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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

2019/ 22

Workforce Strategy

Enabling our workforce to improve health and
provide excellent care



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1. Introduction

Our organisation employs in the region of 17,000 people, the majority of whom are members of communities across North Wales and are, as such, part of the communities we serve. In addition to ensuring that we employ the right people to provide the right services in the right place, we are committed to building upon the work undertaken to date to further contribute to improving health and reducing inequalities through employment and social interaction either directly or with our partners as well as through the services we provide or commission.

In the context of the increasing and changing health needs of our population, together with the operational and financial challenges we face, we are clear that our ability to deliver the long term strategy Living Healthier, Staying Well is predicated upon the health of our organisation. In essence, do we have the ability to align our people around a clear vision, strategy, and culture; to execute with excellence; and to renew our focus over time by responding to changes in our environment?

The purpose of our three year Workforce Strategy is

“To enable the delivery of the long term strategy for the Health Board through aligning the workforce using the key ingredients of organisational health and performance”

The model underpinning it is based on the nine outcome measures of ¹organisational health as illustrated below:



¹ McKinsey - Beyond Performance – The hidden value of organisational health – and how to capture it. Aaron De Smet, Bill Schaninger, and Matthew Smith

The Workforce Strategy is informed by our current position, our model for the future and it outlines the steps needed to take us forward over the next three years and beyond.

Critical to delivery of our plans for the future will be working with our employees to create the changes we need to see.

Strategic Internal Direction – direction, culture and climate

Since its creation, the structure and organisational design of our Health Board has changed many times. Whilst there are many examples of development and modernisation, significant influencers on the workforce challenges we face are the service models for delivery of care across our expansive geography.

Our current environment and culture is focused on the challenges of delivering what we do in the here and now rather than looking forward to how this could be better. This impacts on our ability to protect time and empower people to focus on improvement together with our appetite for investment in new ways of working, new roles, and new services.

The Living Healthier, Staying Well Strategy provides a long term vision for our organisation and, importantly, a vision to align our staff to. The development of this three year plan provides a real opportunity to be clear about the way we will work towards delivery of the Strategy. It describes the role that our staff will undertake, how this contributes to delivery and how we will support and empower individuals, teams and services to identify and make the changes we need to make.

We will identify a smaller number of higher impact improvement objectives and align our values, behaviours and performance measures to them.

Quality of execution – accountability, co-ordination and control, leadership, capabilities and motivation

Our current service configuration is largely focused on a secondary care medicalised “illness service” model for both physical and mental health. Due to increasing demands on services, additional capacity on both a long and short term basis is needed.

We currently replicate hospital services across three or more sites and face recruitment challenges in moving towards new models of primary care. We only deliver a small number of specialist services which attract professionals to work in North Wales. This has resulted in significant gaps in our medical and nursing workforce. In order to provide services, we are reliant on temporary staff which attract higher costs. This is against a backdrop of national shortages across the UK. However, there is much we can do to improve and this needs to be our focus at this stage.

Where we have delivered changes in service model, or introduced a new service, there is evidence of subsequent improvements in benefits to the workforce. For example, the development of the SuRNICC; a new vascular specialist centre and a new primary care model as part of the Healthy Prestatyn lach project has led to filling traditionally hard-to-recruit to posts.

We will need to balance the management of safe care in the here and now with planning effectively to realise our ambitions to develop services that are fit for purpose, affordable and sustainable. We are currently overspending and must change our service and workforce models to align with plans to operate more efficiently, reducing waste and increasing value. This is not necessarily a case of doing more with less, but more getting it right first time for our patients and communities, improving healthcare value and outcomes and reducing unnecessary expenditure.

We also recognise the challenges we are likely to face in light of our workforce demographics. The age, health and socio economic demographic of our staff correlates with that of our community. For instance, our proportion of staff aged over 56 years is higher and continues to increase whilst the proportion of staff aged below 30 years, continues to decrease.

The majority of our staff who work longer and beyond normal retirement age are employed in lower band roles undertaking manual and ancillary roles. We have higher numbers of nurses working beyond the age of 55 than comparable organisations.

