Cyflwynwyd yr ymateb i ymgynghoriad y <u>Pwyllgor Iechyd a Gofal Cymdeithasol</u> ar <u>y gweithlu Iechyd a Gofal Cymdeithasol</u>

This response was submitted to the <u>Health and Social Care</u>

<u>Committee</u> consultation on <u>Health and Social Care Workforce</u>

**HSC 19** 

Ymateb gan: | Response from: Bwrdd Iechyd Prifsygol Aneurin Bevan | Aneurin Bevan University Health Board



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# **Aneurin Bevan University Health Board**

Submission to the Health and Social Care Committee Inquiry into Health and Social Care Workforce to support the evidence session with Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW)

### 1. Introduction

Aneurin Bevan University Health Board welcomes the opportunity to respond to the Health and Social Care Committee request for evidence in relation to the Inquiry regarding the Health and Social Care Workforce and the progress made regarding A Healthier Wales: Workforce Strategy for Health and Social Care.

This paper provides an introduction to the organisation, and outlines progress relating to the seven themes within A Healthier Wales and issues and challenges whether current or anticipated.

# 2. About the Organisation

Aneurin Bevan University Health Board was established in October 2009 and achieved 'University' status in December 2013. We serve a population of more than 639,000 people, which is approximately 21% of the total Welsh population.

With a budget of over £1.6 billion, we deliver healthcare services to people in Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen and also provide some services to the people of South Powys. The organisation has approximately 15,500 staff.

The Health Board is committed to commissioning and providing safe, high quality services and delivering local and national targets within our available resources. This commitment, our priorities and plans are described in our Integrated Medium Term Plan, which has been approved by Welsh Government.

The Health Board has considerable experience of partnership working with local authorities, independent and third sector and community groups. The response to the Covid-19 pandemic brought together health, social care and other partner organisations at a pace and scale not previously experienced.

## 3. Health Board context, pressures and challenges

Whilst Covid-19 infection rates are increasing, the vaccination programme continues to reach impressive milestones which is evidently breaking the admission rate to hospital, but the Health Board remains under extreme pressure. There is no single reason for the situation we find ourselves in, but a multitude of complex factors across the whole health and care system. In many areas we are seeing the highest levels of demand ever, combined with restricted capacity, increasing patient needs and high public expectation which is culminating in the greatest pressure on our organisation in a generation.

Our entire system is seeing patients whose physical and mental health conditions have worsened due to the impact of the pandemic, in addition to patients with new health care needs that have developed as a result of the impact of the pandemic. The Health Board is seeing higher than pre-pandemic rates of patients presenting across many of our services and we anticipate rates are likely to increase further as we move into the autumn and winter months.

A Gwent Strategic Coordinating Group (SCG) has been established due to the increasing pressures on emergency services and health and social care which require escalation to resolve. A multi-agency task and finish group will describe the required actions to be taken across public services to meet the demands we are currently seeing, which are thought to only escalate in the coming six months.

The response from staff during the pandemic has been tremendous. They have displayed dedication, professionalism and compassion throughout this period. The demand for staff, both registered and non-registered has increased significantly as the Health Board has responded to the demands placed on existing healthcare services whilst implementing new and additional services in response to Covid-19, such as, surge capacity, Test Trace and Protect and Mass Vaccination Programmes. As services have been flexed to respond to those areas of greatest priority, many staff have worked additional hours and/or been redeployed to support those services.

Workforce shortages in a number occupations, such as, registered nursing and some medical specialties have been acknowledged across the UK for some time. The Covid-19 pandemic over the last 18 months has further increased our workforce shortages as staff absence levels increased and workforce demand grew as we moved through the various stages of our pandemic response.

Over the past 12 months the Health Board has increased staff in post by 380 whole time equivalents (wte). This increase is predominately associated with administration and clerical to support the Test, Trace and Protect and Mass Vaccination Programmes and clinical services such as Registered Nursing as a result of a successful overseas recruitment. Additionally, there is a growing need to support our substantive staff through engagement of a temporary workforce across many areas of the Health Board. The current temporary workforce (bank and agency) is equivalent to 8% of the total workforce and represents 1,070 wte.

The impact of Covid-19 continues to result in higher than normal staff absence. Across the Health Board, absence levels are currently at 8.00% (September 2021), which equates to 991wte. This current rate has been influenced by an increase in staff requiring to isolate in line with Covid-19 regulations. High levels of absence are noted for Registered Nurses (8.05%), Healthcare Support Workers (10.85%) and Facilities staff (11.27%)

The Health Board is very much aware that staff are physically and mentally tired and will need to take annual leave where previously they may not have had the opportunity for rest and recuperation. Likewise many staff will need well-being support to recover and as such, the Health Board has increased its resources to support the wellbeing of its staff. Occupational Health services continue to offer advice and support to managers and all staff, with a particular focus on those with underlying health conditions.

