-			-
Dentistry with Bariatric Patients				-	1	0%	-
Discharge Planning				-	1	0%	-
Record Management / Welsh Clinical Portal / Datix Training				-	1	0%	-
Skills for Care (SfC)				-	1	0%	-

Staff Groups Deployment / Redeployment Training Needs Project Schedule

Project Start Date: 11 May 2020 — Display Week: 1
Project Lead: Tracy Walmsley

TASK	LEAD	PREDECESSOR	START	END	CALENDAR DAYS	%DONE	WORK DAYS
Domestic / Catering Staff				-			-
Dementia and Delirium				-	1	0%	-
Decontamination 1				-	1	0%	-
Fire Training - Site Specific				-	1	0%	-
Food and Drink Hygiene Procedures 1				-	1	0%	-
Manual Handling - Patients?				-	1	0%	-
Meal-time Round Procedures				-	1	0%	-
Support for Frailty Patients				-	1	0%	-

Staff Groups Deployment / Redeployment Training Needs Project Schedule

Project Start Date: 11 May 2020 — Display Week: 1
Project Lead: Tracy Walmsley

TASK	LEAD	PREDECESSOR	START	END	CALENDAR DAYS	%DONE	WORK DAYS
Ward Clerks / Administration				-			-
Basic Cash Recording Procedures				-	1	0%	-
Fire Training - Site Specific				-	1	0%	-
Manual Handling				-	1	0%	-
Outside Work Ordering Procedures				-	1	0%	-
Record Management / Welsh Clinical Portal / Datix Training				-	1	0%	-

Staff Groups Deployment / Redeployment Training Needs Project Schedule

Project Start Date: 11 May 2020
Project Lead: Tracy Walmsley
Display Week: 1

TASK	LEAD	PREDECESSOR	START	END	CALENDAR DAYS	%DONE	WORK DAYS
Mortuary Technicians							
Decontamination					1	0%	
Infection Control					1	0%	
Fire Training - Site Specific					1	0%	
Mortuary Procedures					1	0%	
Manual Handling					1	0%	

Staff Groups Deployment / Redeployment Training Needs Project Schedule

Project Start Date: 11 May 2020
Project Lead: Tracy Walmsley
Display Week: 1

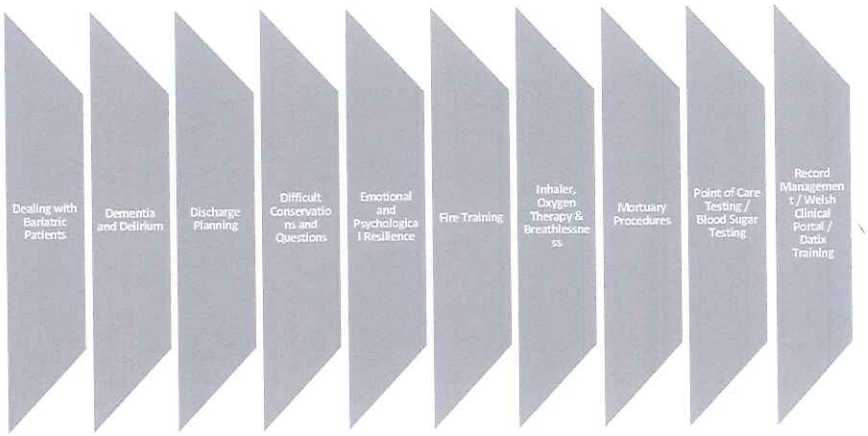
TASK	LEAD	PREDECESSOR	START	END	CALENDAR DAYS	%DONE	WORK DAYS
Porters							
Dealing with Bariatric Patients					1	0%	
Fire Training - Site Specific					1	0%	
Food and Drink Hygiene Procedures ?					1	0%	

Staff Groups Deployment / Redeployment Training Needs Project Schedule

Project Start Date: 11 May 2020
Project Lead: Tracy Walmsley
Display Week: 1

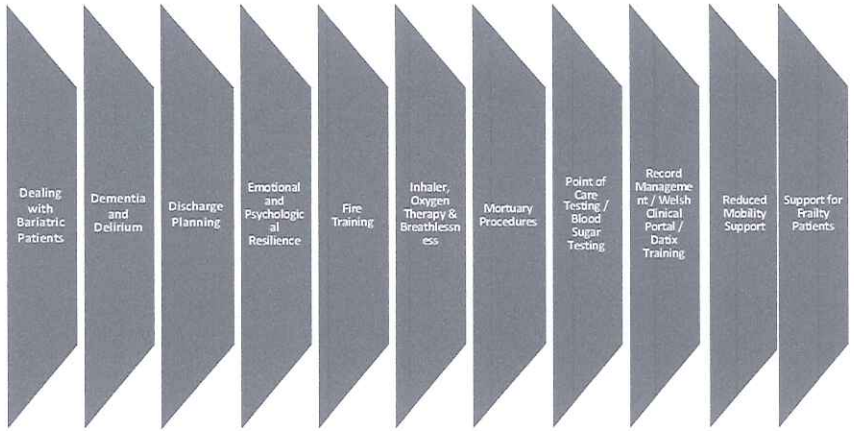
TASK	LEAD	PREDECESSOR	START	END	CALENDAR DAYS	%DONE	WORK DAYS
Drivers							
Decontamination					1	0%	
Infection Control					1	0%	
Fire Training - Site Specific					1	0%	
Manual Handling - Non Patient Loads					1	0%	

Additional Training Programmes Required - Registered Nurses – All Sites



Covid-19

Additional Training Programmes Required – Health Care support Workers – All Sites



Covid-19

Additional Training Programmes Required – Oxygen Guardian / Respiratory Support Worker – All Sites