As we develop a greater understanding of the reasons behind these statistics is clear we will only deliver the improvements required by working with our partners. These partners are both National e.g. Health Education and Improvement Wales and local i.e. Higher and Further education and in health and social care. We must work together to create seamless pathways of education, training, and employment across professional and organisational boundaries.

In 2018/2019 we have focused on establishing a range of systems to provide greater clarity and oversight of our workforce performance. Our progress is reported into the Finance and Performance Committee and reports are publicly available on our website.

We have developed systems, such as establishment control and roster and temporary workforce improvement that will enable us to identify where particular issues develop and devise plans to address the root causes.

This will be important as we move towards shifting the balance of our resources in line with our organisational priorities, for example providing more Care Closer to Home.

We need to make it easy for people across the organisation to help us to deliver our organisational objectives. This includes the way we describe who is accountable for what; where authority for decision making rests within and

outwith the organisation; and how we measure, recognise and reward performance and improvement. We will review how we lead and manage, focusing on what matters to and what will inspire and motivate our staff.

Key to this is developing our leaders at all levels to practice compassionate leadership, living the values of the organisation and exhibiting the expected behaviours consistently and authentically. A Leadership Development Programme is underway across our key senior leadership teams using the principles of Compassionate Leadership. This will form a thread running through all education and learning provided and will be a core element of outcome objectives for all development activity.

Another fundamental element of ensuring people are aligned is to ensure that they are and feel engaged and involved in moving the organisation forward. The deployment of the 'ByddwchYnFalch/BeProud' engagement tool to augment and support the 3D listening leads will help us to understand the temperature of the organisation or particular teams/services in a more timely way. This will give us a rich source of intelligence to support timelier support/intervention and to then measure the impact of this activity.

We will develop an overarching improvement system for the Health Board. This will provide staff with the skills and opportunities to make improvements and will be central to our organisation's development. This will build on the progress made through the improvement methodology and the Quality Improvement Hub. This system will be supported by a core of improvement specialists bringing together the traditional service improvement, programme management and organisational development expertise. A comprehensive skills development plan will be produced, complimented by specific modules in our leadership, management and induction training and incorporated into our systems for performance and development review (PADR).

Capacity for Renewal – external orientation, innovation and learning

As we move forward in the formulation of our transformation plans, we will explore different models for delivery and employment and opportunities to create career pathways across organisational boundaries. Building on the foundations set out within A Healthier Wales and linking with the National and Regional Workforce Strategies.

We will also explore shared learning and innovation opportunities to further develop our understanding of the wider determinants of health as well as the most effective ways to deliver our core services.

We will continue to develop our safety and learning culture, encouraging greater focus on learning from and preventing adverse events, empowering people to test improvements/changes and reinforcing the importance of reflective practice.

2. Why do we need a Workforce Strategy?

A talented and aligned workforce is crucial for bringing our strategic priorities to life and ensuring we deliver on our objectives.

Direct people costs make up 50 per cent of the Health Board's expenditure. The cost of getting it wrong can therefore be significant.

Getting it right delivers significant improvements, including:

- better quality and outcomes and less avoidable harm through a more skilled and innovative workforce;
- better productivity – through workforce alignment to the common purpose and operating model;
- value improvement and cost reduction – through ensuring the workforce is the right size;
- higher quality and timeliness of customer delivery, greater staff engagement, retention and lower levels of stress; and
- assurance that the organisational objectives can be delivered.

3. How did we develop the Strategy?

This is the first Workforce Strategy developed by the Health Board and we have worked closely as a Workforce team to understand our current position. We have explored the challenges faced by the organisation over the years since its inception as well as more recently linked to impact of being placed in Special Measures by Welsh Government.

We have listened to leaders, staff, Trade Union colleagues and our stakeholders and have heard their views on the challenges facing the organisation over the next three years, and how the workforce might need to adapt to meet these challenges.

We have reviewed key feedback from our Staff Survey; Welsh Government; Wales Audit Office and other external partners and regulators. We have reviewed A Healthier Wales, the Regional Workforce Strategy and have contributed to the development of a National Workforce Strategy. We have considered how best to bring all of these views together to identify our priorities for the next three years.

