

People and Culture Committee

Tue 20 September 2022, 13:30 - 16:30

Microsoft Teams



Agenda

13:30 - 13:45
15 min

1. Preliminary Matters

1.1. Apologies for Absence

Verbal Chair

1.2. Declarations of Interest

Verbal Chair

1.3. Draft Minutes of previous meeting held on 14th April 2022

Attachment Chair

📎 1.3 Draft Minutes PCC 14.4.22 (Chair & Lead Exec Approved).pdf (9 pages)

1.4. Action Log- September 2022

Attachment Chair

📎 1.4 P&CC Action Log Sept 2022.pdf (3 pages)

13:45 - 16:00
135 min

2. Items for Discussion

2.1. Committee Strategic Risk Report and Workforce Divisional Risk Register, September 2022

Attachment Head of Corporate Services, Risk & Assurance/Director of Workforce & OD and Senior Team Members

- 📎 2.1 WOD Risk Report.pdf (4 pages)
- 📎 2.1a Corporate WOD Risk Register.pdf (16 pages)
- 📎 2.1b Appendix 2 Local Risk Register.pdf (1 pages)

2.2. Committee Workplan 2022/23

Attachment Head of Corporate Services, Risk & Assurance

- 📎 2.2 P&CC Work Plan Cover Report Sept2022.pdf (4 pages)
- 📎 2.2a FINALPCC_Committee Work Programme 2022-23_Final Draft (002).pdf (7 pages)

2.3. People Plan Update Quarter 1

Presentation- to follow Deputy Director of Workforce & OD

2.4. Workforce Performance Dashboard- September 2022

Attachment- to follow Workforce Performance Manager

2.5. Report from the Director of Workforce & OD

Attachment *Director of Workforce & OD*

 2.5 WOD Director Report(1).pdf (8 pages)

2.6. Employee Well-being Survey Update

Presentation- to follow *Consultant Clinical Psychologist*

2.7. Agile Working Update

Attachment *Assistant Workforce Director*

 2.7 Agile Working Update(2).pdf (6 pages)

 2.7a Agile Project Plan V4.pdf (3 pages)

 2.7b Appendix 2 Agile Framework.pdf (44 pages)

2.8. More than Just Words 2022-27

Attachment *Director of Workforce & OD/Head of the Welsh Language Unit*

 2.8 More Than Just Words.pdf (6 pages)

 2.8a Appendix 1 MTJW Overview and Actions.pdf (12 pages)

 2.8b Appendix 2 MTJW WL Compliance.pdf (1 pages)

 2.8c Appendix 3 MTJW Jobs Advertised.pdf (1 pages)

16:00 - 16:15 3. Items for Information

15 min

3.1. Taking Care of the Carers- Management Response

Attachment *Consultant Clinical Psychologist, Employee Well-being/Assistant Director of Workforce & OD*

 3.1 Taking Care of the Carers Update.pdf (4 pages)

 3.1a Appendix 1 - July 22 Update - TCC Management Response.pdf (10 pages)

16:15 - 16:30 4. Other Matters

15 min

4.1. Any Other Urgent Business

Verbal *Chair*

4.2. Items for Escalation to the Board and/or Other Committees

Verbal *Chair*

4.3. Date of the next meeting: Tuesday 10th January 2023 at 13:00pm via Microsoft Teams

Verbal *Chair*

**Minutes of the People and Culture Committee
held on Thursday 14th April 2022 at 09:30am
via Microsoft Teams**

Present

Louise Wright - Independent Member - Chair

Paul Deneen - Independent Member- Vice Chair

Pippa Britton (for Helen Sweetland) - Independent Member

In attendance:

Glyn Jones - Interim Chief Executive Officer

Sarah Simmonds - Director of Workforce and OD

Julie Chappelle - Assistant Workforce Director

Danielle O'Leary (for Rani Mallison) - Head of Corporate Services, Risk and Assurance

Paul Deneen - Independent Head of Organisational Development (representing Peter Brown)

Debra Wood Lawson - Deputy Director of Workforce & OD

Stephen Chaney - Deputy Head of Internal Audit

Nathan Couch - Performance Audit Lead (Health)

Adrian Neal - Consultant Clinical Psychologist – Employee Wellbeing

Ceri Harris - Equality, Diversity & Inclusion Specialist

Stephen Edwards (for James Calvert) - Deputy Medical Director
Tamsin Gerrard (for James Calvert) - Executive Business Support Manager

Paul Steynor (for James Calvert) - Senior Programme Manager

Lucy Bennett - Corporate Services Manager

Apologies:

James Calvert - Medical Director

Peter Brown
 Rani Mallison
 Helen Sweetland

- Assistant Director of Workforce & OD
- Director of Corporate Governance
- Independent Member

PCC 1404/01	Welcome and Introductions
	The Chair welcomed members and guests to the meeting.
PCC 1404/02	Apologies for Absence
	Apologies for absence were noted.
PCC 1404/03	Declarations of Interest
	There were no Declarations of Interest declared.
PCC 1404/04	Minutes of previous meeting held on 3rd November 2021
	The minutes of the meeting were approved as a true and accurate record.
PCC 1404/05	Action Log
	<p>The Committee reviewed the action log. The following updates were provided:</p> <p>PCC0807/08 – People Plan Sarah Simmonds, Director of Workforce and OD provided an update on the People Plan. A development session with the Board and the Trade Union Partnership Forum had been undertaken. Plans were underway for a People First session with Trade Union colleagues, where there would be a focus on the People Plan. A programme of dates had been arranged to prepare a final copy of the plan for review by the Executive Team and Board with sign-off planned for the end of May 2022.</p> <p>PCC 0807/08 - Primary Care Evaluation Report Sarah Simmonds provided an update on the report. The evaluation was due, however following discussions with Welsh Government a decision had been made to defer the evaluation report until May 2022 due to continued service pressures and to ensure a meaningful evaluation could be undertaken.</p> <p>Debra Wood-Lawson, Deputy Director of Workforce and OD advised that the evaluation would also be submitted to the Gwent Workforce Board and be built into the discussion in relation to how the Integrated Fund would</p>

	<p>be managed through the partnership over the course of the next 5-years.</p> <p>PCC 0311/10 – Workforce Dashboard Debra Wood-Lawson advised that a second draft had been prepared and further aligned with the new People Plan. It was advised that this would be completed and shared in advance of the next Committee meeting and members would have the opportunity to comment.</p>
--	---

PCC 1404/06	Committee Terms of Reference 2022/23
	<p>Danielle O’Leary, Head of Corporate Services, Risk and Assurance provided an overview of the terms of reference that were approved by the Board in March 2022. Final comments or queries were invited from members, prior to final adoption by the Committee.</p> <p>Sarah Simmonds queried whether the legislative requirement for the Health Board to report specific employee relations data such as staff suspensions which has exceeded a period of 4-months should be referenced within the document.</p> <p>Paul Deneen, Independent Member queried if the word ‘ethos’ could be added and read “culture and ethos” of the organisation.</p> <p>It was noted that the Health Board already had a Values and Behaviours Framework established however, it was agreed that the Committee would review the addition of ‘ethos’ at a future review of the Terms of Reference.</p> <p>Decision: The Committee agreed that the legislative requirement to report staff suspensions of 4 months and greater should be included within the Terms of Reference.</p> <p>Action: Head of Risk and Assurance would feedback additions requested to the Director of Corporate Governance and a final version of the Terms of Reference would be submitted to the next Committee meeting.</p>
PCC 1404/07	Committee Priorities 2022/23
	<p>Head of Corporate Services, Risk and Assurance presented an overview of the role, function and priorities for the forthcoming year for the Committee, on behalf of the Director of Corporate Governance.</p>

	<p>Decision: The Committee welcomed the presentation and agreed that it was helpful, comprehensive, and aligned to the IMTP.</p> <p>Action: Secretariat to circulate the presentation for information.</p>
PCC 1404/08	<p>Report from the Director of Workforce and OD, to include an overview of Employee Relations Matters</p>
	<p>Sarah Simmonds provided an overview of the current activities of the Workforce & OD Division and key issues locally, regionally and within NHS Wales. The Committee noted key points in relation to activity over the winter period and in particular the flexibility and agility shown by the Workforce and OD team with regard to the pressures of winter compounded by the additional pressure of the omicron variant. Specific attention was drawn to the condensed timeframe to deliver the booster programme roll-out by the end of 2021. The Committee was advised that the team had demonstrated commitment and flexibility to support the deployment of the vaccinators and utilised their knowledge and experience to support staff in the hubs, which was to be commended.</p> <p>Sarah provided an update on recruitment activity and more notably the opportunity to embed the apprenticeship and kickstart scheme. A report was due to be submitted to the Executive Team later this week outlining the initial evaluation of the scheme. Future reports would be shared with the Committee.</p> <p>It was highlighted that the gender pay report has recently been published along with the Health Board's Annual Equality Report, which was positive.</p> <p>In relation to Welsh language compliance, the Health Board continued to work alongside the Welsh Language office who had been supporting the embedding of the Welsh language standards. Sarah highlighted that Non Ellis, Welsh Language Officer who had led the Welsh language agenda for the Health Board over the past few years, was leaving the organisation. Non is moving on to another position in Cwm Taf Bro Morgannwg Health Board as their Equality and Diversity Lead. Sarah expressed her thanks to Non for her valuable contribution in progressing Health Board Welsh Language Standards compliance in recent years. Sarah advised that the Health Board had been very fortunate to invest in the team over the recent years and have appointed on an interim basis to lead the Welsh Language agenda.</p>

	<p>In terms of the speciality doctor contract discussed previously, Sarah advised that this was progressing and Doctors who wished to move to the new conditions had been transferred successfully.</p> <p>The Pensions Flexibility Policy was implemented on the 1st April 2022, and the Health Board was the first in Wales to adopt this. The policy would be monitored from both an uptake and equality impact perspective and reported to the Committee and the Board, as necessary.</p> <p>Sarah provided an overview of key performance indicators (KPI) data included in the report. Sarah reported that currently there were three (3) members of staff in total who have been suspended from work for longer than 4-months due to the seriousness of the allegations. The CPS were involved in two (2) cases and the suspensions would continue to be monitored.</p> <p>Development work was on-going to use suspension as a last resort and to keep the number of suspensions to a minimum.</p> <p>The Committee discussed the People Plan and agreed that a key objective was that it was essential to help staff to feel supported, healthy, engaged, and proud to work for the Health Board. Paul Deneen suggested that it would be beneficial for Independent Members to attend a People First session to observe and support going forward.</p> <p>Decision: The Committee RECEIVED the report and thanked Sarah for the comprehensive overview.</p> <p>Action: Sarah Simmonds to explore opportunity for Independent Members to attend People First sessions.</p>
PCC 1404/09	People First Update
	<p>Adrian Neal, Head of Employee Wellbeing Service, provided an overview on People First. In September 2021 as SBAR was presented to the Executive Team to initiate an ambitious programme to reset the growing problem of disengagement, disinterest and wellbeing within the organisation which had been amplified by the pandemic. Adrian advised that this was the first attempt across the UK and was a reconnection process rather than engagement from the top, down.</p> <p>It was noted that so far, the project was moving in the right direction and momentum was growing across the Health Board. The engagement and support from the Executive Team have been invaluable with the Executive</p>

	<p>Team requesting that the sessions continue into the next phase.</p> <p>Phase 3 was currently in development, and it was noted that two service areas had expressed an interest using the methodologies outlined in the report.</p> <p>Hannah Williams, Head of Organisational Development provided an overview of the proposed Phase 3. It was noted that people were engaging well with the process and comments within the report reflected this.</p> <p>Sarah Simmonds provided a reflection on her own experience of the process so far and how positive it had been witnessing a greater emphasis on staff wellbeing and cohesive working.</p> <p>Decision:</p> <p>The Committee welcomed and supported the report and the ongoing work.</p> <p>Action:</p> <p>Regular progress updates to be submitted to the People & Culture Committee.</p>
PCC 1404/10	Equality Impact Assessment
	<p>Debra Wood-Lawson provided an overview of the new approach to the Equality Impact Assessment (EqIA) process to ensure that the Health Board met its statutory obligations in relation to equality, Welsh measures, Wellbeing of Future Generations Act and socio-economic duty. The new approach would also continue to ensure that the Health Board complied with legislative obligations (which had been established since 2006) to undertaken EqIAs on policies, strategies and plans as well as decisions on service changes within the organisation.</p> <p>The Health Board’s current arrangements had been in place since the inception of the Health Board, and it was recognised that the equality landscape had changed significantly. Therefore, there was a requirement to move to a more integrated and intersectional approach. The process set out within the report would enable the Health Board to have far more rigor, scrutiny and control, to ensure that every policy, strategy, and change was subject to an EqIA which would be owned locally, by Divisions.</p> <p>Debra advised that to supplement the approach it was proposed that an EqIA group be established to build common understanding, learning and to develop skills across the Health Board. The intention for the group was to meet regularly and work through the EqIA provided by a division so there was an appropriate challenge and</p>

	<p>support mechanism which would then coproduces an assessment.</p> <p>The goal of the new process would be the development of a robust evidence based EqIA tool that will allow services to be designed on an inclusive basis whilst ensuring alignment to the Health Board’s values and legal obligations.</p> <p>Ceri Harris, Equality, Diversity & Inclusion Specialist attended the meeting to provide an overview on work that she had been undertaking with teams across the Health Board since she took up her post in September 2021. The work has included piloting a new template, applying the new arrangements and gathering feedback.</p> <p>Ceri provided an overview of her recent experience of providing support to review the Customer Management Centre. The revised tool was used, and it was found that there was inequality in the provision of translation services, where patients often experienced a delay due to limited resources. This has now been remediated and the Health Board was now utilising the Wales Interpretation and Translation Service (WITS). This change had positively impacted on patient care and access and reports of a reduced waiting time had been reported to obtain translation services.</p> <p>The Committee thanked Ceri for providing a helpful insight into the EqIA process and welcomed the revised approach set out in the report.</p> <p>Decision:</p> <p>The Committee supported the proposal of the establishment of the EqIA Group and agreed that Ceri can attend the committee ‘in attendance’ and provide specialist advice on other pieces of work linked to the EqIA agenda.</p> <p>Action:</p> <p>Ceri Harris to share dates and information of ‘Gay Dementia Venture’ session with the Committee.</p> <p>Ceri to attend the Committee on invitation and comment/provide a view on items specifically through the lens of the EqIA work she leads on.</p>
PCC 1404/11	Agile Working Update
	<p>Julie Chappelle provided an overview to the Committee on the current position of the work of the Agile Delivery Board.</p> <p>To date a significant amount of enabling work had been undertaken in relation to documentation, frameworks, discussions with staff and undertaking assessments in</p>

	<p>addition to the surveys. The agile framework had been developed and updated to reflect the feedback received from the surveys. Minimum standards had also been devised, based on what an agile working space should look like and was due to be discussed and endorsed at the Programme Board's April 2022 meeting.</p> <p>Julie further advised that an advert had been published for a dedicated person to lead on agile working and it was anticipated that this would provide traction and pace to the agile working agenda.</p> <p>Julie highlighted the next steps in the report which included a refocus of the project plan, acknowledging enabling work and progress which had already been made.</p> <p>It was reported that there had been a substantial reduction in travel and associated costs since the pandemic and the Committee also noted that 79% of personal lease cars being purchased were electric hybrid cars. The Committee discussed the allocation of electric points for vehicles to ensure there was adequate provision for the future in the infrastructure.</p> <p>Paul Deneen asked if the Health Board had considered the possibility of solar power due to the increasing cost of electricity. Debra Wood- Lawson advised that this had been explored during the run-up to the opening on the Grange University Hospital where a pilot undertaken by Caerphilly Borough Council had been discussed. Debra agreed to bring an update to a future meeting.</p> <p>Decision:</p> <p>The Committee noted the work undertaken and acknowledged the next steps. It was agreed that regular update reports would continue to be submitted to the Committee.</p> <p>Action:</p> <p>Julie Chappelle to ensure regular update reports were submitted to future meetings.</p> <p>Debra Wood-Lawson to provide an update at a future meeting on the possibilities of using solar power, in line with the Health Board's de-carbonisation strategy.</p>
PCC 1404/12	Committee Risk Report
	<p>Debra Wood-Lawson presented an update on both the corporate and local risks registers. Each set out the control measures and provide an update as of March 2022.</p> <p>It was noted that all risks have been updated to reflect the actions to support the new People Plan. The recruitment and retention risk had been reframed and</p>

	<p>updated to reflect the cessation of the Coronavirus Act 2022 and the extension of the Pension Scheme Regulations.</p> <p>Action plans had also been updated to ensure alignment with relevant resourcing challenges across the Health Board and alignment with government legislation or Covid guidance.</p> <p>Decision:</p> <p>The Committee noted the updated risk registers and agreed the changes detailed in the report.</p>
PCC 1404/13	Items for information
	<p>Audit Wales Report, Taking Care of the Carers and ABUHB's Management Response</p> <p>The People and Culture Committee accepted the report and agreed to monitor its implementation on the management response to the recommendations. The Committee noted that the response was submitted to the Audit, Risk and Assurance Committee on 3rd February 2022.</p>
PCC 1404/14	<p>Date of next meeting:</p> <p>09:30 Tuesday 12th July 2022</p>



**People & Culture Committee
 September 2022 Action Sheet**

(The Action Sheet also includes actions agreed at previous meetings of the People & Culture Committee and are awaiting completion or are timetabled for future consideration for the Committee. These are shaded in the first section. When signed off by the People & Culture Committee these actions will be taken off the rolling action sheet.)