# 4. Responses to the questions posed by the Health and Social Care Committee

Q1 Progress made to date on 'A healthier Wales: our workforce strategy for health and social care' and whether delivery is on track for 2030.

The Health Board considers it has made good progress on the implementation of the 'A Healthier Wales: our workforce strategy for health and social care'. With reference to the 7 themes, together with the fundamental principles contained within the Strategy, please see below supporting narrative which sets out some key areas of progress.

#### Theme 1 - Engaged and Motivated

The Health Board has extensive processes in place to ensure that staff and partners are engaged and have spaces to raise questions or concerns. These processes are formal and informal and include Trade Union Partnership Forum and Local Negotiating Committee meetings, twice weekly updates following Executive Team meetings, regular drop in sessions led by the Chief Executive and Executive Directors and ask the Chief Executive section of the intranet.

During the pandemic and to support the early opening of the Grange University Hospital, there was an extensive change management programme which required changes to 6,000 employees, 47 service plans reviews, 600 individual discussions and regular updates via manager cascade and newsletters on the intranet. The Health Board undertakes quarterly surveys with the workforce, the results of which help inform our wellbeing offer.

The Health Board is about to launch a 'People First - re-engagement' process with staff, understanding and acting in response to current concerns expressed through several staff surveys. This re-engagement process is as a result of a number of survey findings highlighting a change in responses which undoubtedly will be reflective of relentless demands which have been exacerbated through the

pandemic. As a result the Health Board will implement an intensive approach to re-engagement to help people feel more valued, that solutions are done in partnership, that staff experience of work is the best it can be and that wellbeing is protected.

#### Theme 2 - Attraction and Retention

The Health Board continues to ensure recruitment activity remains one of our top priorities, recognising that some roles are hard to recruit to across the UK. We have continued to work proactively with national programmes such as Train, Work, Live, student streamlining recruitment and work with framework agencies for temporary resources.

Prior to the opening of the Grange University Hospital (GUH), the benefit of recruitment campaigns for overseas nurses and local campaigns resulted in 160wte overseas nurses and 18wte newly qualified nurses joining the workforce. This has supported the Health Board to reduce the number of Registered Nursing vacancies from 336wte to 63wte over the last 12 months. The Health Board has redesigned Induction Programmes for new starters into a blended delivery of virtual and face to face provision ensuring social distancing, whilst maintaining a quality experience for new starters.

New roles have been created such as the Core Care Team model which was embedded across acute wards with creative and innovative new roles such as Roster Creators, Ward Assistant and Assistant Practitioners.

Recruitment adverts to employ Aneurin Bevan Apprentices and DWP Kickstart work placements have been launched. An advertising strategy is being implemented to reach out to our diverse communities to promote the opportunities. We are seeking to employ 60 people on Kickstart by December 2021. We currently have 657 members of staff enrolled on an upskilling apprenticeship and 30 on the new apprenticeship program. The Health Board also continues to work with Medi Prep to support school leavers to gain access to medical training and support the widening access agenda.

Recognising that we are operating in an increasingly competitive market and want to be an organisation in which people choose to work and one where they choose to stay. The Health Board's Retention Framework was launched in 2020 and brings together best practice tools, techniques and Health Board approaches to support retention. This ensures that we put staff at the centre of what we do and ensuring we embed our core values which creates a positive workplace culture and is connected to our Employee Experience and Agile Working Frameworks.

#### **Theme 3 - Seamless Workforce Models**

The People Academy continues to support and develop skills for Primary Care settings. In order to sustain and continue to expand the new primary care workforce model, it is essential that Gwent is able to attract staff with the necessary skills to operate in primary care. In order to avoid destabilising other sectors of the health and social care sector, a 'grow your own' approach will be

taken in primary care to train the workforce of the future. This is being supported by a Primary Care Transformation Programme which is investing in resilience, leadership, new ways of working and problem solving.