We recognise that changing our culture will take time and resilience and as such we have made judgements about what we think the priorities should be.

The aim of this strategy is to provide a clear direction upon which we can plan. It will be important to maintain focus on this direction and avoid being distracted whilst remaining alive to changes in our environment and agile enough to adapt.

This strategy will be reviewed on an annual basis to ensure that it remains fit for purpose and is delivering the intended impact.

4. Our Strategic Direction

4.1 Our 10 Year Strategy – Living Healthier, Staying Well



Living Healthier, Staying Well (LHSW) is our long term strategy that describes how health, wellbeing and healthcare in North Wales might look in 10 years' time and how we are working towards this now. Our future organisational model, together with our key priorities for the period 2019/22 is described in our Three Year Plan.

5. A Health Board-wide approach

5.1 Our Strategy

This is the first organisation-wide Workforce Strategy and provides a clear direction of travel for the future. It brings together multiple separate plans including staff engagement, leadership and management development; health and wellbeing; and equality and human rights.

5.2 Our organisational design

The structure of the organisation has been changed a number of times since the Health Board was formed in 2009. The current structure for operational delivery has been in place for around three years and is similar to many health systems across the UK. The main difference is that we have Divisions where there would be separate organisations elsewhere:

- Secondary Care;
- Mental Health and Learning Disabilities; and
- Primary Care and Community Services.

There are some services that span the boundaries between Divisions for example Care of the Elderly, paediatrics and North Wales Managed Clinical Services. In the main, services are managed where they are delivered with accountability for the associated performance, workforce and budgets resting with the relevant Division.

Alongside operational services there are a number of corporate departments such as Public Health; Finance; Planning and Performance; Workforce and Organisational Development; Estates and Facilities; Informatics; Corporate Governance; Corporate Nursing; Therapies and Healthcare Scientists; and Office of the Medical Director.

Each Division has an accountable Executive and following a review in 2018, a number of changes were made to better align services with the most appropriate Executive and to improve the focus on demonstrating collective leadership.

5.3 Our resources

Our workforce is spread across multiple sites. We employ over 15,500 whole time equivalents (WTE) (17,000 people) and spend more than £700m a year – half our budget - on pay.

Our model of delivery is, in the main, traditional, medicalised and separate across Divisions as well as areas and hospitals.

We have significant gaps between budgeted establishment and actual staff in post. This is a variance of around 1400 WTE across all areas. We spend approximately £35m on non-core temporary workforce and around 70 per cent of this is on agency workers.

Our turnover of staff is high at 9 per cent but it is not evenly spread with around 20 per cent of recruits leaving our employment in the first two years of service.

We have a long serving workforce but the age imbalance is growing. 19 per cent of our workforce is aged over 56 years and a growing number are over 65 years. Only 13 per cent of our staff are below the age of 30 years and the numbers in this age group continue to decline.

While our sickness absence level is not the highest in Wales, it is still too high at 4.9 per cent overall, with 70 per cent of this due to long term absence.

We have a number of key areas over budget largely due to pay, namely Secondary Care and Mental Health and Learning Disabilities.

There are systems in place to manage resources but they are labour intensive and not optimised. Data production and analysis is also labour intensive and is patchy in utilisation.

Cost reduction/improvement has been a challenge historically, yet there are opportunities for improving productivity and efficiency according to benchmarking and internal review findings.

5.4 People management and development

There have been significant improvements made in terms of staff engagement as a result of a clear and focussed plan. This is evidenced by the National Staff Survey Reports 2013, 2016 and 2018.

A leadership and management training needs analysis has taken place and development programmes commissioned accordingly.

Leadership structures are in place and clinical leaders across specialities appointed.

Our management capacity is low in a number of areas but is improving following recruitment and restructuring.

There are a number of positive examples of innovative approaches to development and working with our communities for example Step into Work, a programme to support people to gain experience and employment in healthcare in North Wales.

There are education plans and provision in place across professional groups, however, these are largely separate for clinical professional groups compartmentalising medical, nursing and midwifery, and therapies and health sciences.

There are consistent workforce policies and procedures in place, however, they are not all user friendly and as such not always applied in a people centred way.