Agreed Actions Key:

Overdue	Not yet due	Due	Transferred	Complete	In Progress
----------------	--------------------	------------	--------------------	-----------------	--------------------

Action Ref	Action Description	Due date	Lead	Progress	Status
PCC 0807/08 Overview and Update on Workforce & OD May-Sept 2021	Refresh of the 'Strategic People Plan' to be shared with the Health Board over the coming month.	May 2022	Workforce & OD	At the meeting in April the Committee received an update. The refreshed People Plan will be shared with members in due course.	Complete
PCC 0807/08 Overview and Update on Workforce	The committee requested sight of the Primary Care Evaluation Report. To be shared with the committee.	Sept 2022	Director of Workforce & OD	The Primary Care Evaluation Report to be circulated with members outside of the meeting.	Due

& OD May-Sept 2021					
PCC 0311/10 Workforce Dashboards	Include risks within the new dashboard. Dashboard to be provided to the Board for information as part of the Committee Board report.	Sept 2022	Deputy Director of Workforce & OD	Added to the Committee Forward Work Programme for September 2022.	Complete
PCC 1404/06 Committee Terms of Reference 2022/23	The legislative requirement to report staff suspensions of 4 months and greater to be included within the Terms of Reference.	Sept 2022	Head of Corporate Governance, Risk & Assurance/ Director of Corporate Governance	There is not a requirement for this to be included in the Committee ToR , however, it was suggested that this measure be built into employee relations reporting.	Complete
PCC 1404/08 Report from the Director of Workforce and OD, to include an overview of Employee Relations Matters	The Director of Workforce & OD to explore opportunity for Independent Members to attend People First sessions.	N/A	Director of Workforce & OD	People First Engagement events are shortly to be led by senior managers within Directorates to ensure ownership of local issues. Executive Directors will therefore step back from this approach. The Director of Corporate Governance with the Director of Workforce & OD and Director of Nursing will be exploring options to introduce Board Member visits and engagement arrangements as part of the Board's visibility and need to seek soft assurance on the culture of the organisation. A Board Development Session on Culture is being arranged	Complete

				for Q3/Q4 of 2022/23 where this will be discussed.	
PCC 1404/09 People First Update	Regular progress updates to be submitted to the People & Culture Committee.	N/A	Consultant Clinical Psychologist, Employee Wellbeing	Added to the forward work plan 'Registered Items'.	Complete
PCC 1404/10 Equality Impact Assessment	Equality, Diversity & Inclusion Specialist to share dates and information of 'Gay Dementia Venture' session with the Committee.	N/A	Equality, Diversity & Inclusion Specialist	Posters on the Gay Dementia venture were shared, and the last session had taken place on the 8 th June as part of Carers week.	Complete
PCC 1404/11.1 Agile Working Update	Assistant Workforce Director to ensure regular update reports were submitted to future meetings.	N/A	Assistant Workforce Director	Added to the forward work plan 'Registered Items'.	Complete
PCC 1404/11.2 Agile Working Update	Deputy Director of Workforce & OD to provide an update at a future meeting on the possibilities of using solar power, in line with the Health Board's de-carbonisation strategy.	Jan 2022	Deputy Director of Workforce & OD	Initial progress has been made through liaison with the Head of transformational Change, and a comprehensive update will be scheduled as part of the Committee work programme going forward.	Not yet due



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Aneurin Bevan University Health Board
People and Culture Committee
Tuesday 20 September 2022
Agenda Item: 2.1

Aneurin Bevan University Health Board

Workforce & Organisational Development Divisional Risk Register

Executive Summary

Risk management is an integral part of Aneurin Bevan University Health Board's approach to ensure we achieve our strategic objectives, annual priorities, and our responsibilities as an organisation.

Workforce & OD risks for 2022/2023 have been identified and reported via Health Board's the Corporate Risk Register. The Workforce and OD Division apply a continuous risk management approach to anticipate, mitigate, and manage the risks to achieving the Health Board's strategic Workforce & OD objectives and priorities.

The latest iteration of the Workforce & OD Risk Register is attached and will serve as the principal document to record all Workforce & OD risks and what action is being taken to mitigate or remove the risk. The Register will be adopted as an active mechanism through which risks are monitored and responded to.

The Risk Register will be reviewed at least monthly at Divisional senior team meetings and will be reported and monitored to the Health Board's People and Culture Committee.

The Committee are asked to review and provide comments on the latest Workforce & OD Risk Register.

The Committee is asked to: (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	✓
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

Executive Sponsor: Sarah Simmonds, Director of Workforce & OD

Report Author: Debra Wood Lawson, Deputy Director of Workforce & OD; Cathy Brooks, Head of Workforce Planning

Report Received consideration and supported by:

Executive Team	Committee of the Board [Committee Name]	People & Culture Committee
-----------------------	---	----------------------------

Date of the Report: 07 September 2022

Supplementary Papers Attached:

Appendix 1 - Workforce & OD Corporate Risk Register

Appendix 2 - Workforce & OD Local Risk Register

Purpose of the Report

The purpose of the report is to receive comments and views from the Committee on the Workforce & OD Divisional Risk Register including corporate and local workforce and risks.

Background and Context

Previously, Workforce & OD Risks have been contained within the Corporate Risk Register, COVID 19 Risk Register and reported to the relevant sub committees of the Board.

The purpose of a Risk Register will be to:

- Recognise, plan, and respond to risks to mitigate any potential harm to our staff, patients, and population.
- Protect the well-being and safety of our workforce, patients, and service users.
- Maximise opportunities for development and improvement by understanding the risk environment and adapting and remaining resilient to changing circumstances or events.
- Understand the risks in relation to our obligations in respect of the Well-being of Future Generations Act, professional standards and Equality, Diversity, and Inclusion.
- Provide assurance that risks identified are being managed appropriately and that the Division is on track to achieve its stated objectives.

Assessment

The Risk Register will be used to inform planning and performance metrics for the Workforce and OD Division identifying, anticipating, and monitoring risks in relation to the following Workforce & OD matters that will have a direct impact on the ability to deliver the key priorities contained within the Divisional Annual Plan. This will include corporate risks:

- Recruitment, retention and sustaining
- Staff Well-being
- Welsh Language Standards

Since the last Committee in April 2022, two additional risks have been identified and are proposed to be added to the Corporate Risk Register:

- **Industrial Action**
- **Nursing and HCSW agencies refusing to contract with the Health Board**

All risks have been updated to reflect the actions to support the new People Plan. Action plans have been updated to ensure alignment with relevant resourcing challenges across the Health Board and alignment with government legislation.

The local risk register include risks, but not limited to:

- Winter and mass vaccination surge workforce supply

- Staff sickness including medical exclusion

The Risk Register will be of central importance to:

- Assessing and identifying risks current and on the horizon.
- Managing and treating risks.
- Reporting and escalating risks to appropriate levels within the organisation to ensure that effective responses can be made.
- The setting of Committee and Board agendas to ensure a focus on the strategic objective's areas.

In line with the Health Board's Risk Management Strategy and Framework, the Risk Register will be:

- Reviewed and updated at least monthly by the Workforce & OD senior team.
- Submitted to the Board Secretary and Corporate Services Manager (Risk and Assurance) to enable a full organisational review to be undertaken. This is also in compliance with the Health Board's Annual Governance Statement.
- Reviewed and discussed at every People and Culture Committee.
- Significant Workforce & OD risks will be escalated to the Corporate Risk Register which will be considered by Executive Team and the Board.

Recommendation

The Committee are asked to review and provide comments on the latest Workforce & OD Corporate and Local Risk Registers and to endorse the inclusion of the two new risks on the Corporate Risk Register:

- **Industrial Action**
- **Nursing and HCSW agencies refusing to contract with the Health Board**

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	Reporting arrangements will ensure linkages with the Corporate Risk Register.
Financial Assessment, including Value for Money	Identifying and managing risks will support an approach of value for money and prudent principles relation to workforce & OD interventions.
Quality, Safety and Patient Experience Assessment	Effective oversight and management of risk will support safe staffing provision and have a direct impact on improving quality and safety and therefore the overall staff and patient experience.

Equality and Diversity Impact Assessment (including child impact assessment)	Equality impact assessment screening indicates no negative impact and will enhance equality, diversity, and inclusion by a transparent assessment of risks.
Health and Care Standards	This report contributes to the good governance elements of the Standards with particular reference to the workforce standard.
Link to Integrated Medium Term Plan/Corporate Objectives	Providing an appropriate governance to support a workforce to deliver safe, quality care.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Long Term – Supports effective risk management feeding to policy development and arrangements for governance contributes to a positive impact on staff well-being, patient care and the wider population.
	Integration – Opportunities to work with local and national partners.
	Involvement – To work with Trade Unions to take account of the diversity of the membership, staff and population served to ensure policy and service change is equitable.
	Collaboration – Collaboration with external partners continues to support consistency of approach across NHS Wales organisations
	Prevention – Supports positive wellbeing and the prevention of absence and ill health.
Glossary of New Terms	n/a
Public Interest	Report has been written for the public domain.

Workforce & OD Corporate Risk Register

Applicable Strategic Priorities – IMTP plan 2022/23		Risk Description, Appetite and Decision		
<ul style="list-style-type: none"> • Enabler risk and links to all strategic priorities 		<div style="display: flex; align-items: center;"> <div style="background-color: #4a90e2; color: white; padding: 10px 20px; border-radius: 5px; margin-right: 10px;">TREAT</div> <div> <p>CRR002 (March-2017) – Threat Event: Failure to recruit, retain and develop staff across all disciplines and specialities to critical areas, leading to adverse impacts on delivery of care for patients across acute and non-acute settings and non-compliance with safe staffing principles and standards.</p> </div> </div>		
High Level Themes	<ul style="list-style-type: none"> • Patient Outcomes and Experience • Population Health • Quality and Safety • Reputational • Public confidence • Finance • Workforce 	Risk Appetite	<p>Low level of risk appetite in relation to potential patient safety risks. However, moderate levels of risk regarding innovation and changing roles to attract more staff and deliver services in different ways through new roles, therefore the Health Board will seek to <i>Treat</i> this risk profile.</p>	
Committee Assurance	Internal Controls – Policies/Procedures	Risk Score		
People and Culture Committee	<ul style="list-style-type: none"> • Monitoring Framework to support roll out of the People Plan. • Workforce Dashboard to track appointments and progress of core recruitment campaigns e.g. HCSW, nursing, students, medical and employment schemes. • RN Supply and Demand Tracker to review nursing vacancies, turnover and demand. • Redeployment Principles and Risk Assessment agreed. • Agency Reduction Plan approved June 2022. • Management of attendance through All Wales Management Attendance At Work Policy and NHS Wales COVID guidance. • Health Care Standards - Section 7 staffing and resources. • Nurse Staffing Levels (Wales) Act 201625b/25c. • Review of staffing and recruitment plan internally in line with Royal College Guidance, i.e., RCP. • Agile Working Delivery Board. 	Inherent Risk level before any controls/mitigations implemented, in its initial state.	Current Risk level after initial controls/mitigations have been implemented.	Target Risk level after all controls/mitigations have been implemented and taking into consideration the risk appetite/attitude level for the risk.

	<ul style="list-style-type: none"> • Measurements of Wellbeing through the ABUHB Staff Survey. • Occupational Health and Wellbeing dashboards report KPIs. • E-LGH service reconfiguration and service development through PMO structure 						
Action Plan <i>SMART actions that will positively impact on the risk and help achieve the target risk score or maintain it.</i>	Due Date	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Consequence
<ul style="list-style-type: none"> • Workforce projections, plans and scenarios take account of increased absence and workforce availability based on previous trends and planning assumptions. To be reviewed and developed to support Recovery Planning and Winter Plan 2022/23. • Implementation of an Agency Reduction Plan. • On-board doctors who have been appointed via European Gateway and medical recruitment aligned to Safe Staffing Review in Medicine Specialties. (All posts appointed to) • Engagement with national recruitment campaigns such as BAPIO, Train, Work, Live and Student Streamlining for Registered Nurses, Physician's Associates, Midwives, and therapy staff and with HEIW for Junior Doctor. • Registered Nurse Recruitment Programme of events with Train, Work, Live and RCN. • Continued implementation of new roles such as Physician Associates, Enhanced and Advanced roles to support workforce skills gaps in line with IMTP. • Continue to monitor safe staffing levels (periodically) as part of the Safer Staffing Act section 25 reported via Executive Director of Nursing • Review of workforce requirements to sustain required levels of covid vaccination and testing programme. • Introduction of new Specialist Grade role to support Senior Medical vacancies- completed. • Position paper in development, working with finance and WG colleagues to develop and promote Health Board's offer to train and employ within hard-to-reach local communities. Including launch of second Aneurin Bevan Apprenticeship Offer and establishment of career pathways (e.g. non clinical to clinical) • Working with partners in Gwent on a system wide HCSW Strategy. • People First Staff Engagement Framework in place to support retention and Staff Well-being medium and long term plan to support retention including Well-being Staff Surveys, peer support, increase in Psychology support through investment in the service to support stage 2 of the Well-being Centre of Excellence and the development and piloting of a Trauma Step Care Model is enabling individual and team needs to be assessed and supported. • Continuing support for staff who are absent in line with Managing Attendance at Work Policy, including those on long term absence with a view to signposting to self-help support, and adapting/adjusting roles to enable a safe return to work. 	2022	5	5	4	5	3	5
		25		20		15	

<ul style="list-style-type: none"> WOD lead for Talent and Succession Planning and strategic approach drafted. Development of resource and alignment with HEIW. Programme Plan to introduce Workforce Medical E-Systems to support effective deployment of medical staff. The Regional Integrated Fund (RIF) Workforce Programme is in development to support the wider health and social care staffing issues as required in Healthier Wales. Gwent Workforce Board is being tweaked to support scaling up of initiatives and pace. Accelerated Cluster Development is being supported through insights, knowledge, support and training offer through the RIF Workforce programme. 				
<p>Trend since last reporting period</p>		<p>Executive Owner: Director of Workforce and Organisational Development</p>		
<p>Mapping Against 4 Harms of COVID</p>		<p>Update</p>		
<div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; margin: 5px; background-color: red; color: white; text-align: center;">Harm from COVID itself</div> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; margin: 5px; background-color: blue; color: white; text-align: center;">Harm from overwhelmed NHS and social care system</div> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; margin: 5px; background-color: lightgreen; color: black; text-align: center;">Harm from reduction in non-COVID activity</div> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; margin: 5px; background-color: green; color: white; text-align: center;">Harm from wider societal actions/lockdown</div> </div>		<p>September 2022:</p> <p>Demand for staffing remains high with additional capacity open, high demand for high levels of enhanced care, high levels of absence and turnover. The new People Plan and supporting actions to deliver an Employer of Choice Model:</p> <p>Choose to join/stay</p> <ul style="list-style-type: none"> Significant work undertaken in relation to recruitment and retention i.e., Staff Retention Framework, Covid Recovery plans in development and Winter Workforce plans are being reviewed for appropriate action including community capacity. Trial to enable internal career pathway and movement from the non-clinical to the clinical HCSW roles. Since March the number of additional staff available through bank, agency or overtime has been stable along with usage. In line with the Agency Reduction Plan, we have reduced the off-contract agencies from 11 to 5, whilst maintaining our relationship with 57 framework suppliers. 39 international nurses appointed and 11 will be joining the Health Board in September. Recruited an additional 21 doctors as part of the Safer Medical Staffing Review, through European Gateway and via enhanced recruitment campaigns. 1,236 bank staff recruited across all professions 2021- 2022 in addition to 674 for Mass Vaccination Programme. 560 bank registrations received since April 2022. Student streamlining (e.g., Nursing, AHP's and PA's) programmes undertaken to promote opportunities within ABUHB with the following newly qualified staff joining in September: <ul style="list-style-type: none"> 120 Nurses 23 Midwives 49 AHP's 5 PA's Large scale HCSW recruitment including the appointment of 78 (bank and substantive) booked on induction training in Sept/Oct. An additional 25 are currently going through pre-employment checks. 103 HCSW's in total. The HEIW Education & Training Plan continues the investment in education and training in Wales that has been increasing over past years - Adult Nursing (36%) and Mental Health Nursing (20%), Healthcare science, Allied Health 		

Professionals Clinical Psychology (11%- 43%). This will increase the number of graduates coming out of training in 2022 and beyond which are required to support turnover and existing vacancies.

- HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce.
- Actively promoting the NHS Wales Recruitment Modernisation Programme aiming to streamlining and expedite process and improve time to hire.
- Extension of the NHS Pension Scheme regulations will remain until 31st October 2022. This will continue to allow staff to return to work immediately after retirement and continue or increase their existing working commitments, while still receiving their full pension benefits.
- Agency reduction plan in place to monitor and review all agency, bank pay incentives supply and demand.
- 25 sessions of People First staff Engagement Strategy completed, planning on phase 3 engaging with triumvirates in process. Engagement started with the DMT of Primary and Community Care as well as General Management of key sites.
- Recent wellbeing results to be cascaded to Divisional Teams to enable plans to address key issues
- Programme of equality events, newsletters and networks rolled out to support retention.
- Partnerships with employability schemes such as Kickstart and Restart.

Deployment

- Bank pay incentives continue to be used through escalation process.
- Absence “hot spot” areas identified and plans in place to support.
- The Mass Vaccination Programme continues to review the workforce required to deliver the COVID-19 vaccinations with a view to determining a more sustainable model, integrated into other roles and flexibility with other core roles.