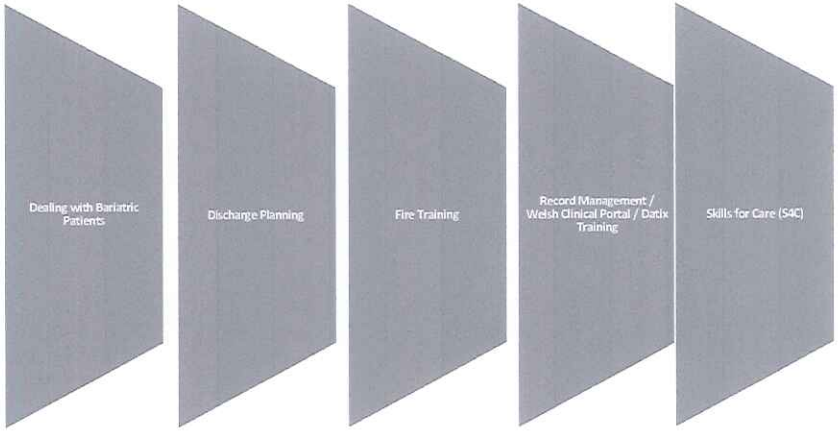
Covid-19

Additional Training Programmes Required – Care Navigator– All Sites



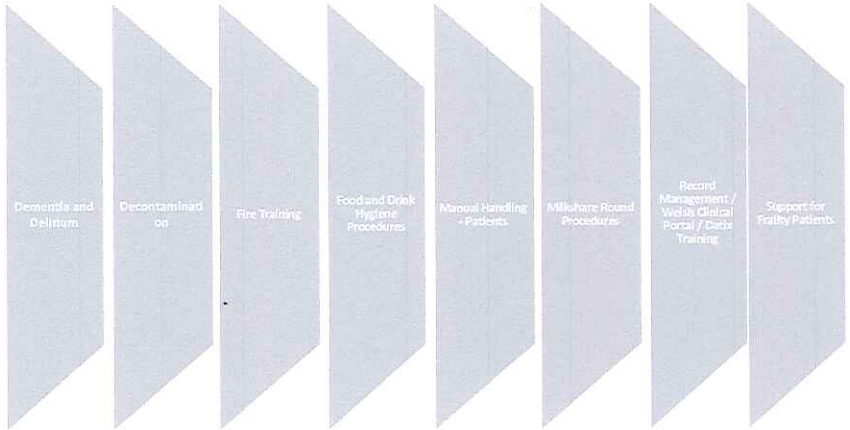
Covid-19

Additional Training Programmes Required – Therapies – All Sites



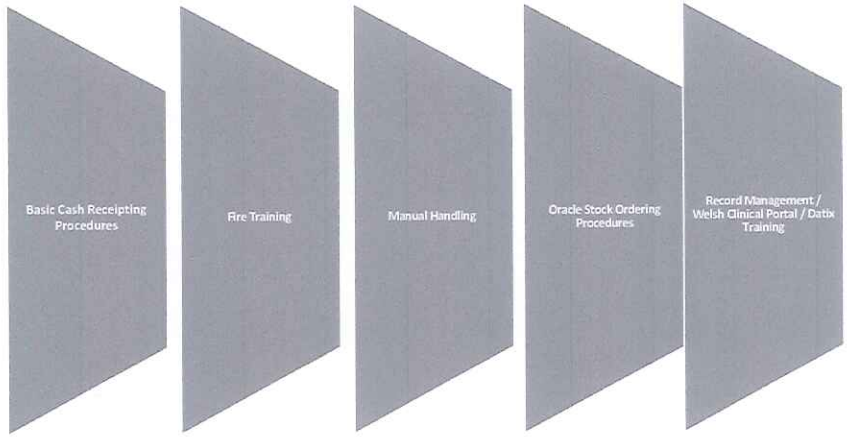
Covid-19

Additional Training Programmes Required – Domestic / Catering Staff – All Sites



Covid-19

Additional Training Programmes Required – Ward Clerks / Administration – All Sites

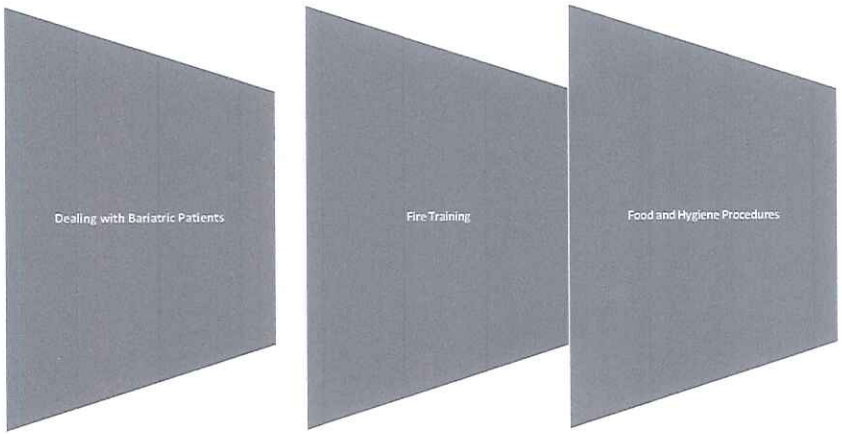


Covid-19

Additional Training Programmes Required – Mortuary Technicians – All Sites

Covid-19

Additional Training Programmes Required – Porters – All Sites



Parc Y Scarlets Barn | **Parc Y Scarlets Stadium** | Selwyn Samuel Centre | Llanelli Leisure Centre | Car

Parc Y Scarlets Stadium: Training Needs Project Schedule

Project Start Date: Monday, May 11, 2020
Project Lead: Tracy Walmsley
Display Week: 1

Week 1 — 11 May 2020: 11 12 13 14 15 16 17 (M T W T F S S)
Week 2 — 18 May 2020: 18 19 20 21 22 23 24 (M T W T F S S)
Wee — 25 Ma: 25 26 27 2 (M T W 1)

WBS	TASK	LEAD	PREDECE!	START	END	CALENDAR DAYS	% DONE	WORK DAYS
1	**Registered Nurses**							
1.1	Dealing with Bariatric Patients					1	0%	
1.2	Dementia and Delirium					1	0%	
1.3	Dicharge Planning					1	0%	
1.4	Difficult Conservations and Questions					1	0%	
1.5	Emotional & Psychological Resilience					1	0%	
1.6	Fire Training - Site Specific					1	0%	
1.7	Inhaler and Oxygen Therapy inc Breathlesness					1	0%	
1.8	Mortuary Procedures					1	0%	
1.9	Point of Care Testing - Blood Sugar Testing					1	0%	
1.10	Record Management / Welsh Clinical Portal / Datix Training					1	0%	
						1	0%	
2	**Health Care Support Workers (Band 2)**							
2.1	Dealing with Bariatric Patients					1	0%	
2.2	Dementia and Delirium					1	0%	
2.3	Dicharge Planning					1	0%	
2.4	Emotional & Psychological Resilience					1	0%	
2.5	Fire Training - Site Specific					1	0%	
2.6	Inhaler and Oxygen Therapy inc Breathlesness					1	0%	
2.7	Mortuary Procedures					1	0%	
2.8	Point of Care Testing - Blood Sugar Testing					1	0%	
2.9	Record Management / Welsh Clinical Portal / Datix Training					1	0%	
2.10	Reduced Mobility Support ?					1	0%	
2.11	Support for Frailty Patients ?					1	0%	
						1	0%	
4	**Oxygen Guardian (HCSW Band 3) / Respiratory Support Worker (B2/B3)**							
4.1	Dicharge Planning					1	0%	
4.2	Dementia and Delirium					1	0%	
4.3	Fire Training - Site Specific					1	0%	
4.4	Inhaler and Oxygen Therapy inc Breathlesness					1	0%	
4.5	Mortuary Procedures					1	0%	
4.6	Record Management / Welsh Clinical Portal / Datix Training					1	0%	
5	**Care Navigator**							
5.1	Dicharge Planning					1	0%	
5.2	Dementia and Delirium					1	0%	
5.3	Fire Training - Site Specific					1	0%	
5.4	Mortuary Procedures					1	0%	
5.5	Manual Handling					1	0%	
5.6	Record Management / Welsh Clinical Portal / Datix Training					1	0%	
5.7	Reduced Mobility Support					1	0%	
5.8	Support for Frailty Patients					1	0%	
6	**Therapies**							
	Dealing with Bariatric Patients					1	0%	
	Dicharge Planning					1	0%	
6.3	Record Management / Welsh Clinical Portal / Datix Training					1	0%	
6.4	Skills for Care (S4C)					1	0%	
7	**Domestic / Catering Staff**							
7.1	Dementia and Delirium					1	0%	
7.2	Decontamination ?					1	0%	
7.3	Fire Training - Site Specific					1	0%	
7.4	Food and Drink Hygiene Procedures ?					1	0%	
7.5	Manual Handling - Patients?					1	0%	
7.6	Milkshake Round Procedures					1	0%	
7.7	Support for Frailty Patients					1	0%	
6	**Ward Clerks / Administration**							
6.1	Basic Cash Receipting Procedures					1	0%	
6.2	Fire Training - Site Specific					1	0%	
6.3	Manual Handling					1	0%	
6.4	Oracle Stock Ordering Procedures					1	0%	
6.5	Record Management / Welsh Clinical Portal / Datix Training					1	0%	
8	**Mortuary Technicians**							
8.1	Decontamination					1	0%	
8.2	Infection Control					1	0%	
8.3	Fire Training - Site Specific					1	0%	
8.4	Mortuary Procedures					1	0%	
8.5	Manual Handling					1	0%	
9	**Porters**							
9.1	Dealing with Bariatric Patients					1	0%	
9.2	Fire Training - Site Specific					1	0%	
9.3	Food and Drink Hygiene Procedures ?					1	0%	
10	**Drivers**							
10.1	Decontamination					1	0%	
10.2	Infection Control					1	0%	
10.3	Fire Training - Site Specific					1	0%	
10.4	Manual Handling - Non Patient Loads					1	0%	