We have a forward thinking Health and Wellbeing service in place, with external validation and assurance. Improvement plans underpinning achievement of health improvement and health inequalities priorities as well as workforce priorities are in place.

Health and safety provision is patchy with significant improvement required to reduce harm and days lost due to accidents.

We have a highly regarded Equality and Human Rights service, which works with stakeholders and staff to ensure that the principles of equality guide our work. We have a strong Welsh Language support service in place and are making good progress against the standards.

5.5 Key challenges

5.5.1 Secondary Care

- Care is provided across three District General Hospitals as well as a number of other sites for some services.
- There are significant numbers of vacancies at consultant; middle grade and trainee doctor levels, some of which are long standing.
- Challenges in recruiting and retaining clinical staff is impacted by a range of factors, not least the model and environment of delivery, which could be considered outmoded in some areas.
- Sustainability of a number of services and rotas is high risk due to the level of vacancies within existing models.
- There are significant numbers of staff nurse vacancies across hospitals and specialities. Compliance with the requirements of the Nurse Staffing Act is high risk and not cost effective within our existing model.
- There are significant issues with recruitment and retention in a number of areas. There are challenges in attracting new recruits and in converting applications into appointments in a streamlined way. Furthermore, as described earlier, retention of new staff in the first two years of service is poor in a number of specialities.
- There is a significant level of “unfunded” capacity e.g. escalation Beds and the impact of this is effectively “stretching” the workforce to cover both in terms of nursing staff but also medical staff.
- Most services are replicated across hospitals with only a small number of networked models and teams.
- Workforce planning is limited and predominantly undertaken on a hospital basis rather than across secondary care or across the health economy (including primary/community and Mental Health).
- Performance against key quality and access standards is challenged and the link between understanding demand, understanding capacity and workforce planning and deployment is patchy.

5.5.2 Primary Care and Community Services

- There are a significant and increasing number of GP practices managed by the Health Board due to gaps in GP numbers and vulnerable independent practices needing support.
- There are challenges in consistent provision of Dental Services due to capacity gaps.
- Primary Care Clusters are in place but at different levels of development and effectiveness.
- A proportion of our community facilities and estate is old and not fit for purpose in delivering modern, integrated services.
- New services and models have been developed in a number of areas and are demonstrating positive impact.
- Workforce planning is mainly undertaken on an Area team basis rather than across areas or across the health economy (including Secondary Care and Mental Health).

5.5.3 Mental Health and Learning Disabilities (MHLDD)

- Services are delivered over range of units and locations.
- There are a high number of vacancies at consultant and other levels which is contributing to our challenging financial position, as this necessitates the use of agency cover.
- There are a high number of mental health nurse vacancies and the establishment templates are based on traditional models which have evolved over time so require rebasing.
- Pay expenditure is high mainly due to high non-core spend driven by medical and nursing vacancies and low optimisation of the systems in place.
- An improvement strategy is in place but needs to incorporate robust workforce planning and a transformational approach across our whole system.
- Workforce planning is limited and is predominantly undertaken across Mental Health and Learning Disabilities rather than with other divisions or wider health economy.

6. What does the organisation need to look like in three years' time?

We have set an ambitious plan for improving the way we deliver services; work with our partners and manage our resources within a context of increasing demand and limits on the people and resources available.

We will need to be focussed on prioritising where we put our efforts and how we spend our budgets. We know that we will not achieve this unless we think and behave differently.

Our workforce will need to be:

Understanding of and aligned to our strategic priorities – our staff must be very clear about the direction of the organisation and understand how they can contribute to achieving our priorities;

Outcome focussed and high performing – whatever we do, we need to have identifiable outcomes and meet the needs of our population. All staff will need to work to the best of their ability and give 100 per cent and be able to see the impact of their hard work;

Delivering efficient value based healthcare – We need to reduce waste and avoidable/unnecessary additional or variable expenditure. We need to ensure we can demonstrate value for money and responsible use of public funds

Engaged, motivated and resilient – our staff need to feel well informed, involved and have the resilience to meet the challenges ahead;