Choose to Grow

- There has been a continued focus on creating capacity through reviewing skill mix, developing existing and creating new advanced and extended roles in Radiology and reporting, Pharmacy with Medicines Management, Mental Health Wellbeing Practitioners, Physicians Associates in Anaesthetics, and other medical specialities
- Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx) starting with 3 cohorts in September 2022.
- Launch second Aneurin Bevan Apprenticeship cohort circa 20 places- July 2022
- 4 apprentices secured substantive/fixed term opportunities. 16 others remain on their training pathway.
- 26 flexi degree nursing routes qualified June 2022.
- Internships/Graduate Schemes ongoing

Sustainability and Transformation

- Internal Exit interview group has been established with a view to 1) Increase the numbers of people completing the forms and 2) Turn the data into intelligence so that we can understand and respond to organisational and local level impacts.
- Continue to review workforce models to support improved sustainability in services where there are hard to recruit posts.
- Actively working with Local Authorities to promote joint recruitment activities.
- Engagement with Universities to promote ad hoc paid working opportunities for Medical and Nursing students.

Applicable Strategic Priorities – IMTP plan 2022/23		Risk Description, Appetite and Decision		
<ul style="list-style-type: none"> • Enabler risk and links to all strategic priorities 		<div style="display: flex; align-items: center;"> <div style="background-color: #4a90e2; color: white; padding: 10px 20px; border-radius: 5px; margin-right: 20px;">TREAT</div> <div> <p>CRR0021– Threat Event: Inability to comply with the Welsh Language Standards as a result of the Welsh Language (Wales) Measure 2011, which will mean that Welsh speakers will not be able to receive services in their language of choice.</p> </div> </div>		
High Level Themes	<ul style="list-style-type: none"> • Patient Outcomes and Experience • Population Health • Quality and Safety • Reputational • Public confidence • Finance • Workforce 	Risk Appetite	Risk appetite in this area is low in the interests of compliance with the Welsh Language Act.	
Committee Assurance	Internal Controls – Policies/Procedures	Risk Score 12		
People and Culture Committee	<ul style="list-style-type: none"> • Monitoring Framework to support roll out of the People Plan. • A Welsh Language Strategic Group is in place and divisional operational groups are being established to mainstream the implementation of the standards. These will replace the working groups that were looking at specific standards. • Detailed action plan for the implementation of the standards to mitigate this risk. Monitored through the Welsh Language Strategic Group. Close liaison with the Office of the Welsh Language Commissioner and Welsh Language leads in Welsh Government. • Additional funding agreed by the Executive Team to support implementation. • Welsh Language Standards awareness activities have been held across the Health Board, these including roadshows, training sessions, attendance at team and departmental meetings, and one to ones with all Executive Directors, attendance at Health Board events such as conferences, community events, joint 	Inherent 12	Current 12	Target 8

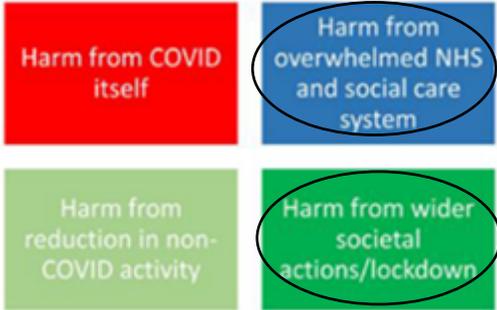
	<p>community and staff language awareness training.</p> <ul style="list-style-type: none"> • A series of protocols and guidelines have been developed and approved to meet the requirements of the Standards. • Working collaboratively with other Health Boards and Public Sector bodies to learn lessons, share best practice and develop all Wales challenges. • Continual revision and updating of the Welsh Language homepage with useful links and additional resources for staff. • Continued communication and engagement activities through a series of Frequently Asked Questions, national and local Welsh Language campaigns and the Partneriaith network. • New arrangements and an SLA being agreed with BCUHB for translation services due to concerns raised regarding the quality of the current external provider. 						
Action Plan <i>SMART actions that will positively impact on the risk and help achieve the target risk score or maintain it.</i>	Due Date	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Consequence
		3	4	3	4	2	4
<ul style="list-style-type: none"> • Develop a Welsh Language Strategy for the Health Board, centred on the needs of the local population, and providing a clear vision for the implementation of the Standards. We will continue to embed the 'Active Offer' principle and developing our Partner IAITH network to support our Welsh speaking staff to maximise their linguistic skills. • Deliver a Welsh Language recruitment training scheme • Introduce a revised Welsh Language Awareness training package • Develop a robust and sustainable internal translation service • Systematic review of Workforce & OD policies and frameworks to mainstream the Welsh Language in key policies and initiatives. • Promote specific activities provided through the medium of Welsh so that Welsh speakers may choose to use them. • Develop guidelines for agencies, contractors, and providers stating the requirements regarding the use of the Welsh Language in every business arrangement with the Health Board • Redevelopment of Health Board's Language Skills Strategy and assessment matrix for assessing Welsh Language skills for vacant posts. • Provision of Welsh Language Mentor activities to ensure that performance, efficiencies and economies of scale are realised • Develop a suite of written and digital resources for clinicians to raise awareness of the importance of the 'active offer' principle 	2022	12		12		8	

<ul style="list-style-type: none"> • Develop improvement plans to ensure that services provided electronically for patients and the public or which demand the use of Information Technology for their administration are available to the same standard in Welsh and in English. • Publish Review to evaluate 5-year Welsh Language Clinical Consultation plan • Publish strategy review to evaluate 5-year Welsh Language Clinical Consultation plan – measures to sustain achieved actions over the past 5-year period and actions for the next 5-year period 				
<p>Trend since last reporting period</p>		<p>Executive Owner: Director of Workforce and Organisational Development</p>		
<p>Mapping Against 4 Harms of COVID</p>		<p>Update</p>		
<div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="background-color: red; color: white; padding: 5px; margin: 5px;">Harm from COVID itself</div> <div style="background-color: blue; color: white; padding: 5px; margin: 5px;">Harm from overwhelmed NHS and social care system</div> <div style="background-color: lightgreen; color: black; padding: 5px; margin: 5px;">Harm from reduction in non-COVID activity</div> <div style="background-color: green; color: white; padding: 5px; margin: 5px; border: 2px solid black; border-radius: 50%;">Harm from wider societal actions/lockdown</div> </div>		<p>September 2022:</p> <ul style="list-style-type: none"> • Welsh Language 5-year plan and Bilingual Skills Strategy agreed by Strategic Group. • Recruitment of internal translator resource to undertake project work. • Internal auditing processes established - undertaken quarterly and reported to Strategic Group. • Mandating Welsh Language Competencies on ESR – 14% increase in overall compliance during 2021/22. • Workshops delivered to recruiting managers to support the implementation of the Bilingual Skills Strategy. • Working collaboratively with Recruitment colleagues to populate a local level library of translated Job Descriptions. This library now contains 150 fully bilingual Job Descriptions • A suite of digital accredited and informal Welsh Language training packages has been scoped and are being offered to staff. • Welsh Language Translation arrangements will be changed and an SLA is in the process of being agreed with BCUHB an internal translator has also been appointed. • Translation of standard entry level Job Descriptions and establishment of a working group to undertake a comprehensive assessment and process for extensive translation. • 5 animation reels have been commissioned to share key messages regarding the Standards with staff. 4 have been produced with the 5 in development. • The ‘Active Offer’ principle is now promoted during the PADR process. • Further development of the PartnerIAITH Welsh speakers/new speaker’s network to include monthly virtual events, informal ‘Clybiau Clonc’ (Chat clubs), one-to-one support sessions, and workshops. • Continued communication and engagement activities through national campaigns (e.g., St David’s Day, Dydd Miwsig Cymru, Diwrnod Shwmae, etc.). • Audit undertaken within the Primary Care Division to populate the corporate website with data regarding services available through the medium of Welsh. • Pilots underway with managed GP practices to improve their provision of an ‘Active Offer’. • Research project was undertaken capturing Welsh speaking patient experience. • Audits were carried out across all Mass Vaccination Centres in Gwent to improve position against the Standards, this included the training of all staff. 		

	<ul style="list-style-type: none">• Collaborative working with Careers Wales, local businesses, employers, and alumni to produce bilingual content, including a series of short vlogs and video interviews, that will be shared with schools and colleges both locally and nationally.• Face-to-face workshops conducted with Welsh Language secondary school students.• Following the release of the new 'More Than Words' plan 2022-2027 by Welsh Government a paper went to board noting key actions for the Welsh Language Unit as well as KPI's for all other divisions.
--	---

Applicable Strategic Priorities – IMTP plan 2022/23		Risk Description, Appetite and Decision		
<ul style="list-style-type: none"> • Enabler risk and links to all strategic priorities 		<div style="display: flex; align-items: center;"> <div style="background-color: #4a90e2; color: white; padding: 10px 20px; border-radius: 5px; margin-right: 10px;">TREAT</div> <div> <p>CRR0025– <i>Threat Event: Lack of mental and psychological staff preparedness will have a negative impact on absenteeism and could result in long term sickness with PTSD & other forms of emotional traumatisation. High work-related industrial injury claims and compensation pay-outs.</i></p> </div> </div>		
High Level Themes	<ul style="list-style-type: none"> • Patient Outcomes and Experience • Population Health • Quality and Safety • Reputational • Public confidence • Finance • Workforce 	Risk Appetite	<p>Risk appetite in this area is low in the interests of staff wellbeing, retention and an inability to safely staff the service capacity required to meet patient needs.</p>	
Committee Assurance	Internal Controls – Policies/Procedures	Risk Score 12		
People and Culture Committee	<ul style="list-style-type: none"> • Monitoring Framework to support roll out of the People Plan. • Monitoring of absence, reasons for absence and trends in referrals to Occupational Health and Employee Well-being Service through Workforce and Well-being Dashboard. • Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture Committee with monthly summary of Well-being and Occupational Health activity. • Staff well-being tools, Well-being website and Covid-19 Well-being Plan available on the Intranet with a range of resources and clear signposting to support. • Well-being website has been "soft" launched and access is being promoted through the actions in the Covid-19 Pathways Implementation Staffing Plan and on all well-being communications. • Quarterly Staff Well-being Surveys for staff in progress. 	Inherent 12	Current 12	Target 8

	<ul style="list-style-type: none"> Ministerial Measure 24 -Demonstrate an annual improvement in the overall staff engagement score Ministerial measure 25: Demonstrate an annual improvement in the % of staff who report that their line manager takes a positive interest in their health and well-being. Ministerial Measure No 27: Demonstrate a 12-month reduction trend in the % of sickness absence rate of staff. 						
Action Plan <i>SMART actions that will positively impact on the risk and help achieve the target risk score or maintain it.</i>	Due Date	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Consequence
<ul style="list-style-type: none"> Further bid for Welsh Government funding for the WBCoE is being finalised. Consider scale up collaborative opportunities for the region such as access to the Well-being Centre of Excellence. Working with University partners on participation and development of local and national research projects aligned to WBCoE. Continue to work with other Health Boards and Trust in NHS Wales (recent work with WAST & Powys delivering well-being webinars). Further develop the longitudinal study with university partners to evaluate the impact of the WBCoE. Implement and progress new Integrated Psychological Well-being roles and peer support networks within divisions and hospital sites. Identify, training and develop Respect and Resolution advocates (similar to Mental Health first aiders) Develop an evidenced based medium to long term Strategy for staff with chronic fatigue and mental health issues. Train Mediators so there is team and organisational resilience and network. Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being Scope, design and deliver a programme of activity 'Healthy Working Day'. Enhance our financial well-being offer. Seek to become and accredited Living Wage employer. World leading research collaboration with Cardiff University exploring what constitutes Healthy Working Day across different staff groups. Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. Monitoring delivery of the #PeopleFirst project through Executive Team reports, KPI sickness metrics underpinned by People Plan Delivery Framework 	2022	12	4	12	4	8	

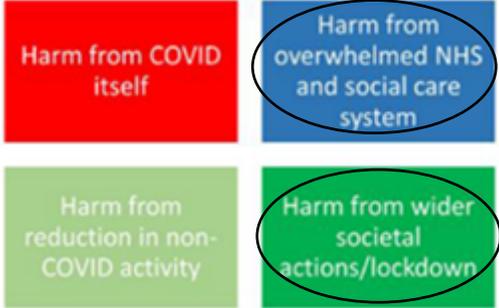
Trend since last reporting period			Executive Owner: Director of Workforce and Organisational Development		
Mapping Against 4 Harms of COVID			Update		
			<p>September 2022:</p> <ul style="list-style-type: none"> • High visibility of Psychologists and support from the Chaplaincy Service with bespoke interventions where required. • The development of a stepped care Trauma Pathway and Peer Support Network have been established and evaluates very favourably. • Continue availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. • Implement Well-being Centre of Excellence Capital Programme agreed, and work has commenced, and is due for completion Winter 2022. • We are still in conversation with Welsh Government re: our WCoE bid, however it seems prudent to explore alternative means to fund the WBCoE in case this bid is unsuccessful a second time. • We are working to prioritise well-being initiatives supported by evidence and best practice (as advocated by recent NICE guidance, March 2022), and are supporting Well-being Related Innovation that has been developed systematically from an evidence base and / or sound theoretical source e.g., Avoidable Employee Harm Programme. • Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19. • Occupational Health have secured Occupational Therapy resources to support staff suffering with Long Covid • Reviewed Occupational Health provision and consider options to improve sustainability within the service, paper drafted • The Employee Well-being Service have reviewed their waiting list model and changed from 'Time of Referral' to a 'Clinical Need' based model following initial clinical assessment. • Further work to understand increase in non-Covid related absence, particularly stress and anxiety. • In response to three key surveys conducted in the past year with i) Medical professionals (Medical Engagement Scale), ii) the Royal College of Physicians for Junior Doctors and iii) general Workforce Well-being Survey culminating in the PeopleFirst Reengagement Project which is working with DMTs. Phase 2 rollout has resulted in 24 executive engagement sessions across the Health Board premises and online giving staff the opportunity to raise issues, 143 issues have been raised and plans are in place to plans to address these issues. • The Avoidable Employee Harm Programme was launched on 5th July 2022 initially focusing on HR processes it will then look to other formal processes that inadvertently cause harm to all those involved and the organisation. The training day that supported the launch has evaluated very well and organisations beyond ABUHB are keen to engage. 		

Applicable Strategic Priorities – IMTP plan 2022/23		Risk Description, Appetite and Decision		
<ul style="list-style-type: none"> • Enabler risk and links to all strategic priorities 		<div style="display: flex; align-items: center;"> <div style="background-color: #4F81BD; color: white; padding: 10px; border-radius: 10px; margin-right: 20px;">TREAT</div> <div> <p>CRR?? – NEW RISK</p> <p><i>Threat Event: Failure to sustain current levels of staffing due to industrial action following 2022 pay round and ballots. leading to adverse impacts on delivery of care for patients across acute and non-acute settings and non-compliance with safe staffing principles and standards.</i></p> </div> </div>		
High Level Themes	<ul style="list-style-type: none"> • Patient Outcomes and Experience • Population Health • Quality and Safety • Reputational • Public confidence • Finance • Workforce 	Risk Appetite	<p>Low level of risk appetite in relation to potential patient safety risks.</p>	
Committee Assurance	Internal Controls – Policies/Procedures	Risk Score		
People and Culture Committee	<ul style="list-style-type: none"> • Section 234A of the Trade Union and Labour Relations (Consolidation) Act 1992; and • CODE OF PRACTICE Industrial Action Ballots and Notice to Employers • Under section 231 and 231A of the 1992 Act a union must, as soon as reasonably practicable after holding an industrial action ballot, take steps to inform all those entitled to vote¹⁸, and their employer(s), of: <ul style="list-style-type: none"> • the number of individuals entitled to vote in the ballot; • the number of votes cast in the ballot; • Before giving the 14-day (or seven days were agreed between the employer and the union)²⁰ notice to employers of intended industrial action, the union must have taken the required steps to notify the relevant employer(s) of the ballot result details. • Trade union special partnership meetings • WOD coordinate service response, hub (use Brexit methodology) 	Inherent Risk level before any controls/mitigations implemented, in its initial state.	Current Risk level after initial controls/mitigations have been implemented.	Target Risk level after all controls/mitigations have been implemented and taking into consideration the risk appetite/attitude level for the risk.