Workforce Plan & Processes Linkages

Notes from Training & New Role Development & Implementation Meeting (links to WFP)

Training & new role development

Issues/challenges to address:

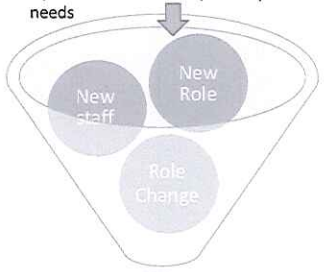
1. New role development - silo working emerging, management of expectations, i.e. timelines, job matching, our roles (workforce/professions)
2. Governance weaknesses developing
3. Quality Assurance i.e. identification of learning needs, trainer accreditation
4. Linkages to Finance
5. Resources – Trainer availability risk
6. Role pipeline, alignment to training
7. Infrastructure i.e. T&F Group

Opportunities:

1. Reinstatement of EAGLE & Governance methods assured/tested in COVID/BUA scenarios
2. Clarify/define our offer & process for "new role development & implementation"
3. Quality Assurance/ROI i.e. identification of learning needs,train the trainer model and trainer accreditation

Strategic workforce plan = strategic capabilities

Operational workforce plan = operational needs



Learning Needs Analysis (Strategic and Individual Capability Aligned)

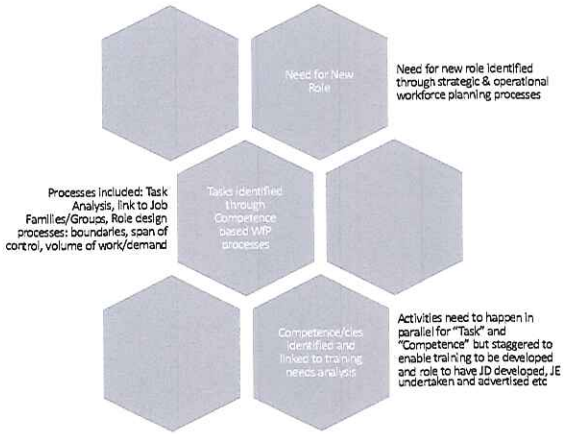
Implementation of Workforce Plan for a "Buy and Building the Workforce" scenario:

New staff: Induction Skills 2 Care etc

New role: respiratory support worker, family liaison officer, B2,3,4 generic roles (links to AP roles)

Role change: deployment, promotion *

- Gap currently in terms of corporate programme (fits more with talent strategy)
- Deployment or targetted corporate programmes i.e. "Winter Warriors" could be constructed as with COVID ITU



Need for new role identified through strategic & operational workforce planning processes

Processes included: Task Analysis, link to Job Families/Groups, Role design processes: boundaries, span of control, volume of work/demand

Activities need to happen in parallel for "Task" and "Competence" but staggered to enable training to be developed and role to have JD developed, JE undertaken and advertised etc

How to commission & develop a new role:



Post COVID 19 Peak – Ongoing Workforce Planning & Process Development:
27 May 2020

Summary of questions to continue to address?

1. What's our offer?
2. What does that mean for how we construct our service?
3. What infrastructure do we need?
4. What resource does that require?

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

EAGLE

Excellence, Assurance and 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, New Roles and Competence

Policy Number:		Supercedes:	EAGLE for the regulation and registration of HCSW EAGLE for Advanced Practice EAGLE for Clinical Skills Competence EAGLE for Competence	Standards For Healthcare Services No/s	7

Version No:	Date Of Review:	Reviewer Name:	Completed Action:	Approved by:	Date Approved:	New Review Date:
1		Angie Oliver		Workforce & OD Sub-Committee		N/A

Brief Summary of Document:	This OD Strategy and Framework outlines the governance arrangements for Hywel Dda's employer-led regulation and registration system of advanced, extended and new roles, which are either not specifically identified, or are not included within the state registration.

To be read in conjunction with:	All-Wales Delegation Guidelines, All-Wales Strategy for a Flexible and Sustainable Workforce, Learning and Development Policy All Wales HCSW Career Framework

Classification:	Workforce &OD	Category:	Strategy Framework	Freedom Of Information Status	Open

Authorised by:	Lisa Gostling	Job Title	Director of Workforce &OD	Signature:	

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

EAGLE

Excellence, Assurance & Governance in a Learning Environment

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EMPLOYER-LED REGULATION AND REGISTRATION SYSTEM

of

ASSISTANT PRACTICE, ADVANCED PRACTICE, EXTENDED ROLES, NEW ROLES and COMPETENCE

WITHIN HYWEL DDA UNIVERSITY HEALTH BOARD

Approved OCTOBER 2009
Revised January 2016
to include and update all previous Eagle Frameworks

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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

1. INTRODUCTION

Hywel Dda University Health Board (UHB) approved the EAGLE Governance Strategy and Framework in October 2009. This framework sets a robust mechanism which links responsibility, accountability and competence to the Health Board's internal registration and regulation system. This framework is deigned to ensure the protection of:

- the patient/service user/client
- the organisation
- the support worker
- the registered professional

Hywel Dda UHB is actively investing in competence development, expansion, extension and development of new roles. As the current statutory regulation does not specifically identify or may not include many of these roles, there is a need to assure the organisation and the public that the care they receive will be provided by a health care worker, who is able to demonstrate competence in the skills they require to deliver the care, in a safe and effective manner.

2. THE EAGLE FRAMEWORK DEVELOPMENT

Since 2009, four EAGLE frameworks have been developed. The initial framework established the way in which clinical support worker roles were developed, implemented, monitored and assessed as the need to increase the number and range of these posts, particularly within the support worker, required the UHB to strengthen governance arrangements, to ensure the safe and effective delivery of healthcare by support workers in the organisation.

Since then, much work has been progressed in implementing this strategy, and a further three frameworks were developed to encompass Advanced Practice, Competence and Clinical Competence.