Over the last few months resilience within the community health and social care services has deteriorated and as a result the local Strategic Co-ordinating Group has initiated a task and finish group (TCG) to provide some short term actions to de-escalate the system. The TCG will review the following key elements of the health and social care system to initiate actions for this winter:

- Review the demand for services to enable a risk based approach to prescribing social care intervention post discharge
- Build resilience and new locally based community support services to enable residents to stay safe at home
- Consider the move to "full discharge to assess" model for all patients to ensure a risk based care needs assessment is based upon home need
- Working with local providers to build a sustainable commissioning of domiciliary care approach
- Identifying local opportunities to commission care services around our Neighbourhood Care Networks.
- Active recruitment approach to providing local community services to build community resources with a multi-disciplinary approach

The Health Board has invested in reablement services to support the timely discharge of patients. This is supported by Home First teams to support admission avoidance in secondary care, graduated care and direct admissions and transfers to community hospitals and development of nurse and therapy led models of care. A transformation model for Primary and Community Care will seek to achieve greater resilience in delivering care closer to home.

The Health Board will continue to work closely with Health Education Inspectorate Wales (HEIW) to maximise our workforce planning capacity and skills. The restarting of services is requiring a greater focus on maximising opportunities for new ways of working. This will involve the use of established standards and frameworks and encouraging the development of new workforce solutions for areas of staffing under pressure through increasing skill mix, blended roles and extended roles. Job planning will also need to be more flexible to support different and emerging models of health care.

## **Theme 4 - Digitally Ready Workforce**

The Health Board's Digital Strategy "Transformation through Digital" – sets out how digital technology will help the Health Board to deliver lasting transformation of health and care in the Health Board area. It is recognised that the pandemic has created a shift in employee mind-set and a more blended approach to office/remote working reliant on digital technology and skills. Therefore, digital skills training and awareness are being developed at all levels of the Health Board, from the front line in terms of user skills, through to the Board in terms of the risks and the benefits of digital capability. Creating a digital culture that matches the expectations of the people we serve will ensure we make the best use of digital technology within our capacity and budgetary constraints.

The Health Board embraced the agile working agenda by implementing an Agile Working Framework which provides our workforce with a one stop shop for support and resources. We are currently reviewing different ways of working including agile working and remote working, in the context of our Estates Strategy, to understand how we can use digital solutions to support services, staff and provide more effective use of resources. The overall plan is to retain much of the new and innovative ways of working which worked well during the pandemic.

The Health Board is also focusing on the use of technology to make it easier to work in Welsh and produce Welsh language material (e.g. Cysill, Cysgair). Digital applications have been developed or procured for Health Board staff which will automatically be available to staff bilingually wherever practicable.

## Theme 5 - Excellent Education and Learning

Each year the Health Board undertakes a forecast skills assessment of undergraduate and post graduate requirements through the Integrated Medium Term Plan process. This informs the educational commissioning numbers training undertaken by HEIW. The assessment considers turnover, age profile, external drivers that may impact on workforce supply of skills as well as support new service developments.

Workforce development opportunities have been created in conjunction with HEIW and Social Care Wales supported through the Gwent Academy for Health & Social Care. Its purpose has been to focus efforts on core and extended roles already proven to be accepted and effective in a primary care setting (e.g. clinical pharmacists, advanced nurse practitioners and occupational therapists).

There has been a development of an Advanced Nurse Practitioner Matrix to support standardisation of practice and support continuing professional development for role. This work supports the national programme of work the multi-professional advanced practice advisory group for Wales which has been established by HEIW to support the delivery of Healthier Wales.

The Health Board continues to strengthen connections with further and higher education providers through local and national networks.

## **Theme 6 - Leadership and Succession**

The Health Board is committed to supporting all staff to achieve their career aspirations within the organisation so that the Health Board can deliver its clinical futures agenda and change ambition. It is fully recognised that the skill of managers and leaders, at all levels of the organisation, has a direct impact on the quality of services and patient experience.

There are a broad range of management and leadership development opportunities available to staff to support their personal management and leadership career including:

- Management and Leadership Framework
- Leading People Programme
- Learning to Lead

- Taking the Lead
- Introduction to mentoring and coaching
- Facilitation of individual NHS 360 Leadership Framework
- Facilitation of Step II MBTI team development sessions

The Health Board's Managing Transformation programme is designed to support managers develop the skills they need to implement the Clinical Futures programme. This programme assists managers and supervisors to understand the critical aspects of people management and leadership that enable transformational change. Five essential elements of change are explored via interactive workshop sessions, helping to develop practical skills and confidence.

The Health Board is in the process of developing an internal Fast Track Graduate Training programme and participates in the Academi Wales All Wales Graduate Manager scheme and has funded a joint public sector graduate scheme with Monmouthshire County Borough Council. The Health Board also participates in numerous programmes offered via HEIW as part of their Talent and Succession Management Strategy.