	<ul style="list-style-type: none"> • UHB adopts a clear communications strategy • Workforce Dashboard to track bank agency and recruitment • RN Supply and Demand Tracker to review nursing vacancies, turnover and demand. • Redeployment Principles and Risk Assessment agreed. • Services Business continuity plans in place • Direct users to NHS choices websites – increase NHS 111 call handling capacity • Support for early supported discharge prior to industrial action • Management of attendance through All Wales Management Attendance At Work Policy and NHS Wales COVID guidance. • Health Care Standards - Section 7 staffing and resources. • Nurse Staffing Levels (Wales) Act 201625b/25c. • All Wales training sessions provide by legal and risk to support industrial action • Ensure early identification of mandated Statutory, and core critical clinical services • Health Board service prioritisation plan - ? Covid - 19 						
Action Plan <i>SMART actions that will positively impact on the risk and help achieve the target risk score or maintain it.</i>	Due Date	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Consequence
<ul style="list-style-type: none"> • Sections under Union and Labour Relations (Consolidation) Act 1992 process determines responsibilities of trade unions to inform of ballot and industrial action • Trade union provides a list of the categories of employee to which the affected employees belong, figures on the number of employees in each category, figures on the numbers of employees at each workplace, the total number of affected employee. such information as will enable the employer to readily deduce the total number of employees affected, the categories of employee to which they belong, the number of employees concerned in each of those categories, the workplaces at which the employees concerned work and the number of them at each of these workplaces. • Trade Unions specifies: (i) whether the union intends the industrial action to be "continuous" or "discontinuous" (14); and (ii) the date on which any of the affected employees will be called on to begin the 	2022	5	5	5	5	2	4
		25		20		8	

<p>action (where it is continuous action), or the dates on which any of them will be called on to take part (where it is discontinuous action);</p> <ul style="list-style-type: none"> Establish WOD hub with emergency planning – <ul style="list-style-type: none"> Ensure early identification of mandated Statutory, and core critical clinical services Review of business continuity plans Map services and staff provision and impacts of industrial action Assess variable pay usage in case of work to rule applies Assess current vacancies Working with partners in Gwent on a system wide basis Implementation of business continuity plans Communication plans 				
<p>Trend since last reporting period</p>		<p>Executive Owner: Director of Workforce and Organisational Development</p>		
<p>Mapping Against 4 Harms of COVID</p>		<p>Update</p>		
<div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; margin: 5px;"> <div style="background-color: red; color: white; padding: 5px; text-align: center;">Harm from COVID itself</div> </div> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; margin: 5px;"> <div style="background-color: blue; color: white; padding: 5px; text-align: center;">Harm from overwhelmed NHS and social care system</div> </div> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; margin: 5px;"> <div style="background-color: lightgreen; color: black; padding: 5px; text-align: center;">Harm from reduction in non-COVID activity</div> </div> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; margin: 5px;"> <div style="background-color: green; color: white; padding: 5px; text-align: center;">Harm from wider societal actions/lockdown</div> </div> </div>		<p>September 2022</p> <ul style="list-style-type: none"> To consider minimum staffing levels required in the case of industrial action in accordance with essential services. Discussion planned at the locum resilience forum on 26/09/22 to consider how the wider public sector can prepare for industrial action within the NHS. Review of the industrial action policy. Emergency planning networks across Wales to consider emergency planning response. To ensure appropriate wellbeing support available for staff should industrial action occur. To be aware of information received from other recognised unions concerning industrial action (at this stage, RCN is the only union who has officially balloted). 		

Applicable Strategic Priorities – IMTP plan 2022/23		Risk Description, Appetite and Decision							
<ul style="list-style-type: none"> Enabler risk and links to all strategic priorities 		<div style="border: 1px solid black; background-color: #4F81BD; color: white; padding: 5px; display: inline-block; border-radius: 10px;">TREAT</div>		<p>CRRO0???? – NEW RISK</p> <p>Risk of: nursing and HCSW agencies refusing to contract with the Health Board</p> <p>Due to: an inability to process invoices in line with standards set out in the Public Payments Policy due to compliance issues relating to all parties.</p> <p>Impact: detrimental impact on ability to staff appropriately, provide appropriate and safe levels of care and potential reputational damage and non-compliance with SFIs</p>					
High Level Themes	<ul style="list-style-type: none"> Patient Outcomes and Experience Population Health Quality and Safety Reputational Public confidence Finance Workforce 	Risk Appetite		Low – impact on patient safety, staff wellbeing and governance					
Committee Assurance	Internal Controls – Policies/Procedures	Risk Score 12							
Audit Committee People and Culture Committee	<ul style="list-style-type: none"> Strategic Nursing Workforce Group Financial reporting Compliance reporting of system KPI Compliance with Public Pay Sector Pay Policy Agency reduction plan Recruitment of RN and HCSW 	Inherent 12		Current 12		Target 8			
Action Plan <i>SMART actions that will positively impact on the risk and help achieve the target risk score or maintain it.</i>		Due Date		Likelihood	Consequence	Likelihood	Consequence	Likelihood	Consequence
<ul style="list-style-type: none"> Increase resources to support processing Explore viability of robotics Explore viability of self billing Reduce agency usage Revise system to provide multiple age debt invoices Agreed financial acceptance tolerance (SBAR to ET) Development of KPI's Review of processes and updated authorised signatory list (ACL) 		2022		4	4	4	4	1	4
				16		16		4	
Trend since last reporting period			Executive Owner: Director of Workforce and Organisational Development						

Mapping Against 4 Harms of COVID		Update
		<ul style="list-style-type: none"> • Task and finish group established and is meeting weekly, comprising Finance, bank and workforce colleagues. • Action plan in place which includes a detailed review of staffing, aged debt, tolerances, authorisation, process, future arrangements, kpis and disputes • 3 B2s have been recruited to the bank, a further B2 will join in the next few weeks • Additional overtime being undertaken by bank, erostering and finance to support the action plan • Additional overtime also being put in place to support rostering issues at YYF • M5 improvement trend of 8975 invoices processed at a value of £3.9m compared to M4 of 6455 invoices at a value of £2.8m • Public Sector Pay Policy also showing an improvement. M4 compliance was 94% and year to date 93%. M5 shows 96% and year to date 94% • Authorised signatory list has also improved with 212 divisional profiles being updated • Automated invoice checking tool is in development • Regular meetings to scope out robotics with ICT • Paper being presented to Executive Team to include agency invoice discrepancy tolerance level approval of £5 to be approved by budget holder. Discrepancies beyond £5 will require Divisional Manager approval. This change will be for a temporary period to help remove the invoice backlog and is supported by internal audit • GUH pool will be removed by October, this will reduce invoice issues where it is unclear where an agency worker has been placed • Agency Reduction Plan in place with fortnightly meetings with Divisions to monitor actions • Safe care implementation plan to support effective deployment of staff and reduce high-cost variable pay and is currently being rolled out in Nevill Hall Hospital, then it will be rolled out to YYF.

Workforce & OD Divisional Risk Register
6th September 2022

Risk Identifier						Risk Description			Risk Scoring										Risk Action Plan				
Linked to Corporate Risk Register NO - but linked to CR002	High Level Theme	Organisational Priority	Date	Executive Lead	Assuring Group/Lead Committee	Risk Description	Cause	Effect	Inherent Risk			Current Risk Level				Risk Appetite level and Risk Decision	Action Plan	Target Expected Risk Level				RAG Status (on/off track)	
									Likelihood	Impact	Risk level	Likelihood	Impact	Risk level	Trend			Due date	Likelihood	Impact	Risk level		Progress
	• Patient Outcomes and Experience • Population Health • Quality and Safety • Reputation	Enabler Risk supporting the whole IMTP	Aug-22	Director of Workforce and Organisations Development	People and Culture Committee Executive Team	Insufficient workforce to manage surge/winter requirements	As a consequence of COVID/Winter pressures significant increase in capacity requirements against a backdrop of a high vacancy factor (in some key staff groups). Increased staff sickness absence rates, as well as staff absence due to sickness or self isolation requirements, which will be informed by Welsh Government Policy.	An inability to safely staff the surge capacity required to meet patient needs.	4	5	20	3	5	15	↔	<ul style="list-style-type: none"> Align resources to bed plan and review of site map to demonstrate staffing across sites through winter pressures group, cohorting of medical fit workstream and community and primary care winter planning meetings Development of system wide workforce plan and recruitment plan with Mass vaccination element of workforce plan and staffing recommendations to be presented to the Mass Vaccination Programme Board and the Executive Team 29 September Recruited additional HCSW and recruitment for apprenticeships and Kick Start programmes. European Gateway and BAPIO for medical recruitment. Explore retire and returners for vaccination programme Scope external resources to support mass vaccination through SEDG, volunteers, universities and government bodies Development of refresher training for COVID immunisation Further contact to all staff who have recently retired and left Utilise the Mass Vaccination recruitment webpages to their full potential Contact all bank staff that haven't worked lately to support Meeting with Staff side to inform them of the urgency and plans Scope potential support from Mutual Aid (Local Authorities/ and partner organisations) 	2	5	10	<ul style="list-style-type: none"> Weekly meetings with mass vaccination to support resourcing plans. Currently recruiting to Resource bank Already engaging European Gateway and BAPIO for medical recruitment to reduce vacancies before winter Detailed plan to recruit and contact immunisers for mass vaccination Contacted all mass vaccination bank staff that haven't worked lately to support Meeting with Staff side to inform them of the urgency and plans Remodelled RN vacancy tracker and staffing availability in progress WOD supporting cohorting of medically fit patients and Primary Care and Community workforce response and resourcing options. Remodelled RN vacancy tracker 			
NO	• Patient Outcomes and Experience • Population Health • Quality and Safety • Reputation	Enabler Risk supporting the whole IMTP	Mar-22	Director of Workforce and Organisations Development	People and Culture Committee Executive Team	The staff overall absence rate rises above the assumed level in the approved workforce plan.	Covid19 is a new virus and its disease progression and the new variants are still being understood. The vulnerable staff groups are increasing based on research and emerging evidence. In addition, absence is caused by the requirement to isolate which could increase overall absence depending on Welsh Government Policy.	Inability to safely staff the surge/winter capacity. Increased pressure on existing staff whose resilience is already compromised. An over-reliance on temporary staff which may impact on quality and safety. Non-compliance with the European Working Time Directive	5	4	20	3	4	12	↔	<ul style="list-style-type: none"> Continue daily analysis of the Workforce Absence Dashboard to assess sickness rates and the validity of the allocated uplift. Monitor "hot spot" areas and identify any patterns where wellbeing or OD support may be required to improve absence rates of teams. Further work to understand increase in non-Covid related absence, particularly stress and anxiety. Continue to monitor any changes to national COVID guidance and the associated impact on absence. Detailed Covid-19 Workforce risk assessment process and guidance has been put in place for Managers and Staff. The workforce team are actively contacting staff who fall into a higher risk category who have not completed their risk assessment to support them to do so and record its completion on ESR prior to having a conversation with their manager about the implications for their working environment and any adjustments that may need to be made to keep them safe in the workplace. Occupational Health have secured Occupational Therapy resources to support staff suffering with Long Covid 	3	4	12	<ul style="list-style-type: none"> Targeted hot spot areas and offered local training and policy awareness to managers. Monitoring of reasons for sickness Long term sickness targeting with a view to signposting and earlier intervention 			
NO	• Patient Outcomes and Experience • Population Health • Quality and Safety • Reputation	Enabler Risk supporting the whole IMTP	Mar-22	Director of Workforce and Organisations Development	People and Culture Committee	Failure to rapidly identify, assess and protect staff who are in the 'vulnerable groups' category and at severe risk of morbidity and mortality from Covid19	The categories and subset of the vulnerable groups are not always identifiable via ESR, so a manual exercise has to be undertaken. Shielding being paused and the requirement to ensure all vulnerable workers are identified and supported to either work from home or return to a place of work which keeps them and others safe.	Avoidable staff exposure to Covid19 and non-compliance to shielding, medical exclusion &/or redeployment.	3	5	15	2	5	10	↔	<ul style="list-style-type: none"> All Wales COVID-19 Workforce Risk Assessment is available as a mandatory requirement for all staff on ESR. Monitoring compliance with all Wales COVID-19 Workforce Risk Assessment Tool continues and reported via Workforce Dashboard. Highlight hotspot areas to target via DMT reporting and there is an allocation of HR Officers to areas of high sickness. Managers are provided with coaching and we are in the process of arranging manager "clinics" to run through specific sickness cases Targeted high areas of sickness Wellbeing and workforce performance dashboards capture sickness rates Daily sickness updates to understand Covid and non Covid related sickness through wellbeing and workforce performance dashboards. Understand anticipated levels of staff sickness levels and workforce availability, pending National modelling assessment for flu and Covid. People Plan roll out and monitoring of benefits. 	1	5	5	<ul style="list-style-type: none"> Continued monitoring through Workforce dashboard. And wellbeing dashboard including daily sickness level reporting People plan 2022-25 roll out has commenced which will have a positive impact on staff engagement, staff wellbeing and sickness 	<ul style="list-style-type: none"> Continued monitoring through Workforce dashboard and wellbeing dashboard including daily sickness level reporting WOD team to continue to review areas of high sickness People plan rolling out which will impact on sickness, staff engagement and recruitment 		

Aneurin Bevan University Health Board

PEOPLE AND CULTURE COMMITTEE WORK PLAN

Executive Summary

The People and Culture Committee is asked to receive the draft Committee work plan appended to this report. The work plan has been developed with due regard to key Workforce performance indicators and statutory reporting requirements, commitments already made for future items and taking in to consideration the objectives set out within the 'People Plan 2022/23' to enable the People and Culture Committee to:-

- fulfil its Terms of Reference as agreed by the Board (March 2022);
- advise and assure the Board and the Accountable Officer on all matters relating to staff and workforce planning of the Health Board; and plans to enhance the environment that supports and values staff in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the Health Board to deliver safer better healthcare.
- provide advice and assurance to the Board in relation to the direction and delivery of Organisational Development and other related frameworks to drive continuous improvement and to achieve the objectives of the Health Board.
- support the Health Board in discharging its accountabilities and responsibilities for the achievement of the Health Board's objectives and organisational requirements in accordance with the standards of good governance determined for the NHS in Wales.
- Where appropriate, advise the Board and the Accountable Officer where and how its system of governance and assurance may be strengthened and further developed.

The Board is asked to: (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	X
Note the Report for Information Only	

Executive Sponsor: Rani Mallison, Director of Corporate Governance

Report Author: Danielle O'Leary, Head of Corporate Services, Risk and Assurance

Report Received consideration and supported by :

Executive Team	X	Committee of the Board
-----------------------	----------	-------------------------------

Date of the Report: 13th September 2022

**Supplementary Papers Attached:
Appendix 1 – Committee Work Plan**

Purpose of the Report

The draft Committee work plan outlines the key items for business, which enables the People and Culture Committee to discharge its responsibilities appropriately and on behalf of the Board.

Background and Context

The purpose of the People and Culture Committee is to support the Board and Accountable Officer on all matters relating to staff and workforce planning of the Health Board; and plans to enhance the environment that supports and values staff in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the Health Board to deliver safer better healthcare.

In line with good governance practice, a committee work plan has been developed to ensure statutory and aspirational requirements for items of Committee business are scheduled in across the year. The work plan can therefore be utilised as a tool for informing and pre-empting committee business and support the agenda setting function.

Assessment and Conclusion

The Committee is requested to approve the Committee work plan as outlined in **Appendix 1** noting that the work plan will be presented at each Committee meeting for oversight and noting. The Committee work plan will be subject to agreement with relevant specific area leads. Any changes in intervening periods between Committee meetings will be referenced in the cover report for the Committee work programme.

The work plan will be used to inform Committee business alongside the Board Assurance Framework which would seek to highlight areas of limited or reduced gaps in assurance.

Recommendation

The Committee is requested to:

- **RECIEVE** and **APPROVE** the proposed Committee work plan and **NOTE** that it will be brought forward to each future Committee meeting for oversight.
- **AGREE** to reference and utilise the Committee work plan to inform agendas and items for discussion in conjunction with the Board Assurance Framework.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework.
Financial Assessment, including Value for Money	This report has no financial consequence.
Quality, Safety and Patient Experience Assessment	This report has no QPS consequence.
Equality and Diversity Impact Assessment (including child impact assessment)	This report has no Equality and Diversity impact.
Health and Care Standards	This report contributes to the good governance elements of the H & CS.
Link to Integrated Medium Term Plan/Corporate Objectives	The objectives will be referenced to the IMTP
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Not applicable to the report, however, considerations will be included in considering how the business of the Committee aligns to the WBoFG Act.
Glossary of New Terms	Not required.
Public Interest	Report to be published.



PEOPLE AND CULTURE COMMITTEE PROGRAMME OF BUSINESS 2022/23

The purpose of the People and Culture Committee is to advise and assure the Board and the Accountable Officer on all matters relating to staff and workforce planning of the Health Board; and plans to enhance the environment that supports and values staff in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the Health Board to deliver safer better healthcare.

The Committee will also provide advice and assurance to the Board in relation to the direction and delivery of Organisational Development and other related frameworks to drive continuous improvement and to achieve the objectives of the Health Board.

It will support the Health Board in discharging its accountabilities and responsibilities for the achievement of the Health Board's objectives and organisational requirements in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the Committee will advise the Board and the Accountable Officer (Chief Executive) on where and how its system of governance and assurance may be strengthened and further developed.