More recent testing of the frameworks has proven its effectiveness in extension of duties/roles and a range of toolkits have been developed to support -

- the development of new, extended and expanded roles – this includes cross-sector roles
- the development of Advanced Practice Roles
- the development of Assistant Practice Roles
- the assessment and assurance of competence

STAFF GROUP	Glangwili	Prince Phillip	Bronglais	Withybush	Carmarthenshire County	Ceredigion County	Pembrokeshire County	Mental Health & Learning Disabilities	Women's And Children's Services	Corporate	Total	Vacancy as % Staff in Post
Additional Clinical Services 17/18	**3.55**	**0**	**2**	**3.9**	**9.6**	**0**	**0**	**0.49**	**2.4**	**1**	**20.54**	**0.75%**
Additional Clinical Services 16/17	4.78	4.7	1.8	10.86	0	0	0	8.8	3.78	60	94.72	5.79%
Additional Prof, Sci & Tech17/18	**1.6**	**2.8**	**1**	**0**	**1**	**0.8**	**0**	**1**	**0**	**0.8**	**8.2**	**2.4%**
Additional Prof, Sci & Tech /17	4	1	1	1	1	0	0	1	0	1.19	10.19	3.67%
Admin & Clerical17/18	**3**	**0.8**	**2.2**	**4.9**	**2**	**0.8**	**0**	**8.2**	**2**	**16.88**	**40.94**	**2.24%**
Admin & Clerical16/17	3.26	1	4.24	4.62	3	0	0	5.5	0.85	16.53	39.00	2.79%
Allied Health Prof. 17/18	**7.5**	**1**	**2**	**1**	**3**	**0**	**0**	**6.3**	**0**	**0**	**20.99**	**3.3%**
Allied Health Prof.16/17	18.6	0	1	3.4	5	0	1	6	0.6	3.8	39.4	7.33%
Estates & Ancillary 17/18	**4.30**	**0**	**4.8**	**3.34**	**0**	**0**	**0**	**0**	**0**	**0**	**12.44**	**0.94%**
Estates & Ancillary16/17	3.26	0	1.67	13.47	0	0	1.07	-	0	-	19.47	2.42%
Health Care Scientists 17/18	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0.6%**
Health Care Scientists16/17	1	0	2.6	1.55	-	-	-	0	-	-	5.15	3.32%
Medical & Dental17/18	**16**	**4.6**	**26**	**18**	**2**	**0**	**5**	**8.1**	**7**	**0**	**86.7**	**8.94%**
Medical & Dental16/17	39.5	3	6	6	0	0	1.5	6	19	0	81	11.49%
Nursing & Midwifery 17/18	**45.81**	**17.45**	**23.54**	**31.20**	**0**	**0**	**3.3**	**21.6**	**5.72**	**9**	**173.61**	**5.16%**
Nursing & Midwifery 16/17	59.68	16.96	40.64	36.62	9.8	6.4	2.68	16	14.18	21	223.96	7.94%
Total 2017/18	**81.76**	**26.65**	**61.54**	**63.34**	**17.6**	**1.6**	**8.3**	**45.69**	**17.12**	**27.68**	**364.42**	**4.39%**
TOTAL 16/17	134.08	26.66	58.95	76.52	18.8	6.4	6.25	43.3	38.41	102.52	512.89	6.14%

Despite best efforts and some successes, Hywel Dda Health Board continues to

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From: Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor)
Sent: 20 May 2020 18:22
To: Alex Walsby (Hywel Dda UHB - Clinical Lead Nurse) <Alex.Walsby@wales.nhs.uk>
Subject: RE: Family Liaison Role

Hi Alex

Awesome! I will let you know when we are good to do. We are still looking on target:

As you can see of the 84 offers made there are:

- 19 yet to complete a virtual ID check
- 14 have completed ID check but are awaiting their DBS clearance
- 4 have withdrawn or been rejected based on their DBS content
- 47 ready to start

Thanks

Amanda

From: Alex Walsby (Hywel Dda UHB - Clinical Lead Nurse) <Alex.Walsby@wales.nhs.uk>
Sent: 12 May 2020 11:27
To: Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor)
<Amanda.Glanville@wales.nhs.uk>
Subject: RE: Family Liaison Role

Hi Amanda,

Yes, I am happy with this. Thank you. Thanks for reassuring me about the staff change of roles too. I spoke to one of them today and she is an ex-school teacher. She would be perfect!

Thanks, Alex

From: Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor)

<Amanda.Glanville@wales.nhs.uk>
Sent: 11 May 2020 09:45
To: Louise O'Connor (Hywel Dda Health Board - Assistant Director) <Louise.O'Connor@wales.nhs.uk>; Alex Walsby (Hywel Dda UHB - Clinical Lead Nurse) <Alex.Walsby@wales.nhs.uk>
Cc: Trish Mathias-Lloyd (Hywel Dda UHB - HCSW Development Manager) <Trish.PJ.Mathias-Lloyd@wales.nhs.uk>; Cheryl Raymond (Hywel Dda UHB - Staff Development) <Cheryl.Raymond@wales.nhs.uk>; Lisa Gostling (Hywel Dda UHB - Director of Workforce & OD (Organisational Development) <Lisa.Gostling@wales.nhs.uk>
Subject: Family Liaison Role
Importance: High

Hi Both

Please see attached the JD and Person Spec. Can you please check and confirm you are happy with this. Trish and I have begun working on the training.

Thanks

Amanda

From: Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor)
Sent: 10 May 2020 14:34
To: Alex Walsby (Hywel Dda UHB - Clinical Lead Nurse) Alex.Walsby@wales.nhs.uk
Cc: Tracy Walmsley (Hywel Dda UHB) <Tracy.Walmsley@wales.nhs.uk>
Subject: RE: Family Liaison Role

Hi Alex

This is a demand question and therefore doesn't sit with me. I have CC'd in Tracy who would be able to advise. I have only had the numbers signed off as per my original email. I did however understand that this was to include field hospitals.

Thanks

Amanda

From: Alex Walsby (Hywel Dda UHB - Clinical Lead Nurse) <Alex.Walsby@wales.nhs.uk>
Sent: 10 May 2020 13:23
To: Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor) <Amanda.Glanville@wales.nhs.uk>
Subject: RE: Family Liaison Role

Hi Amanda,

Please can I ask, is there scope for more resource available for the field hospitals to have this role also? We think it will be really valuable in the filed sites.

I understand the proposal is to open the Carmarthen site from the 1st June. The aim would be to have 2 people per day, 1 on an morning shift and 1 on the afternoon, although realistically they could do a long day if that was the preference.

Thanks, Alex

From: Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor) <Amanda.Glanville@wales.nhs.uk>
Sent: 10 May 2020 08:41
To: Louise O'Connor (Hywel Dda Health Board - Assistant Director) <Louise.O'Connor@wales.nhs.uk>; Alex Walsby (Hywel Dda UHB - Clinical Lead Nurse) <Alex.Walsby@wales.nhs.uk>
Cc: Trish Mathias-Lloyd (Hywel Dda UHB - HCSW Development Manager) <Trish.PJ.Mathias-Lloyd@wales.nhs.uk>; Cheryl Raymond (Hywel Dda UHB - Staff Development) <Cheryl.Raymond@wales.nhs.uk>; Lisa Gostling (Hywel Dda UHB - Director of Workforce & OD (Organisational Development) <Lisa.Gostling@wales.nhs.uk>
Subject: Family Liaison Role
Importance: High

Hi Both

Thanks for the meeting today. Please see attached the notes taken.

From this, I will produce a Job description and Person Specification. Can I just confirm the main points please:

- First induction 01/06/2020
- Induction will depend on DBS and Pre-Employment checks being cleared
- Amanda to speak to Recruitment in relation to vacancies
- Amanda to sort of corporate induction and training
- Alex to organise local induction

I will look at the JD tomorrow and get back to you within the next few days.