Flexible, adaptable and innovative – finding innovative ways to deliver services in a changing environment. Acting in a more agile way, using technology to deliver services differently and reducing reliance on traditional ways of working;

Personally accountable – operating in a way that we would if this was our business, home or family and loved ones;

Customer focussed – ensuring patients, partners, contractors and colleagues receive the best service at all times and are treated with respect and inclusivity;

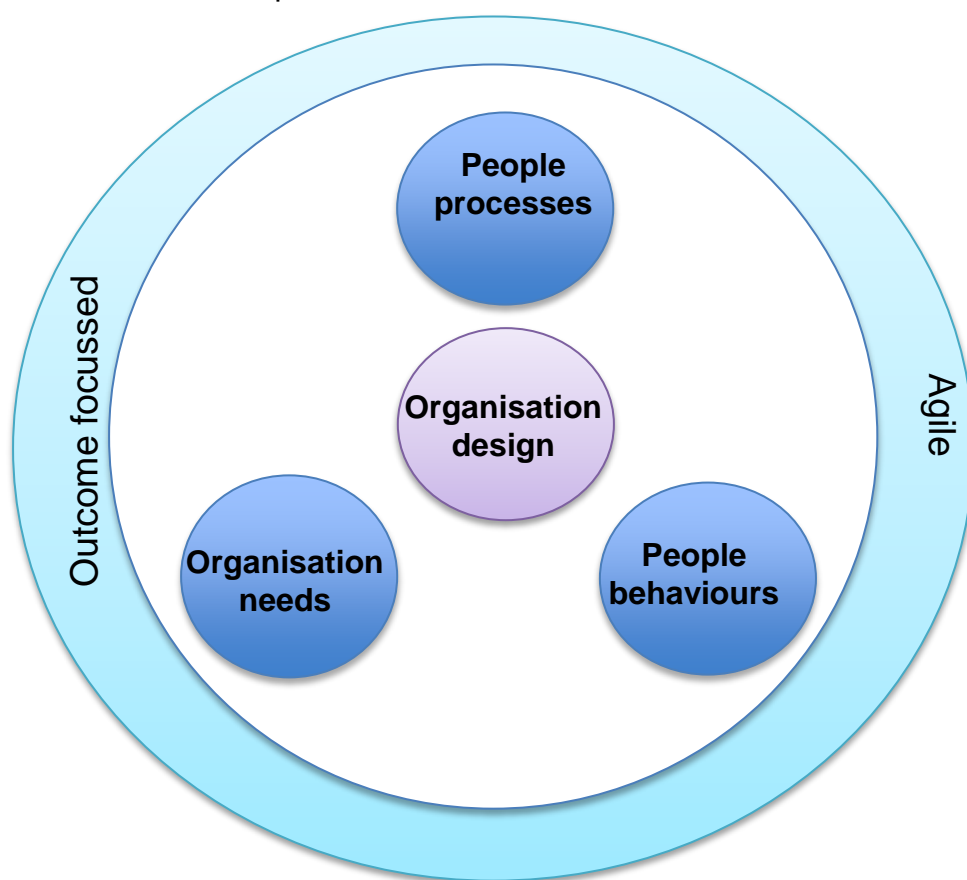
Demonstrating leadership – managers demonstrate visible, fair and compassionate leadership ensuring staff are supported and empowered to give their best and where poor performance or conduct is identified it is managed effectively; and

Working in a safe, healthy and supportive environment – ensuring our staff are safe at all times and work in a healthy supportive environment enabling them to be at their best.

7. How do we get there?

7.1 Organisational design and the 'Five Rights'

It is important to understand what makes an organisation work effectively. There are many different models of effective organisation design. This model looks at three components:



7.2 How do we ensure these three components are aligned?

It is important that these components are aligned at all times to achieve organisational priorities.

People Processes and Behaviours (the how and the who) must be aligned with the organisation needs (the what). If the people elements are not aligned, then the organisation needs will not be met.