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23			
			14 th April 2022	13 th September 2022	10 th January 2023	April 2023 (Date TBC)
Preliminary Matters						
Attendance and Apologies	Standing Item	Chair	X	X	X	X
Declarations of Interest		All Members	X	X	X	X
Minutes of the Previous Meeting		Chair	X	X	X	X
Action Log and Matters Arising		Chair	X	X	X	X
Committee Requirements as set out in Standing Orders						
Development of Committee Annual Programme of Business 2022/23	Annually	Chair & Director of CG	X			X
Review of Committee Programme of Business	Standing Item	Chair		X	X	
Annual Review of Committee Terms of Reference 2022/23	Annually	Chair & Director of CG	X			X
Annual Review of Committee Effectiveness 2022/23	Annually	Chair & Director of CG	X			X
Committee Annual Report 2022/23	Annually	Chair & Director of CG				X
Corporate Governance, Risk & Assurance						
Committee Risk Report	Standing Item	Director of CG	X	X	X	X
Board Assurance Framework – address gaps in assurances related to Workforce	Standing Item (revised BAF to be developed)	Director of CG				X
People Plan 2022-25						
Annual Review and Refresh of the People Plan and its Priorities	Annually	Director of WOD				X
Assurance on Delivery of Actions and Activity within Objective 1 – Staff Health and Wellbeing (see Appendix 1)	Deep-Dive Annually	Director of WOD	X			

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23			
			14 th April 2022	13 th September 2022	10 th January 2023	April 2023 (Date TBC)
Assurance on Delivery of Actions and Activity within Objective 2 – Employer of Choice (see Appendix 1)	Deep-Dive Annually	Director of WOD			X	
Assurance on Delivery of Actions and Activity within Objective 3 – Workforce Sustainability and Transformation (see Appendix 1)	Deep-Dive Annually	Director of WOD				X
Welsh Language						
Assurance on Compliance with the Welsh Language (Wales) Measure 2011	Bi-annually	Director of WOD				X
Assurance on Delivery of Welsh Government’s “More Than Just Words” Framework	Annually	Director of WOD		X		
Equality, Diversity & Inclusion						
Assurance on Compliance with the Equality Act 2010, including Equality Impact Assessment	Annually	Director of WOD	X		X	
Delivery of Welsh Government’s Race Equality Action Plan for Wales	Annually	Director of WOD				X
Culture, Values & Behaviours						
Review and Refresh of ABUHB Values & Behaviours Framework	Annually	Director of WOD				X
NHS Wales Staff Survey – Results and Action Plan	Every 3-years (TBC)	Director of WOD				
Staff Wellbeing Survey – Results and Action Plan	Annually	Director of WOD		X		
Assurance on the Development and Delivery of an Agile Working Framework	Twice-yearly	Director of WOD	X		X	
Workforce Planning & Development						
Assurance on Workforce Planning and Education Commissioning Numbers	Annually	Director of WOD				X
Annual Assurance Report of Medical Revalidation and Job Planning	Annually	Medical Director			X	
Annual Assurance Report of Nursing Revalidation	Annually	Director of Nursing				X

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23			
			14 th April 2022	13 th September 2022	10 th January 2023	April 2023 (Date TBC)
Workforce Performance Reporting						
Workforce Performance Dashboard incorporating Key Performance Indicators	Standing Item	Director of WOD	X	X	X	
People Plan 2022/25, Quarterly Review	Standing Item	Director of WOD		Q1	Q2&3	Q4
Compliance with Nurse Staffing Levels (Wales) Act 2016	Annually (for 2023)	Director Nursing			X	
Employee Relations Report, including Suspensions over 4 months	Standing Item	Director of WOD and DON	X	X	X	X
Internal Audit Plan 2022/23 – NWSSP Audit & Assurance Services						
To receive relevant audit reviews for assurance and oversight of improvements required: <ul style="list-style-type: none"> Recruitment Selection Process Agile Delivery Review of Bank Office & Temporary Staffing Unit Workforce Planning Job Evaluation 	TBC upon completion of audit reports	Director of WOD				
External Audit – Audit Wales/HEIW/HIW/CHC						
Receive the External Audit Annual Audit Reports pertinent to the Committee as and when they arise	TBC	Audit Wales				
“Taking Care of Carers” – Management Response and Action Plan	As requested	Director of WOD/Audit Wales	X	X		
To receive the External Inspection reports and recommendations related to Workforce as they arise	As requested	Director of WOD/TBC				
KEY						
D of CG	Director of Corporate Governance					
D of WOD	Director of Workforce and Organisational Development					
DON	Director of Nursing					

People Plan 2022/25

Objective 1: Staff Health & Wellbeing

Staff Health and Wellbeing

- Establish a Wellbeing Centre of Excellence, which is underpinned by research and evidence.
- New integrated psychological wellbeing roles and permanent peer support networks will be implemented.
- Tangible wellbeing options will be intensified and available.
- Improve staff engagement because of the Cynnal Cynefin / People First – Reconnecting the Workforce programme.
- Introduce the 'Healthy Working Day' maximising the health and wellbeing of all.
- Prioritising the roll-out of compassionate leadership competency frameworks, approaches embedding in our policies and people practices.
- Benchmark occupational health provision.
- Enabling best in class people practices: reducing staff absence PADR, staff satisfaction and core skill competencies.
- Building on our financial wellbeing offer.

Objective 2: Employer of Choice

Employer of Choice

- Recruitment and Retention Strategies implemented that is adaptable to multi-generational and diverse staff.
- Strengthened focus on retention- growing our talent, succession planning in a systematic way, proactive retirement planning.
- Enhancing current and creating new inclusive entry routes and career pathways. Enhancing entry level offers and development pathways (working closely with education, third sector and social care).
- Build on our connections with schools, education, and training providers to promote the range of careers that the NHS can offer.
- Pilot and evaluate innovative selection methods for appropriate roles supporting accessibility to employment.
- Additional and broadened apprenticeship schemes are implemented.
- Create career pathways that support a life course approach to employment i.e., from training to retirement and beyond.
- Develop and deliver new middle management development offers- equipping middle managers with the skills to manage, develop and support a multi-generational, agile, and flexible workforce.
- Delivering refreshed leadership development schemes and increase those who have completed core skills competencies
- Work plans embed intersectionality which elevates and embeds Equality, Diversity and Inclusion.
- Delivery of a new Equality Impact Assessment (EQIA) process. · Implement a Welsh Language Strategy and scale up our Active Offer.
- Prospectus for Training and Development opportunities to support talent, succession, and career.
- Defined inclusive and diverse volunteering opportunities.

Objective 3: Workforce Sustainability

Workforce Sustainability

- Develop strategic workforce planning across our systems
- Develop a Health Care Support Worker Strategy
- Work collaboratively with partners to deliver the workforce plans to support new models of care and the outcome framework for the Regional Integration Fund.
- Work with NCNs to accelerate care closer to home opportunities
- Integrated workforce planning in line with the IMTP and the population needs analysis.
- Work with the GPSB/RPB partners to build sustainable models for the health and social care system.
- Step change in workforce analytics to inform planning, decision making and redesign.
- Implement a suite of electronic systems for medical staff improving efficiency and intelligence for workforce planning.
- Evolve and embed an Agile/Hybrid working culture.
- Develop a digitally ready workforce using the best technological solutions for patients and staff



Aneurin Bevan University Health Board

Director of Workforce & OD Report

Executive Summary

This report provides the People and Culture Committee with an overview of a range of activities of the Workforce & OD (WOD) Team, key issues locally, regionally and in NHS Wales.

This report covers the period since the last Committee meeting on 14 April 2022.

The Committee is asked to: (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	✓

Executive Sponsor: Sarah Simmonds, Director of Workforce & OD

Report Author: Workforce & OD Senior Team

Report Received consideration and supported by:

Executive Team		Committee of the Board [Committee Name]	People and Culture Committee
-----------------------	--	--	---

Date of the Report: 06 September 2022

Supplementary Papers Attached:

Purpose of the Report

This report provides the People and Culture Committee with an overview of the current activities of the Workforce & OD Division and key issues locally, regionally and in NHS Wales. The report covers key items contained with the Workforce & OD Programme of Work which are not already covered on the agenda for this Committee meeting.

It also provides the opportunity to bring forward items to the Committee areas that are being progressed and achievements that are being made that might not be brought to the Committee as key discussion papers.

This report highlights areas for discussion which may be considered for future agenda items.

Highlights

WELLBEING CENTRE OF EXCELLENCE

On 09 September 2022 we received formal confirmation that the Welsh Government were unable to support the revenue funding for our Wellbeing Centre of Excellence model pilot. Therefore, we have started to explore alternative funding and resource options which will mean we need to adjust our plans and People Plan outcomes accordingly.

From February 2023, the Employee Wellbeing Service will host a Clinical Associate Psychologist training place which will then become a HEIW funded post until 2026. Although not a solution to the month on month increase in staff self-referrals, it represents an innovative and cost neutral opportunity in the short to medium term. It also represents a further collaborating with Cardiff University. An additional area we are exploring is to extend the income generating consultancy service initially by using two existing work streams, e.g., Avoidable Employee Harm Programme and Compassionate Leadership Development (for Education Leaders in Wales). With some internal support from Charitable Bids we anticipate being able to expand this capacity over the next 12 months, the income generated will then allow us to fund internal posts and work streams.

HR HARM AVOIDANCE

A recent "Employee Investigations – Being kind to the person and the process" workshop was attended by 65 delegates, including managers, staff side representatives and workforce colleagues. It introduced the concept of avoidable employee harm during disciplinary investigations and included data from past cases that demonstrated the need for change.

The aim was to achieve a person-centred approach to disciplinary that ensures mitigation is considered at the earliest opportunity and includes the employees previous record, any informal management interventions, and where appropriate we encourage learning opportunities. These considerations are in line with our organisational values. Ultimately, disciplinary processes should be considered as a last resort and where there is no other process available to address the issue.

Following the training, case reviews have taken place which has resulted in eight investigations taking an alternative approach. A further five prospective cases that would previously have been commissioned as disciplinary investigations, have utilised alternative approaches. Staff side colleagues are fully supportive of adopting this approach.

The investigation training will be rolled out in Autumn throughout the organisation with wider interest from other organisations within NHS Wales.

TRANSFORMATION

Regional integrated funding was secured through the Regional Partnership Board (RPB) to extend the Transformation team appointments to work with partners on workforce sustainability pan Gwent. In May 2022, the Health Board were nominated to Chair the Gwent Workforce Board and attend a number of strategic groups to include the Gwent Adults Strategic Partnerships (GASP) and its oversight of the emerging regional winter plan. Alongside this, the team are working with the College Consortium to support the

development of various workstreams including 'growing our own' employability and training schemes which support the Foundation Economy agenda.

In July 2022, the team led the successful Gwent Workforce Board reframing workshop to extend the scope and representation at the Board as well as the prioritisation of actions all aligned to the HEIW Health and Social Care Strategy.

The programme of work consists of the following workstreams:

- Drafting of the first regional Gwent Workforce Strategy
- Scoping all training requirements of local authority partners to support the upskilling of domiciliary care and includes the vital signs pilot with Monmouthshire County Council
- Mapping of all employability routes underway including understanding leads, links and future actions:
 - Working in partnership with Coleg Gwent on both student interns and placements
 - Working with local authority partners on a shared health and social care apprenticeship and micro-carers pilot
 - Scoping out of counselling placements with Coleg Gwent
 - Driving forward both the volunteer to career and work experience pathway patient experience
 - Animations to support on boarding of staff, training and standardisation of care throughout Gwent are now signed off for distribution. These tools will support recruitment and careers activities.

Over the last four months, the Workforce Transformation team have facilitated workshops with:

- Blaenau Gwent Integrated Partnership Team
- GMS Contracting Team
- Newport CRT Frailty Team
- Primary Care Senior Management Team

Testing of the Practice Managers training toolkit will be completed later this month.

In addition, the Transformation team are supporting, separately funded work, through the national programme of Accelerated Cluster Development (ACD). The offer includes wellbeing initiatives and the development of the Professional Collaboratives and Neighbourhood Community Networks (NCN's). This is being done through an array of activities including the facilitation of conversations and workshops, training requirements and Organisation Development intervention.

Evaluation of the Workforce Transformation team is ongoing with surveys sent at end of all workshops and will be reported back to partners/stakeholders on a regular basis.

AGENCY REDUCTION PLAN UPDATE

Reliance on variable pay, specifically agency, across staff groups has increased significantly since the start of the COVID-19 pandemic in March 2020. Whilst there has

been an increase in most staff groups, the most notable increase has been within registered nursing and Healthcare Support Workers (HCSW) due to the significant rise in demand.

Reviewing our current position and planning sustainable workforce models will support two key pillars of our People Plan: Staff Health and Wellbeing and Workforce Sustainability and Transformation.

It is accepted that long term reliance on a temporary workforce does not support an optimum patient experience and places additional pressures on our already exhausted workforce. Therefore, realistic and proportionate steps are required to address this issue. Patient safety and quality of care will be the prime focus in enacting the variable pay reduction plan.

An action plan and programme of work has been developed to understand the key drivers for variable pay and agency usage. Key workforce metrics has been shared with the Divisions through a series of meetings which has resulted in the development of detailed action plans. These action plans are themed around, Recruitment, Retention, Sickness Management and Roster Efficiencies. We are working closely with nursing and finance colleagues to take this programme forward.

There are a number of risks associated with the plan, importantly understanding workforce plans to support the delivery of planned care and the winter period are likely to have a direct impact on variable pay and this will need to be factored into the monitoring arrangements.

Progress is being tracked through a performance framework and is reporting to the Strategic Nursing Workforce Group. An update was also provided to Finance and Performance Committee on the 6th July 2022.

CREATIVE PROBLEM SOLVING

There have been three Creative Problem Solving (CPS) sessions held, one each in the Divisional Management Teams for: Mental Health & Learning Disabilities, Primary and Community Care, Complex Care. So far, around 150 money saving ideas have been provided with approximately twenty ideas being shortlisted which could work. A report is currently being developed for the Executive Director which will be shared more widely as appropriate.

Next steps:

The most likely approach which will achieve our results is to create a tiered approach.

1. Create an online learning resource everyone can access to introduce the concept and language of CPS, the project and the ambition
2. Identify key figures in each division who we can train, support and facilitate events

Provide training for managers and senior leaders to introduce them to the concepts. From experience, leaders operate in the performance (doing) domain, rather than finding space for thinking.

INDUSTRIAL ACTION

The Royal College of Nursing have confirmed that members employed in the NHS on Agenda for Change contracts will be invited to ballot on industrial strike action following the pay award. The ballot will run from 15 September to 13 October 2022. Other Unions are consulting their members on whether they accept the pay deal and if there is majority vote of rejecting the pay deal, it is likely they will also proceed to ballot for industrial action.

Locally, and in order to prepare, we are developing our emergency response for industrial action with Emergency Planning to ensure safe provision of essential services. This has also been identified as a new risk and will be incorporated into the Corporate Risk Register should this be necessary.

EQUALITY, DIVERSITY, AND INCLUSION (EDI)

Equality Impact Assessment (EQIA) Process – the process was agreed by the Executive Team on 14 July 2022 and members are currently being identifying for the EQIA Group. The Group will meet on a monthly basis, and members of the EQIA Group will be supported to understand the process.

Financial Wellbeing - following ongoing concerns being raised about the cost-of-living crisis a Financial Wellbeing Group has been established, to determine further options to support staff which will be included in a report to the Executive Team in October.

Training - There has been progress on a number of areas of staff training , which are in addition to the resources already available on the EDI intranet resources pages. These include:

- the publishing of the Trans Training toolkit, which is an online training resource, has already been accessed and positively reviewed by over 400 staff. As a result, we are now developing a Neurodiversity toolkit with Staff network involvement.
- We have also completed the 6th session of Active Bystander training, with members of the Executive Team and Board attending the sessions. It is hoped that further funding can be identified to extend this training.
- After a huge response, we completed the 20th session of the Basic BSL sessions, over 200 staff were involved and requests for further training has been requested by staff to support patient care.

Anti-Racist Action Plan - In June 2022, the Welsh Government published the final Anti-racist Action Plan. The Health Board is developing its own action plan in response, aligning to the IMTP, Strategic Equality Objectives, People Plan and current Workforce Race Equality Action Plan.

The Health Board are currently putting a bid into the Welsh Government Culture, Heritage and Sport fund to undertake a project to celebrate our Black, Asian and Minority Ethnic icons from our history. This work will support visibility, recruitment and retention and create a legacy of representation for the Health Board.

We have started the development of a reverse mentorship programme, supported by our staff networks. Working with Diverse Cymru we have signed up 4 departments to undertake their Cultural Competence Accreditation Program.

Iris Film Festival - In August, filming was completed on a short film, developed in partnership with Iris Film Festival and Velindre NHS Trust. The final film will premiere on the opening night of the Iris Film festival on 11 October 2022.

Pronoun Badges - In July/August we introduced Pronoun badges, where staff can include their pronouns on their badges as well as identify if they are a Welsh learner or speaker, dementia champion etc.

Pride Cymru - As part of the annual Pride Cymru week/end, an All-Wales Virtual NHS LGBTQ+ quiz was being held and over 350 staff from across 10 NHS Wales organisations came together to march at Pride under the NHS Wales banner.

Equality & Welsh Awareness - To improve awareness and understanding around Equality & Welsh support and services, the EDI specialist and Head of the Welsh Language Unit are running roadshows at different sites, these roll out from September.

KEY PERFORMANCE INDICATORS

Overall Staff Absence

The Health Board's sickness absence rate for quarter one (2022/2023) has increased to 7.10% when compared to 2021/22 where absence rates were 5.52%. Throughout 2022, sickness has been in the region of just below 7%. However, the Health Board saw an increase to 7.70% in January 22, 7.04% in April 22 and a further peak in July 22 (7.27%).

Long term sickness has reported a downward trend from 5.06% in August 2021 to 4.24% in July 2022. Short term sickness has been gradually increasing since September 2021 and in July 2022 it peaked to 3.03% and this has been the highest reported rate since April 2017. The main reasons for both long term and short-term absence continues to be Anxiety, Stress and Depression.

Over the past 5 years, the average working days lost per individual has increased year on year. For 2021/2022 the average sickness days lost was 25 per WTE, at present the average days lost in 2022/2023 (April to August) is 10.09 WTE.

PADR Compliance

PADR compliance for the Health Board is 61.31% which is a 4.2% increase since April 2022.

PADR support continues to be available for individuals, managers and teams. There is a dedicated PADR intranet page with a wealth of support resources available including examples of 'good' PADR documents.

Strategic PADR Meetings continue to take place quarterly with Divisional PADR Leads. Action plans with trajectories are presented for the next quarter and PADR Leads are working across the Divisions to increase overall compliance. There is currently a Smart survey in progress to collect data from individuals across the Health Board on the current PADR document.