Thanks

Amanda

EV 12

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

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CAJE REFERENCE:	**HD2020/0101**
DATE APPROVED:	**21/05/2020**

JOB DESCRIPTION

JOB DETAILS

Job Title: Family Liaison Officer

Pay Band: Band 2

Hours of Work: Contracted Hours

Department: Scheduled/Unscheduled Care

ORGANISATIONAL ARRANGEMENTS

Accountable to:

1. (Managerially) Patient Experience Manager
2. (Reporting) Ward Sister or Deputy on a shift basis
3. (Professionally) Senior Nurse Manager for Bereavement

No statutory nursing or midwifery qualifications are required but you should demonstrate a caring attitude and have excellent communication skills and the ability to work as part of a team.

JOB SUMMARY / PURPOSE

The Family Liaison Officer Service has been established as a point of contact for patients and relatives to assist with communication and requests for information about care and treatment.

The aim of the service is to bridge the gap between hospital and home during a pandemic situation where visiting to the hospital is extremely limited. They will have a role in engagement with patients on the ward, will facilitate a range of patient experience activities and be key in aiding patients to use interactive equipment and entertainment devices.

The post holder will work as part of a team of ward based staff and will be required to carry out a range of assigned tasks involving non-direct care for the benefit of the patient, and will be in support of and supervised by a Registered Nurse.

This post is of an evolving nature and the job description is based upon a flexible core competency framework that will enable the post holder to develop their role. This role is linked to minimum training requirements providing competency to practice.

The post holder will support the ward clinical teams to ensure that communication is as open and accessible as possible between the patient and their chosen contacts. This will improve patient and relative experience by having a reliable and consistent communication mechanism.

The post holder will be expected to provide confidential support to patients and their carers / advocates to relay patient specific information, within agreed parameters. They will work closely with the clinical staff to ensure accurate and reliable information is relayed.

The post holder will signpost patients, carers, advocates and members of the public to relevant departments or services, facilitating responses to information queries about services provided by the Hywel Dda Health Board.

The post holder will proactively promote the work of the PALS, Information and Patient Experience service.

The post holder will work alongside the clinical nursing and medical staff, as well as the PALS team. The direct supervision will be provided by the nurse in charge of each shift. They will work effectively at all times and in conjunction with other team members, contributing to and maintaining the ward philosophy.

MAIN DUTIES AND RESPONSIBILITIES

Undertake allocated tasks in relation to patient experience and in accordance with the Health Board policies and procedures.

Assist patients / clients to achieve emotional well-being and comfort.

Promote and support the rights, responsibilities and diversity of individuals and their families / carers and to relate with kindness and empathy to all concerned.

Ensure that changes in the patients / client's condition or circumstance are reported to the allocated appropriate family member or friend.

Work within the policies and procedures as laid down within the Health Board and to observe the safety of patients / clients.

All employees of the Health Board are required to maintain the confidentiality of members of the public and patients, service users etc) and members of staff in

accordance with Health Board policies. This confidentiality of information applies during working and non – working hours.

Communicate effectively with other members of the clinical team.

Liaise with the PALS team on a daily basis for any specific patient experience activities such as facilitation of the collection/delivery of patient property; distribution of welcome packs for all new admissions; co-ordinate requests for the amazon wish list items.

Undertake other non-clinical tasks appropriate to the level of competency, at the discretion of the nurse in charge on duty.

Escalate any serious / contentious / sensitive / complex issues to the appropriate line manager.

Support the positive patient experience and proactive completion of patient experience feedback, including the recording of patient stories.

Promote equality for all individuals, to include promoting anti-discriminatory practice supporting individual rights and choice within service delivery.

Communication

Be able to communicate in a manner that is understood and always in a polite and respectful manner.

Communicate effectively with patients, negotiate care using tact and persuasive skills, and overcome any barriers to understanding, e.g. blind or deaf patients, those with speech difficulties.

Use effective communication skills within the ward/department and with all members of the team, patients, relatives and personnel from other departments.

To receive and record, potentially sensitive, communication via a range of methods, from patients, and relatives.

To build and maintain good relationships with staff across the Health Board, key stakeholders, service user groups and the local community. Communicate on a daily basis with patients and relatives, ward staff and ward visitors, ensuring this is delivered in a polite and courteous manner.

Provide highly effective communication to patients, relatives and staff members at all levels regarding the patient, utilising high levels of interpersonal and communication skills.

Ensure the exchange of confidential and sensitive information is done so in accordance with the Board's policies on information governance and confidentiality.

Engage with the use of supportive communication devices, for example iPads, to enhance patient communication with friends and relatives unable to visit.

Service Improvement

Participate in any audit as required in relation to ward activities as directed by a registered nurse.

Finance and Resources

Be aware of the efficient use of all resources available to them during the course of their duty.

Identify equipment not in good working order, reporting any faults to the Ward Manager/Senior Nurse and the Estates Department.

To have due regard for economy and use of resources whilst maintaining standards at all times.

Personal and People Development and People Management

Be able to demonstrate own duties to new or less experienced members of the team.

Information Processing

Maintain, store and retrieve accurate records using manual and computerised systems, as appropriate to the ward area.

Health, Safety and Security

The post holder has a responsibility to themselves and others in relation to managing risk, health and safety and will be required to work within the policies and procedures laid down by the Hywel Dda.

All staff have a responsibility to access occupational health, other staff support services and/or any relevant others in times of need and advice.

Effort and Environmental

The post holder may be exposed to distressing situations, e.g. emergency situations, death of a patient.

Health and Safety requirements will be an integral part of the role, as there will be exposure to infections.

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PERSON SPECIFICATION

ATTRIBUTES	ESSENTIAL	DESIRABLE	METHOD OF ASSESSMENT
Experience	No formal qualification required Good level of general education Have an understanding of the requirements of the role	Previous hospital experience.	Application form
Qualifications and Knowledge	Experience of working as part of a team. Willingness to undertake on the Job training.	Previous experience in working in a caring setting	Application form and interview.
Aptitude and abilities	Ability to embrace the following personal values and behaviours on a daily basis - • Dignity, Respect and Fairness • Integrity, Openness and Honesty • Caring, Kindness and Compassion Ability to demonstrate a commitment to our organisational values - • Working together to be the best we can be • Striving to develop and deliver excellent services • Putting people at the heart of everything we do Good communication skills Ability to keep calm in stressful situations.	Welsh Speaker	Interview
Circumstances	Flexible approach to the needs to the service. Able to travel in a timely manner if required to on occasion.		Application form and interview

GENERIC STATEMENTS

HEALTHCARE SUPPORT WORKERS

** For Healthcare Support Workers only:
All healthcare support workers should be familiar with and must comply with the Code of Conduct for Healthcare Support Workers in Wales.

COMPETENCE

The post holder is required to participate in the Hywel Dda PDR process and work towards meeting identified development needs. The postholder is required to demonstrate on-going continuous professional development. At no time should the postholder work outside their defined level of competence. If the postholder has concerns regarding this they should immediately discuss this with their Manager/Supervisor/Consultant. The postholder has the responsibility to inform those supervising their duties if they are not competent to perform a duty.