7.3 Framework for alignment

The Framework below will support this alignment:

1. Staff Engagement – making sure that our staff know what the organisation’s objectives are and what is expected of them to meet those objectives. Building on progress and implementing other frameworks such as ²Together we Care and ensuring continued improvement in mainstreaming use of welsh language in our every day engagement;
2. Accountability - ensuring our structure and service, team and individual accountabilities are clear and easily described and evidenced;
3. Robust workforce planning – undertaking proactively and across pathways, services and localities wherever possible and across organisations where relevant;
4. Skills based design – exploring options to support or, where necessary, replacing traditional roles, using a patient centred assessment methodology and recognising the needs and preferences of our communities e.g. availability of welsh speaking staff at each stage of the patient journey;
5. Education and learning – consolidating and optimising our influence and impact consistent with our size and expertise. Developing a reputation for excellent educational experience, opportunities and outcomes. Creating a “return” cycle where learners come back to work and educate others;
6. Quality, productivity and efficiency – building on work to date to establish a Single Improvement System, building our “toolkit” and equipping our staff with the skills and confidence to apply them with impact i.e. reducing waste and avoidable/unnecessary additional or variable expenditure and developing efficient value based healthcare.
7. Planning for flexibility and flux – greater focus on capacity and demand in planning our temporary workforce. Operating as a business and shifting the balance and reducing what we spend on agency across all staff groups;
8. Recruitment and retention – moving from reactive to proactive and systematic. Applying an outcome focussed approach to identifying what needs to be done and then doing it;
9. Developing our leaders and managers – ensuring leaders and managers are equipped with the skills to lead and manage staff

² Together We Care – A Framework for the Development of the Medical Workforce in Wales

effectively. Enabling them to work effectively with partners both within and outside the organisation. Demonstrating visible compassionate leadership and developing leaders and managers of the future;

10. Process and pathway design – reviewing processes and the way we do things to ensure that we operate as efficiently and effectively as possible;
11. Creativity and innovation – asking staff for their ideas on how we can do things differently to ensure everything we do meets the needs of the people of North Wales;
12. Managing the changes – ensuring staff feel supported and behave in ways that are respectful of others; and
13. Train and employ with others - working with partners across North Wales to evolve new thinking and creating career pathways that span organisational boundaries and employment lifecycles. Finding ways to address barriers.

7.4 Using the 'Five Rights'

The principles of the 'Five Rights' should underpin everything that we do.