Pay progression will be implemented nationally on 1st October 2022. This will mean that those progressing through a “pay step” (increment) which attracts a salary increase will need a satisfactory PADR and meet a range of criteria. Within the planned weekly pay progression meetings, individuals out of PADR compliance and who have been identified as due a pay impacted increment within next 6 months, are being contacted via their Manager/Supervisor.

Overview of Employee Relations Matters

Sickness Meetings	Disciplinary (exc fast track)	Fast Track	Disciplinary Appeals	Informal Resolution	Formal Resolution (Grievance)	Formal Resolution Appeals	Stage 3 Grievance Appeals	Capability	Raising Concerns
148	19	3	0	1	10	1	0	1	1

Suspension from work is always a last resort and suspensions are reviewed regularly to determine whether the risk in returning to work remains high. There are currently three staff who have been suspended from work for longer than four months. The Crown Prosecution Service (CPS) and/or Police are involved with each of these cases. The decision to suspend was the agreed action from a professional concerns/safeguarding strategy meeting.

TUPE Transfers - Public Health Wales

Following an all-Wales consultation, Local Public Health Teams will transfer from Public Health Wales (PHW) to the seven respective Health Boards on 01 October 2022. This enables Health Boards to be responsible for the health and wellbeing of the local population and provide leadership to the population health agenda. Preparations are underway for the Health Board to receive 27 employees, comprising of Public Health Consultants, Health Promotion Practitioners & Specialists, Managers and Administrators. A bespoke induction is being held for the transferring employees on 27 September, including a welcome from the Chief Executive.

Pharmacy - TRMS

The ‘Proposal to set up a National Medicines Service under the Transforming Access to Medicines Programme (TrAMs) – Stage 1 – Senior Leadership Tier’ formal consultation paper was issued on 20 May 2022 until 08 July 2022. The final consultation paper has not been issued yet. There are potentially 20 Health Board staff affected by the proposal comprising of Pharmacists, Pharmacy Technicians and Pharmacy Support Workers. Staff were offered the opportunity to attend a one-to-one meeting during the stage 1 consultation. Engagement sessions were held in July and August 2022 led by NWSSP and have been attended by Health Board Staff Side representatives.

Assessment and Conclusion

This report provides the Committee with an overview of the recent activities of the Workforce & OD team and potential programmes of work within the Health Board and the positive events where our teams have excelled.

Recommendation

The Committee is asked to note this report for information.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	There are no specific risks associated with this report. However, it provides a further opportunity to bring to the attention of the Board activities undertaken by the Workforce & OD Team that might not be reported to the Committee in other ways.
Financial Assessment, including Value for Money	There are no direct financial implications of this report.
Quality, Safety and Patient Experience Assessment	There are no direct quality, patient safety and experience issues relating to this report.
Equality and Diversity Impact Assessment (including child impact assessment)	An EQIA has not been undertaken on this report.
Health and Care Standards	There is no direct relationship with the Health and Care Standards.
Link to Integrated Medium Term Plan/Corporate Objectives	There is no direct link with the IMTP and Corporate Objectives.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	The range of activities outlined in the report will contribute into the Health Board's approach to the Well Being of Future Generations Act. However, the contributions will be specific to each of the individual areas covered in overview in this report.
Glossary of New Terms	No new terms have been identified.
Public Interest	This report is written for the public domain.



Aneurin Bevan University Health Board

Update on Agile Working

Executive Summary

This paper provides the People & Culture Committee with an update of the work delivered through the Agile Delivery Board.

This information was also shared with the Partnerships, Population Health and Planning Committee on 07 July 2022.

The Committee is asked to: (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	✓
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

Executive Sponsor: Sarah Simmonds, Executive Director of Workforce and OD

Report Author: Julie Chappelle, Assistant Director of Workforce & OD

Report Received consideration and supported by:

Executive Team		Committee of the Board	
		[Committee Name]	

Date of the Report: 06 September 2022

Supplementary Papers Attached:

- Appendix 1 – Agile Programme Plan
- Appendix 2 – Agile Framework and toolkit

Purpose of the Report

This paper provides the People & Culture Committee with an update of the work delivered through the Agile Delivery Board.

Background and Context

PROGRESS TO DATE

The programme plan, **Appendix 1** highlights the performance against the plan and risks reported to the Agile Working Board. The progress on agile working during March – September 2022 is outlined below into key themes:

1. Site priorities and assessment of agile working opportunities

The focus on three sites is progressing as follows:

- Mapping of staff across St Woolos has been completed to support the assessment of re-accommodation requirements on the Royal Gwent Hospital (RGH) and other sites. This is now being validated with services.
- Mapping of blocks 9 and 10 at the RGH has been completed and proposals to support agile working has been presented to the divisional teams.
- Mapping of workforce on RGH has commenced to understand who and how services are utilising admin space.
- Assessment of community premises and accommodation requirements has commenced, and Newport has been completed.
- Second phase mapping of Grange House has been completed with plans being progressed. This plan is being presented to the Agile Programme Board in September 2022.
- Level 3 agile and wellbeing space proposals and principles of working at Grange University Hospital (GUH) in the agile spaces have been agreed and communicated to services and staff side on 30 May 2022. The space requirements continue to be reviewed to ensure principles are being adhered to and continue to address any environment issues reported in the previous staff survey.
- Caerleon House at Cleppa Park has been added to Estates Agile map of premises providing hot desking and bookable meeting space to support agile/hybrid working spaces.

2. Policy and Frameworks

To support the required culture change will require guidance for managers and staff. To date, the following has been achieved:

- A Workforce Manager, hosted by Workforce & OD to support agile working has been appointed to support programme management of the workforce element of the Agile Programme Plan.
- Agile/Hybrid Working Framework and Toolkit has been redeveloped based on research, best practice and staff feedback. This is interactive guidance for staff and managers and includes a range of workforce personas, practical guides and principles along with links to policies and legislation. A roll out plan has been developed commencing on 23 August 2022. A series of meetings with Divisional Management Teams organised for October 2022 is in place to embed the framework.
- ABUHB agile/hybrid working intranet site has been developed to encourage community of practice, filing of the Framework, FAQ's and links to supporting policies.
- Agile Working/Home Working Policy has been reviewed and will be ratified by the Workforce & OD Policy Group in October 2022. The policy is important because it reflects the statutory health and safety requirements, staff wellbeing and management arrangements to support agile/hybrid working.
- HMRC guidance and the tax relief from HMRC has been incorporated into the Financial Wellbeing guidance for staff to support the benefits of agile/hybrid working.
- A set of minimum standards for agile/wellbeing working accommodation has been developed. This will be used as a benchmark for future capital projects and ensure

consistency of accommodation that meets good practice and meets HSE and other statutory requirements.

- Scoping review of Workforce & OD policies has been undertaken to ensure they are in line with the agile working principles.

3. IT

- Signposting services to supporting the IT infrastructure will enable staff to access information and work from different locations. The roll out Office 365 has had a positive impact on agile/hybrid working.
- Working “personas” have been developed offering pictorial examples of various workers working in a more agile way. These have been incorporated into the Agile Working Framework.

4. Estates and Facilities

- The approach has been to seek estates opportunities that support agile/hybrid working as we start to decommission poor estate and as leases expire. Costings have been acquired to support the development of blocks 4 and 5 on the RGH site which will support the release of St Woolos and Royal Gwent accommodation. Further work is being undertaken to assess other possible options for this space.
- An Accommodation Group has been established to manage the process and consider all requests for clinical and office accommodation across the Health Board in a coherent and transparent process.
- A demonstration was provided of the room booking IT systems to support hot desking facilities management.
- Links are established with Workforce & OD and the Decarbonisation Group to ensure that staff guidance can be developed to support decarbonisation principles into the agile agenda.

5. Celebrating Best Practice

Sharing good practice and promoting the benefits of agile/hybrid working will support the culture change required and offer opportunities for staff who may not have traditionally been able to work agile or where there may be barriers to agile/hybrid working. For this reason, it is important to share practices and celebrate other teams’ successes. To date:

- Primary Care are reviewing their agile working principles in line with the toolkit. Finance, Workforce & OD and IT have undertaken a staff engagement programme to introduce agile/hybrid working. Workforce & OD have reviewed their agile space requirements in the portacabins at LGH and have developed proposals to support the reduction in desk spaces, more hot desking space and more team working space.
- Informatics and ICT have undertaken an accommodation review including endorsement of agile principles to support review of lease premises at Mamhilad Park Estate.
- A National Agile Group has been established by the Health Board to share good practice and all Wales solutions reporting to the Workforce & OD Directors. The group has met twice with each Health Board sharing their agile working approach. Central access for sharing information has been set up by HEIW.

- Teams continue to maximise technology to reduce meetings across the organisation resulting in a reduction in travel.
- A trial of desk booking system commenced in Mamhilad with agile working proposals. A number of booking systems have been reviewed.
- The general policy of replacing desktops with laptops is supporting agile working in teams previously bound to working in specific locations.

NEXT STAGES OF THE PROGRAMME

Over the next 6-month period progress will continue around these themes:

1. Site priorities and assessment of agile working opportunities

- Finalise the assessment of agile working requirements for St Woolos.
- Progress proposals for administration on RGH site and capital costs for options around blocks 3 and blocks 4 including capital bids.
- Develop of proposals for blocks 1 and 2 at the RGH.
- Commence implementation of block 9 and block 10 staff moves.
- Develop recommendations for Mamhilad.
- Develop recommendations for Grange House and the gym.
- Scope St Cadocs and opportunities for agile working.

2. Policy and Frameworks

- Meet divisions and attend workshops to support roll out of Agile/hybrid framework.
- Ratify the Homeworking policy.
- Develop organisational change plans to support workforce transition where required.

3. Communication and engagement

Keeping staff engaged and involved in the development of agile and wellbeing spaces is fundamental if we are to win hearts and minds. We have undertaken regular surveys which have informed space requirements. Feedback has been through staff communications and regular staff side updates and participation in working groups.

A roll out plan to support the Agile/Hybrid Working Framework is being enacted.

An agile/hybrid intranet page has been developed to share guidance and share best practice.

RISKS

As the programme is developing momentum identified risks are emerging, the key risks are:

- Staff/managers resistance to agile working and inconsistent application of agile/hybrid working arrangements.

- Insufficient capital available to undertake the capital works required to meet minimum accommodation standards which support agile working.
- Insufficient suitable space to support agile working, co-location of teams and wellbeing.

A number of these risks will be mitigated through the roll out of policies and frameworks, but there remains a risk of available funding which will need to be assessed as plans are developed.

BENEFITS AND OUTCOMES

There are a number of measurable benefits that support success of the delivery of the programme. These include staff retention; staff exit surveys and staff surveys. Work is ongoing with the Value Based Team to identify benefits for the programme. Travel analysis and assessment of travel expense costs is a measurable benefit. The table below demonstrates an overall reduction by 45% of the costs of business mileage compared to 2019/20. Excess mileage has been deducted from total business miles as this applies to staff who have protected mileage usually as a result of the organisational change process. Many of excess mileage costs relate to the large number of staff changing bases as a result of the opening Grange University Hospital which will reduce in line with the period of protection.

	Total Miles	Costs of Total Miles	Excess Miles (OCP protection)	Cost of Excess miles & Lump sums	Cost of total business miles (minus excess)	Total business miles travelled (minus excess)
2019/20	6,066,616	£ 2,480,623	123,311	£ 34,625	£ 2,445,998	5,943,305
2020/21	4,290,965	£ 1,983,834	280,182	£ 317,350	£ 1,666,484	4,010,783
2021/22	3,578,442	£ 1,768,480	340,454	£ 398,037	£ 1,370,443	3,237,988
2022/23 Apr to Aug	1,134,445	£ 486,515	88,571	£ 28,380	£ 458,135	1,045,874
Forecast 2022/23	2,722,668	£ 1,167,636	212,570	£ 68,111	£1,099,525	2,510,098
				Reduction since 2019/2022 compared to forecast 2022/2023	45%	42%

Recommendation

The People and Culture Committee are asked to note the update provided.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	Service sustainability
Financial Assessment	Linked to the Workforce and Financial Framework in the Integrated Medium-Term Plan and the overarching workforce and efficiency agenda.
Quality, Safety and Patient Experience Assessment	Any actions will be balanced against quality and patient safety to ensure no adverse impact.

Equality and Diversity Impact Assessment (including child impact assessment)	Any actions are and will be Equality Impact assessed.
Health and Care Standards	The programmes and developments outlined in this paper meet STANDARD 7 Staff & Resources.
Link to Integrated Medium Term Plan/Corporate Objectives	Linked to the Workforce and Financial Framework in the Integrated Medium-Term Plan and the overarching workforce and efficiency agenda.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Long Term – Sustainability of service provision through our staff is prime consideration.
	Integration – Working closely with internal partners
	Involvement – As above
	Collaboration – Actions and deliverables are worked in partnership with Nursing, Workforce and Finance.
	Prevention – any potential issues and challenges will be assessed prior to implementation
Glossary of New Terms	N/A

Start /Duration Delay Target Completion Completed

Grange House development of Centre of Excellence of employee wellbeing and vacation of space

							JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT																													
							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
GH1	Identify staff impacted by Centre of Excellence	CB			Oct-21	100%	[Green bar]																																					
GH2	Meet with managers to assess space working requirements	CB			Nov-22	100%	[Green bar]																																					
GH3	Assess opportunities for agile working	CB			Nov-22	100%	[Green bar]																																					
GH4	Assess options for staff re-locations	CB/HC			Nov-22	100%	[Green bar]																																					
GH5	Propose options and develop costings and OCP requirements	HC/DC			Nov-22	100%	[Green bar]																																					
GH6	Supporting works and IT undertaken	SC			Dec-22	100%	[Green bar]																																					
GH7	Agree time for moves and any interim arrangements	CB			Dec-22	100%	[Green bar]																																					
GH8	Pre-engagement with staff and staff side	CB			Dec-22	100%	[Green bar]																																					
GH9	Develop staff consultation	CB			Feb-22	100%	[Green bar]																																					
GH10	Implement moves	CB			Feb-22	100%	[Green bar]																																					
GH11	Communication issued via carousel re closure for booking of Committee Room wef 07/02/22.	CB			Feb-22	100%	[Green bar]																																					
GH12							[Green bar]																																					
						100%																																						

GUH / Llanfrecfha Grange / Wellbeing

							JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT																													
							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
GU1	Scope agile facilities at GUH and submit proposal to support SDEC	CB			Aug-21	100%	[Green bar]																																					
GU2	Meet with managers to assess space working requirements on level 2 in GUH	CB			Jan-22	100%	[Green bar]																																					
GU3	Develop options for level 3 GUH	CB			Mar-22	100%	[Green bar]																																					
GU4	Communicate working principles and space allocations	CB			Apr-22	100%	[Green bar]																																					
GU5	Implement changes in GUH	CB			Jun-22	100%	[Green bar]																																					
L1	Meet with managers to assess space working requirements	DC			Jul-22	50%	[Yellow bar]																																					
L2	Assess opportunities for agile working	CB			Jul-22	50%	[Yellow bar]																																					
L3	Survey for use of Grange House and gym facilities - now drafted - awaiting confirmation of whether whole organisation roll out or just those GH impacted	CB	Jul-22		Jul-22	80%	[Yellow bar]																																					
L4	Assess usage reports for meeting rooms in Grange House	CB			Jul-22	100%	[Green bar]																																					
L5	Agree principles of working in Grange House	CB			Jul-22	75%	[Yellow bar]																																					
L6	Assess and review requirements for Grange House	CB			Jul-22	75%	[Yellow bar]																																					
L7	Assess options for staff re-locations	CB/ DC/ HC			Aug-22	75%	[Yellow bar]																																					
L8	Propose options and develop costings and OCP requirements	CB			Aug-22	0%	[Red bar]																																					
L9	Identify Supporting works and IT undertaken	HC			Aug-22	0%	[Red bar]																																					
L10	Pre-engagement with staff and staff side	CB			Sep-22	0%	[Red bar]																																					
L11	Assess impacts on staff moves and any variation to contracts	CB			Sep-22	0%	[Red bar]																																					
L12	Develop staff consultation	CB/ HC			Sep-22	0%	[Red bar]																																					
L13	Agree time for moves	CB			Mar-23	0%	[Red bar]																																					
L14	Implement moves	CB/ HC			Mar-23	0%	[Red bar]																																					
L15	Draft Board Paper to set out agile principles and ask for approval of one of three options for staff accomodation at Grange House	CB/SMH/SJ			Sep-22	50%	[Yellow bar]																																					
						53%																																						

Start /Duration Delay Target Completion Completed

JAN FEB MAR APR MAY JUNE JULY AUG SEPT
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38

St Woolos

S#	Description	Lead	Start	End	Progress
S1	Identify staff impacted by site reconfiguration	HC	Jun-22		75%
S2	Meet with managers to assess space working requirements	CB	Jul-22		0%
S3	Assess opportunities for agile working	CB	Aug-22		40%
S4	Assess options for staff re-locations - what space is available that provides staff with their requirements (options appraisals of options and costings)	MA/DC/HC/JG	Sep-22		50%
S5	Propose location/space/office options and develop costings	MA/DC/HC	Sep-22		50%
S6	Develop proposal for options for admin blocks 4 and 5		Mar-22		60%
S7	Submit for capital approval				0%
S8	Agree time for moves and any base changes				0%
S9	Pre-engagement with staff and staff side				0%
S10	Assess OCP requirements				0%
S11	Agree staff engagement plan and OCP timelines				0%
S12	Develop staff consultation				0%
S13	Implement moves				0%
S14	Validate previous site mapping work against workforce and correct office occupancy	CB/SMH	Jul-22	Aug-22	100%
					27%