## **Theme 7 - Workforce Supply and Shape**

The Health Board's workforce plans will optimise the opportunity to develop and implement sustainable workforce models across all aspects of our patient pathways. Our plans will continue to focus on reviewing skill mix, development of new roles and maximising the contribution of the unregistered workforce through promoting top of licence working. This will build on our experience through enhancing new and existing roles in response to the Covid-19 pandemic and the early opening of the Grange University Hospital (GUH). For example:

- In preparation for the GUH opening the Health Board introduced a new innovative Core Care Model which included the establishment of band 4 Assistant Practitioner (Nursing) roles.
- We have also built upon new roles, such as, Physician Associates and continue to expand our numbers of Advanced Practitioners and their skill sets to support medical sustainability.
- The Health Board introduced new roles to support our Covid-19 response, such as, Ward Assistants and a workforce for our Mass Vaccination Centres and Test Trace and Protect services, some of whom were volunteers and mutual aid support from partners.

As already outlined, the Health and Social Care sector operates in a competitive market and one which has longstanding shortages in workforce supply. This is set against a challenging context of an ageing population, public expectations, new and emerging technology and health inequalities. Covid-19 has only compounded staffing shortages within the sector.

Set out earlier in this paper are a range of activities that are in place to maximise workforce options, the Health Board fully recognises that this is a challenge and

will need to kept under continual review to adapt to changing circumstances/context. There is a delicate balance between workforce supply, market fragility and demand for services.

The Health Board continues to ensure we adopt a prudent approach to workforce planning through maximising non-clinical roles to support clinical teams. This is part of the ongoing assessment of workforce requirements both strategically and in year operational delivery.

The Health Board takes every opportunity to recruit to new and diverse roles, develop and reskill staff, deploy staff to areas of greatest need, provide wellbeing/engagement support and seeks to retain staff. However this is becoming ever more challenging to meet the health demands from the population and is increasing reliant on temporary workforce options.

## **Fundamental Principles**

## Wellbeing

The Health Board has invested in the employee wellbeing team to provide additional psychological support and is combined with a new website which delivers bilingual and evidence based reference materials. Targeted support is also provided to individuals, teams and Divisions for those staff dealing with excessive workload and has also implemented an innovative trauma pathway along with well-being drop in sessions across sites.

As a further extension to support to staff, the Health Board has also submitted plans to establish a pioneering Employee Wellbeing (EWB) Centre of Excellence on the Llanfrechfa Grange site alongside the Grange University Hospital. This 'Centre' will lead the way in NHS Wales and supports the priority placed on Employee Engagement and Well-being within 'A Healthier Wales'.

The Health Board is delighted to have recently been awarded both the Platinum and Gold Corporate Health Standard Award. The Health Board has now held the Platinum Award since 2015 and the Gold Award since 2011. The Corporate Health Standard is a continuous journey of good practice and improvement. The latest Platinum assessment in September 2021 acknowledged the excellent progress the Health Board is making in its sustainability agenda and the vision for the Health Board to contribute to the wellbeing of the future generations of Wales.

#### Welsh Language

The Health Board has also made significant progress in developing working practices and systems to assist with facilitating and monitoring the ongoing implementation of the Welsh Language Standards and good bilingual practice.

The Health Board is making good progress on the following areas:

 The organisation is working collaboratively with Careers Wales and local businesses, employers and alumni to produce bilingual content, including a series of short vlogs and video interviews, promoting the Health Board as a bilingual organisation. We are participating in HEIW's Tregyrfa virtual launch to demonstrate the range of career pathways available within the NHS and promoting the benefits of Welsh language skills within the workforce.

- Revised the Bilingual Skills Strategy and introduced a Welsh Language Skills
   Assessment tool to assess the language requirements for all vacant and
   new posts.
- Developing a wide-ranging choice of training promoting the value of the Welsh language to the organisation, and providing staff with a flexible and adaptable programme to address agreed organisational needs.
- Dedicated Welsh language pages on the intranet provide guidance and support for staff on complying with the Standards. A Welsh speakers/learner's staff network 'PartnerIAITH' has been developed with 74 members of staff registering.
- As part of Health Board's new Welsh Language awareness campaign, we have been working to develop digital animation to communicate key messages regarding the Welsh Language Standards and the More than Just Words "Active Offer" principle. The campaign features real Health Board staff members as animated characters – sharing staff voices and experiences and introduces our patient 'Mrs Bevan' to feature real patient experiences.

#### Inclusion

The Health Board is developing a programme of work to strengthen our approach to equality, diversity and inclusion. As part of this work we are undertaking a multiple approach and inclusive listening exercise with our staff, ensuring that their experiences and views are taken into account. This approach also includes providing safe spaces for staff to raise any concerns about protected characteristics via staff networks. This will be further supported by the review of a range of evidence from local and National sources.