OUR VALUES

Hywel Dda University Health Board is a values driven organisation. The post holder is expected to uphold our values of dignity, respect, fairness, integrity, honesty, openness and caring, kindness & compassion underpin a behaviour framework which are supported by our organisational values of

- Putting people at the heart of everything we do
- Working together to be the best we can be
- Striving to deliver & develop excellent services

TEAM BRIEF

The post holder is required to actively participate in Hywel Dda Team Briefing in order to aid communication within the Health Board. Managers and supervisors will regularly deliver the Team Brief verbally to their own staff teams by means of a Core Brief and additional departmental information.

RISK MANAGEMENT/HEALTH & SAFETY

The postholder has a responsibility to themselves and others in relation to managing risk, health and safety and will be required to work within the policies and procedures laid down by the Hywel Dda. All staff have a responsibility to access occupational health, other staff 7 Issue Date: December 2019 - This job description will be reviewed after three years

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From: Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor)
Sent: 21 May 2020 18:27
To: Louise O'Connor (Hywel Dda Health Board - Assistant Director) <Louise.O'Connor@wales.nhs.uk>; Alex Walsby (Hywel Dda UHB - Clinical Lead Nurse) <Alex.Walsby@wales.nhs.uk>
Cc: Lisa Gostling (Hywel Dda UHB - Director of Workforce & OD (Organisational Development) <Lisa.Gostling@wales.nhs.uk>
Subject: FW: Job Description - Family Liaison Officer

HI Both

Just to let you know the attached JD has been matched. Please see attached. We are still on target for the first induction to happen on the 01/06/2020 as planned. I have just had confirmation I will confirm the names and final numbers next week when I have had clarification that all DBS/PEC checks are completed.

Once I send you the list next week, I will hand the process back to L&D to confirm rooms, etc.

Any problems, let me know.

Thanks

Amanda

Job Title	Family Liaison Officer
Job ID	RR6/2020/0101
Score	180
Band	Band 2
Status	Profile Matched
Matched To	Clerical Officer/Receptionist

Job Statement

The Family Liaison Officer Service has been established as a point of contact for patients and relatives to assist with communication and requests for information about care and treatment.

The aim of the service is to bridge the gap between hospital and home during a pandemic situation where visiting to the hospital is extremely limited. They will have a role in engagement with patients on the ward, will facilitate a range of patient experience activities and be key in aiding patients to use interactive equipment and entertainment devices.

The post holder will work as part of a team of ward based staff and will be required to carry out a range of assigned tasks involving non-direct care for the benefit of the patient, and will be in support of and supervised by a Registered Nurse.

This post is of an evolving nature and the job description is based upon a flexible core competency framework that will enable the post holder to develop their role. This role is linked to minimum training requirements providing competency to practice.

The post holder will support the ward clinical teams to ensure that communication is as open and accessible as possible between the patient and their chosen contacts. This will improve patient and relative experience by having a reliable and consistent communication mechanism.

The post holder will be expected to provide confidential support to patients and their carers / advocates to relay patient specific information, within agreed parameters. They will work closely with the clinical staff to ensure accurate and reliable information is relayed.

The post holder will signpost patients, carers, advocates and members of the public to relevant departments or services, facilitating responses to information queries about services provided by the Hywel Dda Health Board.

The post holder will proactively promote the work of the PALS, Information and Patient Experience service.

The post holder will work alongside the clinical nursing and medical staff, as well as the PALS team. The direct supervision will be provided by the nurse in charge of each shift. They will work effectively at all times and in conjunction with other team members, contributing to and maintaining the ward philosophy.

1. Communication & Relationship Skills

National Profile	2-3a	**Profile**	3
Factor Status	Matched	**Score**	21

Relevant Job Information

Be able to communicate in a manner that is understood and always in a polite and respectful manner.

Communicate effectively with patients, negotiate care using tact and persuasive skills, and overcome any barriers to understanding, e.g. blind or deaf patients, those with speech difficulties.

Use effective communication skills within the ward/department and with all members of the team, patients, relatives and personnel from other departments.

To receive and record, potentially sensitive, communication via a range of methods, from patients, and relatives.

To build and maintain good relationships with staff across the Health Board, key stakeholders, service user groups and the local community. Communicate on a daily basis with patients and relatives, ward staff and ward visitors, ensuring this is delivered in a polite and courteous manner.

Provide highly effective communication to patients, relatives and staff members at all levels regarding the patient, utilising high levels of interpersonal and communication skills.

Ensure the exchange of confidential and sensitive information is done so in accordance with the Board's policies on information governance and confidentiality.

Engage with the use of supportive communication devices, for example iPads, to enhance patient communication with friends and relatives unable to visit.

2. Knowledge, Training & Experience

National Profile	2	**Profile**	2
Factor Status	Matched	**Score**	36

Relevant Job Information

No formal qualification required

Good level of general education

Have an understanding of the requirements of the role

Experience of working as part of a team.

On the job training.

3. Analytical & Judgemental Skills

National Profile	2	**Profile**	2
Factor Status	Matched	**Score**	15

Relevant Job Information

Ensure that changes in the patients / client's condition or circumstance are reported to the

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allocated appropriate family member or friend.

Escalate any serious / contentious / sensitive / complex issues to the appropriate line manager.

The post holder will signpost patients, carers, advocates and members of the public to relevant departments or services, facilitating responses to information queries about services provided by the Hywel Dda Health Board.

4. Planning & Organisational Skills

National Profile	1-2	**Profile**	2
Factor Status	Matched	**Score**	15

Relevant Job Information

The aim of the service is to bridge the gap between hospital and home during a pandemic situation where visiting to the hospital is extremely limited. They will have a role in engagement with patients on the ward, will facilitate a range of patient experience activities.

The post holder will work as part of a team of ward based staff and will be required to carry out a range of assigned tasks involving non-direct care for the benefit of the patient

5. Physical Skills

National Profile	2-3	**Profile**	2
Factor Status	Matched	**Score**	15

Relevant Job Information

Using manual and computerized systems - Standard keyboard skills

6. Patient / Client Care

National Profile	1-2	**Profile**	2
Factor Status	Matched	**Score**	9

Relevant Job Information

The aim of the service is to bridge the gap between hospital and home during a pandemic situation where visiting to the hospital is extremely limited. They will have a role in engagement with patients on the ward, will facilitate a range of patient experience activities and be key in aiding patients to use interactive equipment and entertainment devices.

The post holder will be expected to provide confidential support to patients and their carers / advocates to relay patient specific information, within agreed parameters.

Provide highly effective communication to patients, relatives and staff members at all levels regarding the patient

The post holder will work as part of a team of ward based staff and will be required to carry out a range of assigned tasks involving non-direct care for the benefit of the patient, and will be in support of and supervised by a Registered Nurse.

Engage with the use of supportive communication devices, for example iPads, to enhance patient communication with friends and relatives unable to visit.

7. Policy & Service

National Profile	1	**Profile**	1
Factor Status	Matched	**Score**	5

Relevant Job Information

Undertake allocated tasks in relation to patient experience and in accordance with the Health Board policies and procedures.

Work within the policies and procedures as laid down within the Health Board and to observe the safety of patients / clients.

8. Financial & Physical

National Profile	1-2ac	**Profile**	1
Factor Status	Matched	**Score**	5

Relevant Job Information

Be aware of the efficient use of all resources available to them during the course of their duty.

Identify equipment not in good working order, reporting any faults to the Ward Manager/Senior Nurse and the Estates Department.