RGH

R#	Description	Lead	Start	End	Progress
R1	Identify staff impacted by site clinical reconfiguration	HC	Jun-22		75%
R2	Map staff by site and service across each floor in RGH	JG	Jun-22		50%
R3	Validate site mapping with agile assessments for each service	CB	Jul-22		25%
R4	Meet with managers to assess space working requirements across RGH site	CB	Jul-22		0%
R5	Assess opportunities for agile working block 9 and 10	CB	Aug-22		75%
R6	Develop principles of agile working in blocks 9 and 10	JG	Jun-22		50%
R7	Assess options for staff re-locations - what space is available that provides staff with their requirements (options appraisals of options and costings)	MA/DC/HC/JG	Sep-22		50%
R8	Propose location/space/office options and develop costings	MA/DC/HC	Sep-22		50%
R9	Develop proposal for options for admin blocks 3 and 4		Sep-22		50%
R10	Submit schemes for capital approval				0%
R11	Agree time for moves and any base changes				0%
R12	Pre-engagement with staff and staff side				0%
R13	Assess OCP requirements				0%
R14	Agree staff engagement plan and OCP timelines				0%
R15	Develop staff consultation				0%
R16	Implement moves				0%
R17	Workforce mapping conducted against agile policy	Sue Jenks	Jul-22		0%
					25%

JAN FEB MAR APR MAY JUNE JULY AUG SEPT
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38

Start /Duration Delay Target Completion Completed

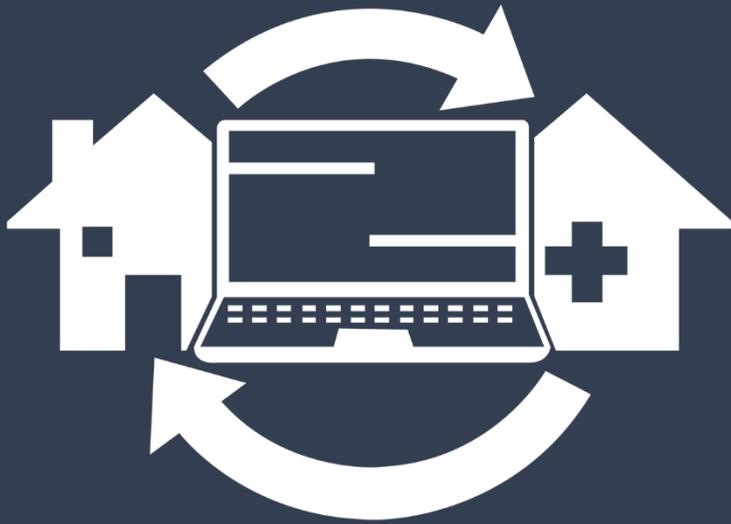
JAN FEB MAR APR MAY JUNE JULY AUG SEPT
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38

Workforce					
W1	Agile survey and feedback	HC		Aug-22	100%
W2	Service agile assessments	JC		Jun-21	100%
W3	Meet with services to validate agile assessments	CB/HC/SC		Oct-21	100%
W4	Review and update agile/hybrid framework	HC		Jun-22	100%
W5	Development of minimum agile accomodation requirements	JC/CB		May-22	100%
W6	Scope and review WOD polices to align to agile/hybrid policies	CB		Jun-22	75%
W7	Development of Home Working Policy	CB		Jul-22	75%
W8	Roll out agile framework to ensure embedded in working practices	CB		Aug-22	100%
W9	Bi-monthly meetings with all Wales network	CB		Aug-22	100%
W10	Implement training to promote framework - workshops, training courses & leadership programmes	CB/SMH		Sep-22	50%
W11	Creation of dedicted agile intranet page	SMH		Aug-22	75%
W12	Cascade/promote agile framework to divisions via DMT meetings	CB/SMH		Oct-22	50%
W13	Start to map Mamhilad (services on-site and their requirements)	CB/SMH		Oct-22	50%
					83%

Estates and Facilities					
E1	Map End of lease property (links to Finance and efficiency worksteam)	HC		Aug-22	75%
E2	Re-provision of hubs and different working places - Spread sheet and assess all sites against 6 hot desks in each area			Jul-22	50%
E3	Establishment of accomodation group				100%
E4	Opportunities for storage solutions - need timescales				10%
E5	Opportunities for booking systems			Jun-22	25%
E6	Detailed Project Plan				20%
E7	Identify staff who can work agile (65/70 staff identified)	Michelle Key	Jul-22	Jul-22	100%
E8	Increase identifying staff who can work agile by another 20% by 2023 and 30% by 2024		Jul-22		80%
					58%

Informatics					
I1	Development of IT personnas to support access to available system to supprt agile/hybrid working			Jun-22	100%
I2	Roll out office 365				0%
I3	Opportunities for booking systems			Jul-22	20%
I4	Detailed Project Plan				10%
I5	MS Room Booking trialled out - Caerleon House to go live next week	Stephen Crandon	Jul-22		100%
I6	Personas to be added to agile frameowkr with minimum IT requirements for agile working	Stephen Crandon	Jul-22		100%
					55%

JAN FEB MAR APR MAY JUNE JULY AUG SEPT
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38



Agile/Hybrid Working Framework



Glyn Jones, Chief Executive

Foreword

I am delighted to be able to share with you our revised Agile Working Framework.

Our continued transition to a more agile organisation involves changing a cultural mind-set that many of us have grown up with and as a result of the pandemic we were catapulted practically overnight into a world of agile working. Agile working is a real opportunity to reduce stress at work, improve wellbeing, make the workplace more inclusive, promote better use of technology and improve the delivery of services for our patients.

Key to its success will be the creation of cultures and systems of trust and responsibility which support and enable staff to work in an agile manner. In doing so, this give us the opportunity to reduce travel and our carbon footprint whilst improving recruitment and retention of staff.

I hope you enjoy using this interactive framework, that it helps improve your understanding of agile working and the increasingly important role it will play in the way we work both now and in the future.



How to Use this Framework

To flick through the pages of this document in sequence use the  or  arrows found on the bottom corners of each page, or the arrow keys on your keyboard to turn to the previous or next page.

This Toolkit is separated into easy to navigate sections

Click on the icons at the bottom of each page to return to the Toolkit's main menu.

This Toolkit is designed to be interactive – there are hyperlinks throughout which take you directly to our Intranet for internal Health Board information, or to the *www.* to access information and advice published by other organisations.



Purpose & Structure

The purpose of this framework is to draw together the essential elements of Agile Working and provide an easy to navigate guide which enables understanding of the principles & an ability to confidently implement/manage Agile Working in your area of the organisation.

**Agile Working
Ambition &
Principles**

**What is
Agile/Hybrid
Working?**

Toolkit

**Workplace
Good
Practice**

Agile
Working
Ambition
&
Principles

What is
Agile/
Hybrid
Working?

Toolkit

Workplace
Good
Practice



Agile Working Ambition & Principles

Our ambition is to transform patient and staff experience by developing a work culture focussed on work as an activity rather than a place.

This will be achieved by the following underpinning principles already agreed by the Executive Team:

- ✓ *Applies to everyone*
- ✓ *Takes into account service needs*
- ✓ *Quality standards, patient safety, information governance and health and safety are not compromised*
- ✓ *Office space to be kept to a minimum*
- ✓ *Maximise use of all available technologies*
- ✓ *Promote sharing of office space, hot desking and drop in areas*
- ✓ *Compliance with social distancing rules*
- ✓ *Reduce travel time, travel costs and carbon footprint*
- ✓ *Supports staff wellbeing*
- ✓ *Aligns with the Health Board [Values and Behaviours Framework](#)*



What is Agile/Hybrid Working?

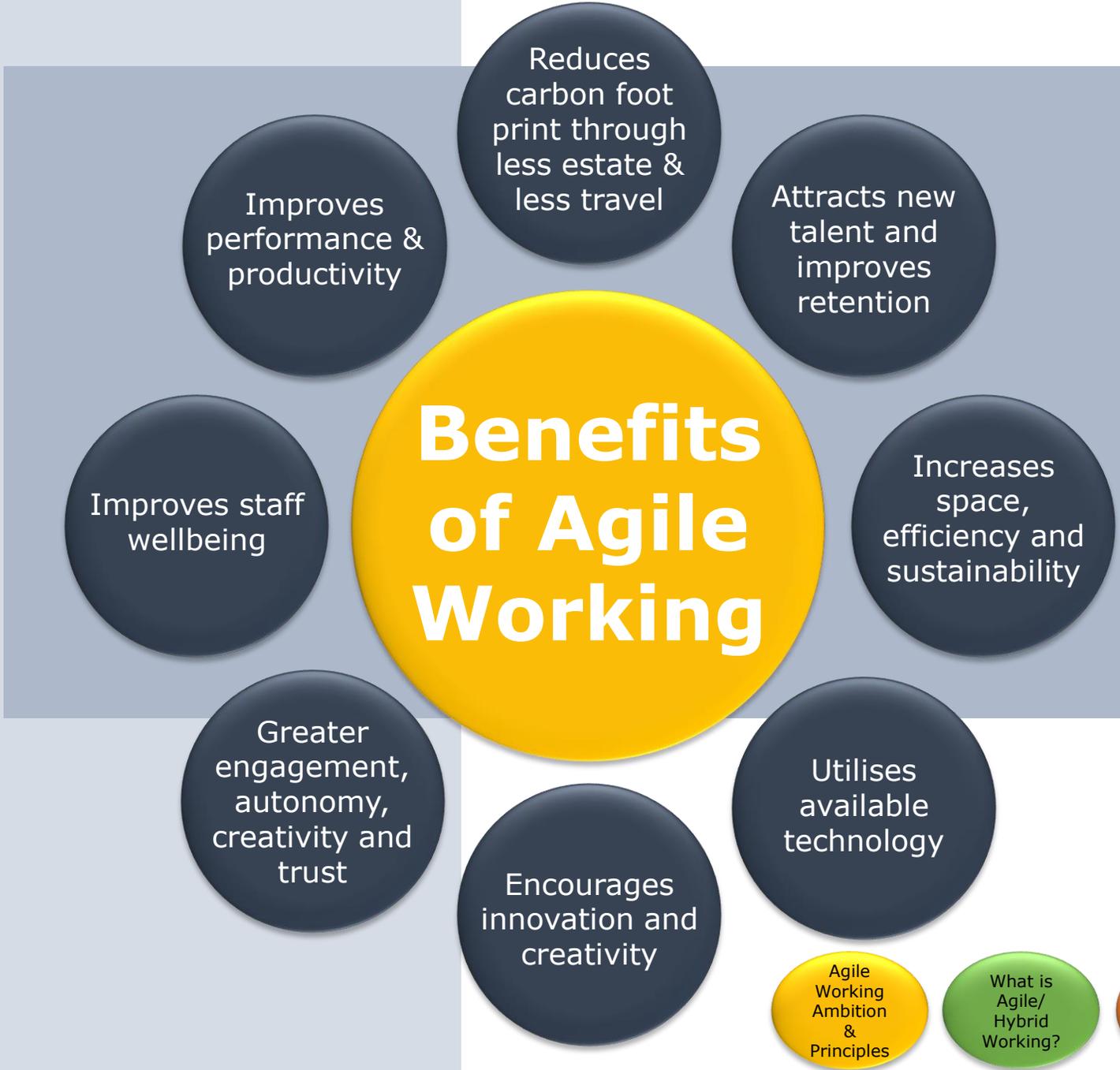
Agile / Hybrid working is a term used to describe situations where employees are granted a **degree of autonomy where they work** in order to fulfil individual and organisational goals. Hybrid working is where an employee splits their time between, the workplace and working remotely either at home or another workplace location. Agile/hybrid working focuses on removing boundaries traditionally placed between staff and their goals. Agile working can be undertaken in non-traditional environments through remote and virtual work, hot desking at alternate bases.

For example, an employee spends 2 days a week working in the office, they spend 2 days working from home and the other day working from either local shared workspaces within the community, public sector, Health Board sites or another suitable location, these are called touch down points.

There will be circumstances when an employees preferences are to attend their designated workplace each day and this should be considered.

Flexible working is not to be confused with agile/hybrid working and refers primarily to flexibility around working which is an agreement at an individual employee level.





How can managers support the agile/hybrid way?

- Managers are encouraged to maximise agile working of their employees where possible.
- It is essential that managers and employees alike enter into the spirit of agile working within the constraints of normal service provision. As each service offering is different, a 'one size fits all' approach can't be applied.
- Focus on tasks of the role then more work may be undertaken in an agile way.
- Ensure employees have sufficient equipment.
- Managers ensure performance of staff is managed by agreeing parameters, outcomes, deliverables and objectives.
- Conveying to staff agile/hybrid working may not be possible all the time because at core times employees need to work together and teams should also have the opportunity to meet in person.
- Assess decisions based on the impact it has on the service.
- Agile/hybrid working does not require a contractual change as staff bases do not change.



Supporting agile/hybrid working

There are new challenges inherent in leading and managing agile teams. An agile/hybrid team requires new understandings as well as new practices. It is essential for managers and their staff to work in an harmonious partnership as managing people who are not all together all the time will bring new challenges. Key to its success are:

- Developing behaviours and systems of trust and responsibility which support and enable staff to work in an agile manner.
- Not all agile working arrangements will be successful either from the service point of view or the individual's point of view, so they must be able to be reviewed at any point. If problems arise every effort will be made to resolve them.
- Managers will stop agile working arrangements for sound business or performance reasons and after engaging fully with the employee.
- There will be circumstances when face to face meetings any may be requested by managers, staff members or staff representatives. All reasonable requests to meet face to face must be considered.



Supporting new staff into an agile team

We need to ensure that when new staff are brought into a team either through recruitment or moving internally, we support their induction and orientation and embed them to the point that they truly become part of the team.

Managers need to consider how they support new starters and ensure staff continue to receive appropriate training and induction, which may only be delivered in the workplace. Key to success are:

- Co-located teams support agile as well as more traditional approaches to help with staff induction.
- Ensure new staff are provided with the team's agile principles and ground rules.
- Encourage team work, pair staff or have a buddy system.
- Take time to "have lunch" on teams calls to exchange information informally and chat. This will help new staff to get to know the team, service and organisation, make them feel comfortable and improve efficiency.
- Connect with new starters and ensure regular 1:1's.
- Ensure access to the right people, access to data and sharing of digital platforms.



Toolkit

This toolkit aims to assist managers and staff in implementing agile working practices in their area.



Managing remote / hybrid teams & agile workers

- Remember the inclusion of agile / hybrid teams, keep staff connected, engaged and motivated - ensure no one gets left behind.
- Staff now go into the office to work collaboratively, for social interaction and a sense of identity - staff need to feel excited about coming into the office.
- Need to react to the changing behaviour and expectations of the workforce; we need to adapt to different styles and become emotionally intelligent managers and leaders.
- All staff will continue to have a designated base for travel claims purposes, although they may choose to work from an alternative location to allow for improved efficiency and more effective service delivery.
- You have to agree and work at maintaining good communication and change practices – agree ground rules, engagement rules, face to face, etc.
- Staff training available in using various digital platforms on the value of digitised ways of working and collaborative tools - be aware of skill gap in staff returning to work from long periods of absence. Here is the link to our internal ICT training: https://nhs.wales365.sharepoint.com/sites/ABB_Informatics_Hub



Setting clear boundaries and expectations

Good management is being clear about what needs to be done. This will help us all avoid the feeling that we need to be available 24/7. When we understand what is expected of us and know that we are trusted to perform our role, then, we can focus on doing the job.

Some of these boundaries could include:

- When we're available to work – keeping calendars up to date.
- Ensuring your staff are contactable during working hours, how individuals and teams will keep in touch – using different forms of technology.
- How we manage our work-life balance - taking regular breaks and switching off from work at the end of the day.
- How performance will be managed and measured – what personal circumstances need to be taken into account e.g. caring responsibilities, health issues etc.
- It is also important to think about our colleagues and team members and the boundaries that they set and make sure we respect them. In order for this to happen, communication is key and knowledge of the boundaries is paramount. Technology allows us instant access to each other, don't expect everyone to answer you immediately, there could be any number of reasons why someone is not available.
- Remember it's ok to end your working day at a reasonable hour – lead by example if you're sending emails late in the evening do not expect instant answers unless already agreed.



Creating a Great Culture and Staying Connected

It is important for us all to be keeping in touch with each other regularly. This should include regular communication through our new ways of working, for example, instant messaging, video chats and conference calls between:

- Individual employees and their managers
 - Employees working together
 - Team members
 - Colleagues across the organisations
-
- Discuss and agree with our teams about regular catch ups - as if you were in the office.
 - Instant chat about non-work things, share a funny news story, send a gif or share playlists and reading lists, whilst respecting others beliefs, views and remaining professional.



Tip 1 Communication



Boost communication - It just doesn't come as naturally as bumping into someone in the corridor or kitchen and starting a conversation on a whim, but communication is essential to creating connections and connections are crucial to building relationships.

Encourage regular check-ins.

It is important to maintain regular contact with managers and colleagues for example, through a combination of face-to-face meetings, virtual whiteboards, outlook diary, email, Skype and telephone.

There will be circumstances when face to face meetings are essential and should not be unreasonably refused.

Maintain the human connection – *have fun!*

Agile
Working
Ambition
&
Principles

What is
Agile/
Hybrid
Working?

Toolkit

Workplace
Good
Practice



Tip 2 Rewarding & Recognition

A little recognition can go a long way. So whether it's a small shout-out on the team chat or a lunch delivery, do something. It'll set the tone for a work culture where people are valued and appreciated.

Encourage each other to share any creative ideas to improve working practices. These can be shared in your regular meetings.