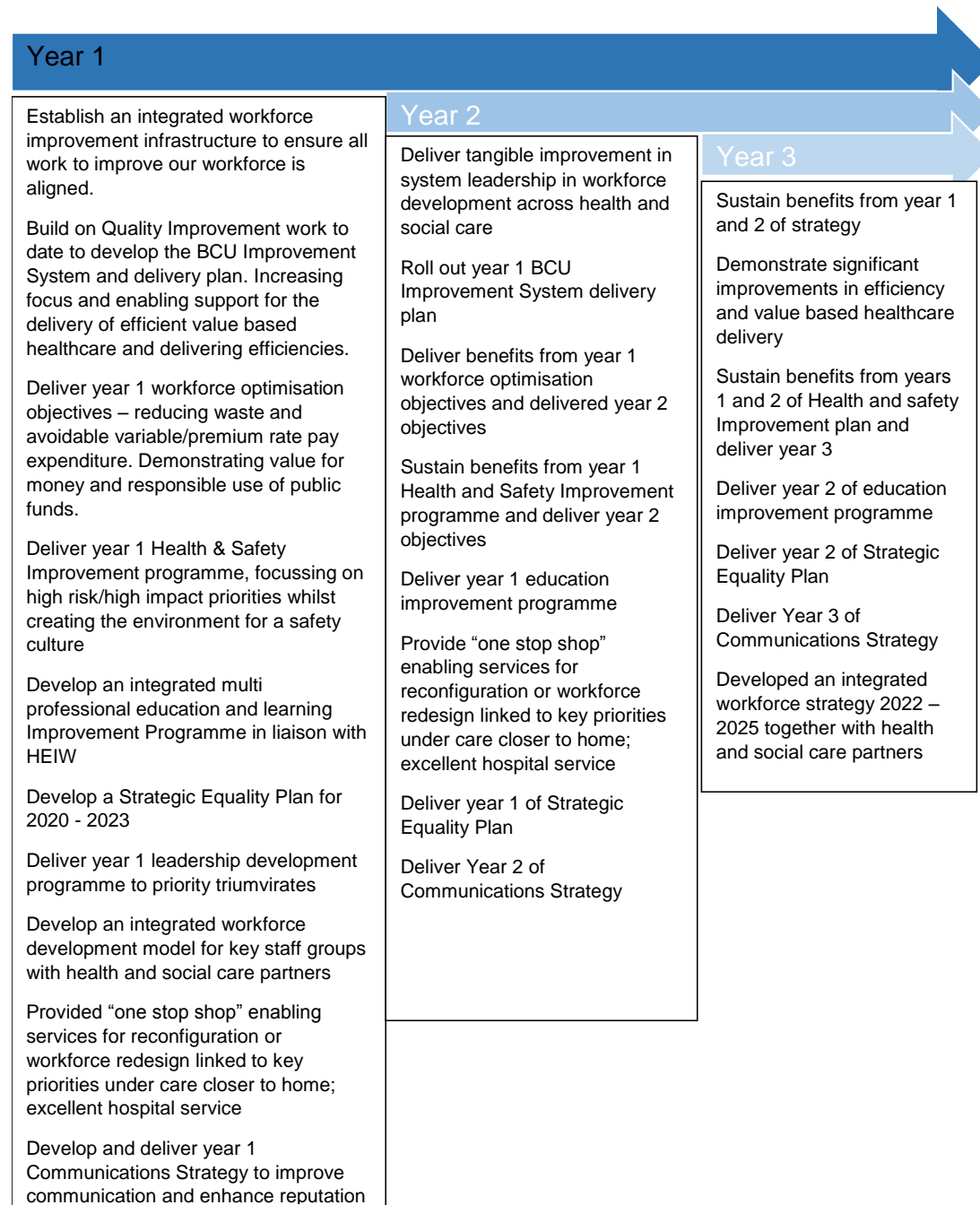
In looking at what we need in a workforce we need to ensure we constantly review the following principles to ensure our services are fit for purpose.



The application of the above will assist the planning process to embed this Workforce Strategy to make it a reality in service areas.

8. What are our priorities?

8.1 Key deliverables for 2019/22



9. How will we measure if this is working?

9.1 Annual review and performance management

A review of this Strategy will take place annually to ensure it remains fit for purpose.

The Delivery Plan will be reviewed against priorities on a quarterly basis to assess progress against key measures of success and impact. This will be supported by:

Data reporting:

- Quarterly Workforce Report
- Health Economy Accountability Reviews
- External benchmarking

Feedback:

- Managers, staff and stakeholders
- Staff engagement channels
- Staff surveys
- External reviews

Management of the Delivery Plan will be through the Workforce Improvement Programme Group chaired by the Executive Director of Workforce and Organisational Development and comprising senior accountable leaders.

10. What happens next?

The primary purpose of the Workforce Strategy is to ensure that the organisation's priorities are achieved. It should be seen as a live document, which will evolve as priorities are delivered and our workforce develops over time.

10.1 Communication of the strategy

We will communicate this Strategy and how it can support services through the most appropriate management structures and established corporate communications channels. This will form part of the communications activity undertaken around our overarching Three Year Plan 2019/22.

This will provide staff with the opportunity to discuss how it will apply to them and to explore interventions that may be needed. This will give us the

flexibility to focus on outcomes for each service upon which impact can be measured.

10.2 Planning processes

The Workforce Strategy will be embedded in our planning processes. Managers will be required to consider the contents of the Strategy and in particular consider the Five Rights when looking at what the service will need to look like in the future.

10.3 Workforce objectives, policies and programmes

Workforce teams will be responsible for delivering specific priorities identified in this Strategy and will do so through team and individual objectives.

10.4 Measurement of success

As well as the annual review and quarterly reviews, the Workforce team will monitor the priorities with Directors and Heads of Service as part of the normal cycle of business. The workforce dashboard will provide data on the health of the organisation and will inform discussions and decisions around recognition of significant progress or remedial action if progress is not where it needs to be.