To have due regard for economy and use of resources whilst maintaining standards at all times.

9. Human Resources

National Profile	1	**Profile**	1
Factor Status	Matched	**Score**	5

Relevant Job Information

Be able to demonstrate own duties to new or less experienced members of the team.

10. Information Resources

National Profile	2a	**Profile**	2
Factor Status	Matched	**Score**	9

Relevant Job Information

Maintain, store and retrieve accurate records using manual and computerized systems, as appropriate to the ward area.

To receive and record, potentially sensitive, communication via a range of methods, from patients, and relatives.

11. Research & Development

National Profile	1	**Profile**	1
Factor Status	Matched	**Score**	5

Relevant Job Information

Participate in any audit as required in relation to ward activities as directed by a registered nurse.

12. Freedom To Act

National Profile	2	**Profile**	2
Factor Status	Matched	**Score**	12

Relevant Job Information

The post holder will work as part of a team of ward based staff and will be required to carry out a range of assigned tasks involving non-direct care for the benefit of the patient, and will be in support of and supervised by a Registered Nurse.

Undertake allocated tasks in relation to patient experience and in accordance with the Health Board policies and procedures.

The post holder will work alongside the clinical nursing and medical staff, as well as the PALS team. The direct supervision will be provided by the nurse in charge of each shift. They will work effectively at all times and in conjunction with other team members, contributing to and maintaining the ward philosophy.

13. Physical Effort

National Profile	1- 2abcd	**Profile**	1
Factor Status	Matched	**Score**	3

Relevant Job Information

Combination of sitting, standing, walking - Light physical effort

14. Mental Effort

National Profile	2a	**Profile**	2
Factor Status	Matched	**Score**	7

Relevant Job Information

The post holder will signpost patients, carers, advocates and members of the public to relevant departments or services, facilitating responses to information queries about services provided by the Hywel Dda Health Board.

To receive and record, potentially sensitive, communication via a range of methods, from

patients, and relatives.

15. Emotional Effort

National Profile	1a-2a- 3a	**Profile**	2
Factor Status	Matched	**Score**	11

Relevant Job Information

The post holder may be exposed to distressing situations, e.g. emergency situations, death of a patient.

16. Working Conditions

National Profile	1-2ae- 3ab	**Profile**	2
Factor Status	Matched	**Score**	7

Relevant Job Information

Health and Safety requirements will be an integral part of the role, as there will be exposure to infections.

The aim of the service is to bridge the gap between hospital and home during a pandemic situation where visiting to the hospital is extremely limited.

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From: Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor)
Sent: 03 June 2020 12:10
To: Annmarie Thomas (Hywel Dda UHB -Programme Lead for Medical Workforce Utilisation) <Annmarie.Thomas@wales.nhs.uk>; Lisa Gostling (Hywel Dda UHB - Director of Workforce & OD (Organisational Development) <Lisa.Gostling@wales.nhs.uk>; Steve Morgan (Hywel Dda UHB - Assistant Director of Workforce and OD) <Steve.Morgan2@wales.nhs.uk>; Christine Davies (Hywel Dda UHB - Assistant Director of Organisation Development) <Christine.Davies11@wales.nhs.uk>; Tracy Walmsley (Hywel Dda UHB - Senior Workforce Development Manager) <Tracy.Walmsley@wales.nhs.uk>; Sarah Jenkins (Hywel Dda UHB - workforce management) <Sarah.Jenkins40@wales.nhs.uk>; Kim Warlow (Hywel Dda UHB - Workforce Management) <Kim.Warlow@wales.nhs.uk>
Subject: Update of Start Date Position

Hi All

Update as promised this morning of numbers awaiting start dates and their base/position.

The ones medium risk are in hand and Annmarie and myself will pick up offline. Despite having 106 applicants to redeploy, only the medium risk are of concern, with only 24 left to deploy/re-allocate.

Thanks

Amanda

Address: Hywel Dda University Health Board,
Hafan Derwen, St. David's Park,
Jobs Well Road, Carmarthen
Carmarthenshire SA31 3BB

GIG NHS

Review of new starters awaiting start date/placement- 5pm 02/06/2020

Overview

202 awaiting start date

181 Awaiting PEC Checks

All figures below include those who were pending hold

Semi- Skilled Total 1 not offered start dates

Site	Number left to offer start	Actions to be taken	Risk Rating
GGH	0	None	No risk
PPH	1	Start date will be offered on PEC clearance	No risk
BGH	0	None	No risk
WGH	0	None	No risk

HCSW - Total 25 not offered start dates

Site	Number left to Start	Apprentices to place	Actions to be taken	Risk Rating
GGH	7		Allocated to Critical Care	No risk
PPH	3		Need to allocate	No risk
BGH	1	2	Need to allocate	No risk
WGH	2		Need to allocate	No risk
Bank	12	N/A	Will pass to Bank	No Risk

Porters - Total 13 not offered start date. Numbers decreased due to Family Liaison Role

Site	Number left to start		Risk Rating
GGH	6	Service taking as PECS clear	No risk
PPH	5	Service taking as PECS clear	No risk
BGH	1	Service taking as PECS clear	No risk
WGH	1	Service taking as PECS clear	No risk

Laundry Total 6 not offered start date. Numbers decreased due to Family Liaison Role

Site	Number left to place	Actions to be taken	Risk Rating
GGH	4	Includes contracts: 1 x Bank, 2 x 37.5, 1 x 22.5 hours	Medium
PPH	0		No risk
BGH	2	Includes contracts: 1 x Bank, 1 x 22.5 hours	Medium
WGH	0		

Catering Total 19 not offered start date. Numbers decreased due to Family Liaison Role

Site	Number left to place	Actions to be taken	Risk Rating
GGH	8	Includes contracts: 3 x Bank, 3 x FT, 1 x 20, 1 x 30 (one bank clarifying hours with resourcing)	Medium
PPH	1	Bank Contract	No risk
BGH	0		No risk
WGH	10	Includes contracts: 3 x Bank, 5x 37.5, 2 x 22.5	Medium

Domestics Total 73 not offered start date. Numbers decreased due to Family Liaison Role

Site	Number left to start	Actions to be taken	Risk Rating
GGH	27	4 x bank, 6 x 37.5, 1x22, 1x16, 1x20, 13 TBC - AG to confirm contracted hours with Resourcing	Low
PPH	11	AG to confirm contracted hours with Resourcing	Low
BGH	15	AG to confirm contracted hours with Resourcing	Low
WGH	20	4 x bank, 5 x 37.5, 1x30, 1 x 15, 1 x20, 3x27, 5 TBC, AG to confirm contracted hours with Resourcing	Low

Family Liaison Officer Total 64 not offered start date.