We have seen the pandemic has also increased our awareness and focus on the impact of health inequalities, many of which are driven by, or associated with, different forms of poverty and exclusion. In response to this we have a range of activities all aimed at ensuring the workforce is fully reflective of the population we serve and opening up the NHS as an employer to communities who have not historically identified the NHS as a potential place of employment. As part of our Socio Economic Duty this would support communities of interest and those where socio economic disadvantage is prevalent.

Therefore, the strategy is in line with the Health Boards Strategic Equality Objectives, recognising that an inclusive and diverse workforce will better enable the Health Board to not only support and develop its staff but meet the diverse needs of the population. Examples of this work are;

- Diverse Communities Health Forum
- Muslim Doctors Cymru Form
- Recruitment of Community Cohesion Coordinator

- Support for specific groups e.g. assistance provided to a Polish group to access a Vaccination walk in clinic in Newport
- Creation of a Diverse Communities Health Forum 'Mental Health' Sub Group.
- Being part of Kickstart and Apprenticeship Programmes aimed at under 26 year olds.
- Increased numbers of volunteers recruited through Ffrind I Mi, who play and active role within the mass vaccination centres.

Q2 The alignment of the strategy and its implementation with other priorities and actions, including those identified in the Welsh Government's Programme for Government for 2021-2026, and A Healthier Wales: our Plan for Health and Social Care (2018).

There is alignment, however, the context with leaving the EU, together with the pandemic has changed the landscape with workforce availability, public expectation and demand on services. In this regard, it might be necessary to refresh to ensure that service delivery organisations, such as, Health Boards, are clear of the Governments expectations, together with meeting their responsibility to the local population.

Q3 The extent to which HEIW/SCW's workforce strategy and broader work on workforce planning and the commissioning/delivery of education and training, will ensure that we have a health and social care workforce which is able to meet population health and care needs, and support new models of care and ways of working, including optimising the use of digital technology and the development of Welsh language services.

The Health Board would find it helpful if the planning process would support the development of workforce plans across pathways and organisations and not a singular professional review to roles and planning. A mutually adopted process aligned to coordinated planning cycles is required to encourage more integrated working.

The ability to create greater transferability of skills across sectors would ensure greater system resilience and would be better supported via a review of options regarding the significant differences in terms and conditions of employment between those sectors.

Q4 The mechanisms, indicators and data that will be used to measure progress in implementing the workforce strategy and evaluate its effectiveness.

The Health Board has regular performance reporting on key performance indicators to the Board, numerous Committees, Staff Side representatives and partner organisations such as local authorities through the Regional Partnership Board. These indicators are reported as part of a regular monitoring cycle/s and are often supported by deep dives to understand the story behind the data and any remedial action that is necessary.

More broadly it would be helpful if person centred measures are used that are translatable across the whole of the Health and Social Care system. This would create a common focus, language and aid all partners pulling in the same direction.

# Q5 Financial and other resources allocated to implementation of the strategy are adequate.

The Health Board has mature arrangements in place for reviewing budget allocations and delivery. Where necessary, the case for additional investment or disinvestment is subject to a business case, options appraisal and benefits realisation methodology to inform the decision making and redirection of resources.

The Health Board has also received funding for Intermediate Care and transformation monies to support programmes across the Health Board area, although it is clear that a short term funding model is challenging when aiming to deliver sustainable long lasting change.

Q6 The extent to which the strategy and its implementation are inclusive, reflect the needs/contribution of the whole workforce—for example, on the basis of profession, stage of career or protected characteristics—and also take into account the role of unpaid carers and volunteers

The Health Board is developing a programme to strengthen our approach to equality, diversity and inclusion. It is important that all of our population feel connected and reflected within strategies, this is not just through words but also actions, images and role models.

The Health Board continues to work extensively with volunteers and unpaid carers and is developing greater opportunities to maximise their involvement and connectivity.

# Q7 Whether there are any specific areas within the strategy that would benefit from focused follow up work by the Committee.

Some suggested focus areas:

The resilience of the health and care workforce. Existing workforce pressures are likely to be exacerbated by requirements for shielding and self-isolation, staff resilience and increase levels of sickness absence. This has been historically problematic during the winter months, however, the Health Board and partners are experiencing significant shortfalls in staff outside of that time of year.

**Mental Health**: There is a likelihood of increased Mental Health demand. Unmet surge mental health activity will impact on quality and patient experience in addition to placing pressure in our acute system thereby impacting negatively on system flow.