Site	Number left to Start	Actions to be taken	Risk Rating
GGH	23	Offer start dates as PECS completed	No risk
PPH	9	Offer start dates as PECS completed	No Risk
BGH	15	Offer start dates as PECS completed	No Risk
WGH	17	Offer start dates as PECS completed	No Risk

Only other one needing a Covid start date is RN (Band 4) post

Additional Information only:

Site	Ask from PALS WTE	Total allocated (Head Count - Working on WTE)
GGH	**36.4**	**31**
PPH	**16.8**	**10**
BGH	**19.6**	**18**
WGH	**22.4**	**33 Includes PT workers**

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-----Original Message-----
From: Lisa Gostling (Hywel Dda UHB - Director of Workforce & OD (Organisational Development) <Lisa.Gostling@wales.nhs.uk>
Sent: 05 June 2020 16:47
To: Amanda Glanville (Hywel Dda UHB - Senior Workforce Manager) <Amanda.Glanville@wales.nhs.uk>
Subject: Amanda's Involvement in Resourcing and Talent Planning

To whom it may concern

Since the 17th of March 2020, Amanda has been responsible for the on-boarding of 1000 staff for the Covid-19 pandemic and her contribution has been exemplary. Not only has she demonstrated her ability to work under pressure, but also to deal with recruitment issues and create a new role by working with services during this time.

Amanda was given a task at the beginning of May to create a role to improve the communication between patients and their families. Amanda worked effectively with the PALS team and other key stakeholders to design the role, produce the job description, person specification, training needs and induction timetable. With recruitment usually taking 72 days, and even in Covid-19 recruitment, three weeks, Amanda was under pressure to fill the FLO vacancies.

As the peak was not as expected, the organisation had surplus recruitment of domestics, laundry and catering assistants. Amanda agreed to take on The management of interviewing the surplus staff, assessing suitability. Amanda delegated these responsibilities professionally and as a result Amanda identified suitable candidates. There was some concern by the services that as these were taken on for non-patient facing roles, they would not have the skills and qualities needed, but Amanda was able to persuade services that robust interviewing would be carried out. Amanda instigated virtual interviews with nurses and senior staff to ensure suitability and all concerns were removed.

Amanda made sure that all candidates had their pre-employment and DBS checks prior to starting and linked with HR and recruitment to ensure the changes to contract was agreed, working with resourcing to ensure new contracts were sent out. Amanda's contribution was highly effective and met the timescale agreed with the induction having happened on the 1st of June 2020 as planned.

Due to the over recruitment, Amanda agreed to try and allocate all staff to prevent withdrawing any offers that may affect the companies reputation. I asked Amanda to report back to me about this by the 5th of June and I am pleased that I had a full update on the 3rd of June and since then all applicants have been allocated. Amanda's contribution has exceeded my expectations and Amanda's positive attitude has also had a positive impact on the team.

Many thanks

Lisa Gostling

Lisa

Lisa Gostling
Director of Workforce & OD
Hafan Derwen, Parc Dewi Sant,

Cyfarwyddwr Y Gweithlu a Datblygu Sefydliadol
Hafan Derwen, Parc Dewi Sant.

Jobs Well Road,
Carmarthen,
Carmarthenshire,
SA31 3BB
Tel: 01267 239722

Heol Jobs Well,
Caerfyrddin,
Sir Gaerfyrddin
SA31 3BB
Rhif Ffôn: 01267 239722

Email/ E-bost: lisa.gostling@wales.nhs.uk

linkedin_button_follow_us cid:image002.jpg@01D51572.D9A4AA00

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Gall yr e-bost hwn gynnwys gwybodaeth gyfrinachol. Os ydych yn credu eich bod wedi derbyn yr e-bost hwn trwy gamgymeriad, a wnewch chi dderbyn ein hymddiheuriadau. Peidiwch â datgelu, anfon ymlaen, printio na dosbarthu'r wybodaeth yn yr e-bost hwn na gwneud unrhyw beth gan ddibynnu ar ei gynnwys - gwaherddir hyn yn llwyr a gall fod yn anghyfreithlon. Rhowch wybod i'r anfonwr bod y neges wedi mynd ar grwydr cyn ei ddileu. Gall cynnwys yr e-bost hwn fod yn agored i ddatgeliad cyhoeddus o dan Côd y GIG ar fod yn Agored neu'r Ddeddf Rhyddid Gwybodaeth 2000. Felly ni ellir sicrhau cyfrinachedd y neges hon, y cynnwys nac ychwaith unrhwy ateb iddi.

Ward - Family Liaison Role

The family liaison role will support wards in the communication with relatives and patient experience activities. Every ward will have a dedicated family liaison role, for both the morning and afternoon shifts

Main Role and Responsibilities

Communication with Relatives

- The family liaison role would contact the patient's nominated person with a daily communication, following an update provided by the Nurse in charge, either after handover or after the doctor's ward round.
- Depending on the information to be conveyed, a nurse or doctor may update, as required
- Families to be advised that the ward/family liaison will call with the relevant updates, to attempt to reduce the volume of calls to the ward.

Virtual Visiting/Letters

- The family liaison role will work with the PALS team to facilitate virtual visiting slots for the patient using IPADs; or setting up phone calls between patients and their relatives/friends.
- The role will also facilitate the thinking of you messages / letters and support patients with providing messages back to their family/friends.

Patient Experience

- The role will also involve gathering patient experience feedback using the IPADS and undertaking surveys specific to the ward or Health Board requests.
- The distribution of welcome packs for all new admissions and co-ordinating the requests for essential items from the amazon wish list.
- The role will support the ward with identifying ways in which the experience can be enhanced.

Family Liaison Officer Role

Agreed WTE Numbers

Current Occupied	FLO per shift	WTE over 7 days
BGH	7	19.6
WGH	8	22.4
GGH	13	36.4
PPH	6	16.8

Planned Dates

CARMS	01/06	02/06	03/06	04/06	05/06
Cohort 1 – GGH – 10	½ Family Liaison Skills Training ½ Virtual Induction	½ Family Liaison Skills Training ½ Virtual Induction	Moving + Handling	In Service Local Induction	Day Off
Cohort 2 – GGH – 10	½ Family Liaison Skills Training ½ Virtual Induction	½ Family Liaison Skills Training ½ Virtual Induction	Day Off	Moving + Handling	In Service Local Induction
Cohort 3 – PPH – 10	½ Family Liaison Skills Training ½ Virtual Induction	½ Family Liaison Skills Training ½ Virtual Induction	In Service Local Induction	Day Off	Moving + Handling

AG to plan remaining dates for 16.4 WTE GGH and 6.8 WTE PPH

BGH	08/06	09/06	10/06	11/06
Cohort 1 – BGH– 10 WTE	Virtual Induction	Family Liaison Skills Training	In Service Local Induction	Moving + Handling
Cohort 2 – BGH– 9.6WTE	Virtual Induction	Family Liaison Skills Training	Moving + Handling	In Service Local Induction

WGH	15/06	16/06	17/06	18/06
Cohort 1 – WGH 11.0 WTE	Virtual Induction	Family Liaison Skills Training	Moving + Handling	In Service Local Induction
Cohort 2 – WGH 11.4 WTE	Virtual Induction	Family Liaison Skills Training	In Service Local Induction	Moving + Handling

Family Liaison Skills Training includes the following:

All elearning carried out by HCSW's & Half Day Manual Handling Training

Role of the Support Worker - Code of conduct, Privacy & dignity, Duty of care, Consent, Confidentiality, Accountability, Delegation Supervision
Communication skills, language and cultural preferences, distressed person, Sensory loss, cognitive impairment, documentation practice
Infection Control, COVID Prep, Donning, Doffing, waste disposal, decontamination, Hand washing
End of Life, before, during and after spiritual needs, policy, decontamination COVID, Delirium, how to look after yourself, Occ Health staff wellbeing
Nutrition & SALT hydration, diet, food charts, assessment process, blue plates, thickener, how to support feeding

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