Let your colleagues know they're doing a good job.

Encourage each other to share any creative ideas to improve working practices.



Tip 3 Encourage an open environment

Empowering employees to speak their mind about how they feel is more than a feedback form or a survey to 'check-in'. It's opening lines of communication between staff and managers and within and between teams.

Empower teams with clear accountabilities, focussing on outcomes rather than outputs.

Focus on 'the what' (results) as well as 'the how' (process) and manage yourself and your teams by output not hours worked.

Trust employees to deliver and focus on the quality of what they deliver.

Understand and respect every member of the teams different behaviour preferences/personalities.



Tip 4 Prioritise Health and Wellbeing

It is important that a work/life balance is achieved and supported by the individual's manager and not just left to the individual to resolve.

We all have a part to play in supporting each other and for our staff to stay, feel engaged and be productive.

Don't just use email - some people may prefer to chat to feel connected, especially if they live alone and do not have the opportunity to talk to anyone throughout the day.

Some people end up putting in more hours and working harder when they're at home so monitor this - *don't let people burn out.*

Make sure that they know they can seek guidance from you if they need to.

Get out of the house - you don't have to get out every day, but you should try to do so regularly. Your body needs to move. Also the fresh air and natural light will do you good.



Agile working teams and ground rules

To establish a culture of agile/hybrid working in a team, a manager and all team colleagues will need to discuss and agree how to create and maintain effective team working. Consider:

- Agreed quantity of communication between the team, manager and between individual team members. How you communicate within your business and between teams will have a huge influence on the successful implementation of a hybrid working model.
- Give employees clear goals and clarity on objectives.
- Clearly agree and document roles, responsibilities & tasks.
- Agreeing workload planning and progress reporting in advance through regular 1:1's and PADR's.
- Maintain constructive debate and proactively address any difficulties or conflict if they arise.
- It is also easy to let work 'creep' into non-working time at the cost of family life. This blurring of lines leads to an 'always available' culture, which can then become a stressor.
- Clarity regarding where there may be specific times of the day or week when individuals need to be contactable in order to meet service requirements.
- Regular team catch ups to ensure a shared awareness of what the team is working on so everyone hears the same message.
- New starters may require additional support and supervision.



Managing agile / hybrid teams – checklist

In order for agile working to become successfully embedded within teams, a formal, mutual agreement must be reached between the staff member and manager with regards to the logistics of the agile working arrangement.

✓	To be responsible for their own and staff member's adherence to the Agile Working principles .
✓	To periodically review the agile working arrangements for staff within their area of responsibility.
✓	To ensure the concepts of managing by outcomes have been successfully explained to all staff within their area of responsibility and appropriate methods to monitor output have been mutually agreed.
✓	To ensure flexibility, openness and constructiveness in relation to discussions and agreements about agile working with staff within their area of responsibility, whilst remaining focused on the needs of the service.
✓	Treating people as individuals, allowing them choice but also accepting that one size will not work for everyone nor will it work for all roles. New starters may be required to be more work based initially for supervision and training.
✓	To ensure all staff aware of their responsibility to adhere to the Health Board's existing policies – Health and Safety, confidentiality, IT governance, access and storage and mandatory training requirements.
✓	To ensure that all staff are aware of their responsibility to appropriately secure access and storage of all Health Board data in transit and at working locations.
✓	To ensure their staff's wellbeing and clear sickness absence reporting arrangements are in place and that staff are aware of their responsibility to report in accordance with ABUHB policy even when working from home.
✓	Managers should look out for early warning signs that a team member is not working well. Managers should monitor the on-going wellbeing of staff through regular review of agile work-style arrangements.
✓	To ensure all staff have completed all statutory and mandatory training modules and health and safety assessments where required. *Link to All Wales Health and Safety Framework



Employee responsibilities

✓	To have joint responsibility with their manager in agreeing their level of agility and how they will carry out their role in a more agile way.
✓	To ensure flexibility, openness and constructiveness in relation to discussions and agreements about agile working with their manager, whilst remaining focused on the needs of the service.
✓	To adhere to all relevant Health Board's policies.
✓	To ensure a clear account of agreed journeys and working location. When working away from base all diaries to reflect appropriate contact number and location ensuring that managers and colleagues know where you are. Staff should be contactable during working hours.
✓	To liaise with their manager for advice or clarification as required.
✓	To report to the Health Board immediately once known, any loss, theft or damage to Health Board's IT equipment or the loss of confidential information.
✓	To adhere to the Health Board's existing policies linked to agile / hybrid working.
✓	To ensure that the access and storage of Health Board data in transit and at working locations is secure at all times.
✓	To ensure continued sickness absence reporting in accordance with ABUHB policy even when home working.
✓	To ensure completion of all statutory and mandatory training modules and that staff have undertaken the required risk assessments in line with the All Wales Guidance on Working with Display Screen Equipment (DSE) Whilst Agile Working and Working from Private Premises .
✓	Agile workers will be expected to use their own best judgement as to where and when is most appropriate to make and receive confidential phones calls or undertake any work of a confidential nature whilst using touch down points. At all times the employee will remain responsible for ensuring that all personal data is securely kept in accordance with the Data Protection Policy.



Managing virtual meetings

Do

- Self Care – gaps in the diary are allowed including breaks, virtual travel, etc.
- Respect colleagues if they are busy.
- Note on calendar when you are off site and manage your notifications – there is a functionality in the Teams App to manually set your status to 'busy' or 'do not disturb'.
- Respect colleagues declining meetings to deal with other priorities.
- Ensure your camera is on – *unless you have requested this is turned off because of connectivity problems.*
- Ensure that backgrounds are not offensive to staff.
- Be aware of your surroundings – consider blurring your background or using the organisation's standard backdrop.
- A virtual meeting should be viewed in the same way as a physical meeting – similar standards should apply and should be respectfully presentable as if in the workplace.



BE
PREPARED



BE
PUNCTUAL



BE
PRESENTABLE



BE
PRECISE



BE
POLITE

Do Not

- Book back to back meetings: no more than 5 Microsoft Teams meetings, or meetings that exceed a total of 5 hours should be held in any one day.
- Fill gaps with meetings; they are not a jigsaw puzzle.
- Cold call colleagues into meetings spontaneously and unprepared.



Agile Workplace

Implementing a 'clear clean desk' policy which means that all desks can be used by any member of the team.

Using technology to maximise flexibility. Think about how your team could use:

- Mobile phones, telephone voicemail and extension number allocation
- MS Teams and video conferencing or telephone meetings
- SharePoint

Ensure consideration for staff requiring special workplace adaptations

Having flexible storage which allows team members to quickly store and retrieve their work resources and use any available desk.

Having a mix of quiet, private and collaborative space available for team members to use as their work requires.

Make sure when working from home or other public areas your conversations and documents are confidential from other people living in the home or close by

Agile Working Ambition & Principles

What is Agile/Hybrid Working?

Toolkit

Workplace Good Practice



Managing the agile/hybrid workspace and staff requiring special adaptations

Employees who have been provided with specialist equipment in the workplace as a result of workplace assessments e.g. footrests, specialist chairs, keyboards will not be provided with further such equipment to enable them to work at home.

The specialist equipment will be provided in one work location. Should an employee wish to work from home occasionally it is their responsibility to ensure that they have suitable equipment at home, as it is their personal choice to work at home. If they have been provided with smaller equipment, e.g. specialist keyboard or mouse, the employee can agree with their manager that they take the equipment home should they choose to work at home but that they return it to the workplace when they are working there. If it has been agreed that employees will work at home as part of a reasonable adjustment due to a disability, arrangements may need to be made to provide the relevant equipment at home in accordance with the reasonable adjustments guidance.



Working at Home Safely

See ['Home Working Policy'](#) for further information.

Home Working

Where staff members work from home on an occasional, temporary, prolonged period or on a permanent basis rather than attending the workplace.

Basic safety principles

- The Home Working Policy offers detailed guidance around home working, including consideration of the health and safety requirements. Here are some basic principles:
- Home working will be applied on a basis, which enables quality services to be delivered, and which meets the needs of the service, organisation and employee. There is no automatic right to homeworking and we would anticipate that agile/hybrid working would be the most appropriate.
- A risk assessment must be undertaken by all employees who work from home at any time in line with the [All Wales Guidance on Working with Display Screen Equipment \(DSE\) Whilst Agile Working and Working from Private Premises](#). Particular attention must be paid to new and expecting mothers when assessing risks to the home worker. Risk assessments are to be completed by the employee, returned to the line manager to be saved in the employee's personnel file. These assessments need to be reviewed annually or when '*significant changes*' occur.
- The Health and Safety at Work Act etc. 1974 places a duty on managers to protect the health, safety and welfare of their employees, including homeworkers.
- Access to the right (ergonomic) equipment to make sure people work safely
- The work area should be in an area where they can remain undisturbed by other members of family and can retain the required level of data protection and security.
- Individuals maintaining their responsibility to remain safe, no matter where and how they work.
- Full awareness and compliance with lone working protocols and wellbeing assessments.
- Employees will need to be open about the pattern of their working lives and their whereabouts (diary access etc.) office or a coffee shop.



Equality Considerations

Agile Working and working from home may not be a suitable option for individuals. These needs may include:

- The office being a safe space for them to undertake their role.
- Hot desking may not be an option due to necessary modifications or agreed ways of working and they require a permanent desk space.
- Staff working preference to not work at home due to, for example, suitability of the home environment.

For further advice and guidance please contact the relevant areas:

HR Helpdesk 01495 745656

Employee Well-Being Service 01633 234888



Wellbeing Tips for managing staff who are agile working

Managers are encouraged to regularly ask staff how they are feeling, how their work is going, if there any concerns about safety and ensuring they have the right set up when working from home.

Possible signs that staff may not be coping include:

- Appearing tired, anxious or withdrawn;
- Increase in sickness absence or being late to work, missing or absent from team meetings, not turning on webcams;
- Changes in the standard of their work or focus on tasks;
- Being less interested in tasks they previously enjoyed or changes in usual behaviour.

The Employee Well-Being Service (EWS) is available to all Aneurin Bevan Health Board employees and has both Clinical Psychologists and experienced Counsellors who provide evidence-based psychological therapies. The service offers psychological therapies for staff experiencing issues that may or may not be work-related, for example, anxiety, depression, family and relationship problems. The service is confidential and is self referral only. Staff can refer by calling: 01633 234888.

Further information and a range of resources are available on the EWS intranet page and on the following website: www.aneurinbevanwellbeing.co.uk



Personas

A number of personas were developed to help managers and staff identify how they can work in a more agile/hybrid way supported by agile/hybrid principles, the supporting framework and through accessing IT systems.

Here are a list of the personas which you may identify with:

- Michael – *Ward Nurse*
- Joy – *Analyst*
- Tariq – *Information Worker*
- Mary – *Senior Manager*
- Nelson – *Facilities Operative*
- Anna, Kendi & Katie – *Community Team*
- Jo & Nadia – *Surgical Medical Team*
- Phoebe – *Finance Officer*





Ward Nurse

Michael is a nurse on a busy hospital ward - spending most of his time directly caring for patients.



He is already able to use of the IT on the ward for carrying out patient observations, administering medication, accessing CWS and other patient related information which allows Michael to spend more face to face time with his patients.



Michael – Ward Nurse



In future, whilst on breaks, Michael will be able to use a PC in the staff room to take a look at AB Pulse or read staff newsletters. This enables Michael to feel part of the organisation and keep up to date with important events that are happening in the health board



Suitable equipped meeting rooms could facilitate improved participation in MDT meetings or other patient discussions either face to face or via MS Teams. This would enable staff to comply with COVID regulations where large meeting rooms aren't available.

Michael could be given study time at home to undertake any work related training. This would help ensure that Michael is fully compliant with his mandatory training, reduce the pressure on other ward staff as Michael is not attempting to complete his training whilst on shift and improve access to computers on the ward. It also allows Michael to concentrate on his training without being distracted.



Joy is an analyst on the very busy ICT Service Desk. She spends her day dealing with users over the phone and needs extensive access to all ICT systems.



Pre COVID the team were entirely based in a single location but as part of the Work from Home Directive moved to being completely remote team. An assessment has been undertaken to ensure that staff spend time in the office on a rotational basis as a number of staff are unable to work from home.

With return to on site working possible and an increase in the team numbers, the office was too small for everyone to attend, maintain social distancing and minimise risk of infection. Two "bubbles" were created who alternate 1 week in/out. Joy really enjoys this hybrid approach to workbase.



Two "bubbles" were created who alternate 1 week in/out. Joy really enjoys this hybrid approach to workbase.

MS Teams allows the whole team to collaborate regardless of location, the team use VPN to access all ABUHB IT Systems as though they were in the office and soft phone allows them to be part of the overall telephony system and deal with call queues. This ensures the person phoning the Service Desk continues to have the best possible experience.



Some creative thinking was needed to provide off site access to Information wall boards etc. These are now facilitated remotely via MS Teams enabling the team to work seamlessly wherever they are.



To maintain the team dynamic and support new staff they regularly meet and ensure they maintain good team communication in line the the Agile Working Framework. Regular weekly online quiz and now the pandemic has relaxed a little also engage in social activities outside of working hours.



Joy – Analyst



Information Worker



Tariq is an Information Worker- he spends most of his day working with data and information and heavily relies on technology to support him.



He is not in a patient facing role, but needs to maintain regular contact with his manager, colleagues across the Health Board and external organisations. The team meets weekly to discuss work and projects, he is responsible for supervising staff

Tariq – Information Worker

He would like to be primarily work from home with visits to an office location when required.

To allow Tariq to work effectively from home, he requires a stable broadband connection, a desk and adapted chair, his laptop and docking station and two monitors (if required) – set up to ensure his health & safety requirements are met. An ergonomic chair will be available for where he undertakes most of his duties.



On trips to the office and other locations Tariq could book a hot desk space/meeting room . This ensures that when John attends a site there is adequate space for him and he is not looking for a spare desk and office space to so he can meet with colleagues. His department have allocated hot desks with dual monitors that are bookable for all staff to use. This ensures he is able to work effectively at most locations.

MS Teams allows Tariq to keep in touch with colleagues and join virtual meetings, when implemented M365 will let him collaborate fully on documents. Through the provision of a soft phone Tariq will be able to reach out to external contacts.





Senior Manager

Mary is a Senior Manager - spending her day dashing from meeting to meeting whilst also dealing with multiple issues and escalations



She must be able to contact anyone whenever required and needs access to information at her fingertips

She spends so much time out and about that she doesn't really have a base, needing to be able to work from pretty much anywhere. She has entered into the spirit of agile/hybrid working and reviewed agile/hybrid working arrangements for her team ensuring her team objectives are clearly set to maximise performance of the team. Her team have agreed ground rules which support effective communication and new members of the team, in line with the Agile Working Framework. She is happy staff face to meet face to face when requested.

Mary could make use of her mobile phone and MS Teams to contact colleagues and her team. M365 on her phone would give her access to email, her calendar, documents, the Intranet and other applications on the go. She can also attend meetings remotely thereby reducing the time she spends travelling.



In future, In between meetings on site, Mary could make use of a pre booked hot desk, work from home for all or part of the day or in her departmental office space. Mary will be using her laptop to deal with emails, collaborate on documents or attend other virtual meetings. This reduces the delay in Mary being able to respond to requests and queries and travel and improving her workforce life balance



Mary – Senior Manager



Agile Working Ambition & Principles

What is Agile/Hybrid Working?

Toolkit

Workplace Good Practice





Facilities Operative

Nelson is a Facilities Operative and he works shifts. Most of his working time is spent in one of the hospital sites transporting patients and goods across the hospital. His daily tasks are organised by a handheld device and prioritised through the Call the Porter app.

He is in a patient facing role but needs to maintain regular contact with his manager and colleagues across the hospital site. He also needs to keep up to date with his mandatory training, view his shift patterns and book leave.



When Nelson has time to undertake his mandatory training, he would prefer to complete this at a location close to home or at home. This will reduce his work travel costs and will increase mandatory compliance rates.

To support the opportunity to work in an agile way, Nelson needs access to a computer on the hospital site or another accessible site close to his home. He is able to view ESR by downloading the app onto his own phone.

Due to the nature of Nelson's roles, there are limitations to the tasks that can be undertaken in a more agile/hybrid way. Face-to-face training could be undertaken at his base or if more convenient at a hospital site close to his home. Online training could be undertaken across all hospital sites with computer facilities. In the future, MeApp will allow Nelson to access his rosters and book additional shifts using his phone.



Nelson – Facilities Operative





Community Team



Anna, Kendi and Katie have various roles within a community team. They have had to change the way they work during Covid by using more non-face-to-face

methods to assess patients.

They would normally spend a large part of their day assessing patients in various community settings. They have a designated base where their



team meets to allocate work, pick up equipment and undertake any administrative duties.



The team need to maintain regular contact with their manager who allocates works, be able to respond to urgent requests and access to CCWIS and other apps such as ESR/Rostering/e-expenses. The team meets for service/professional meetings and MDT meetings to discuss workload and patients. They are also responsible regularly have new students undertaking training.

They have access to desktops at their bases and some staff have access to laptops and ipads to access WCCIS and patient records. They often need to make telephone calls to health and social care colleagues to discuss packages of care. They undertake administration work at their base, but this means additional travel which impacts on travel costs, carbon foot print and often there are insufficient desks to meet every bodies requirements. All staff can assess e-rostering, expenses and ESR to update and records personal information.



The team have followed the principles outlined in the Agile/Hybrid Working Framework and tips for good communication and team working. They have agreed a rota of when staff will attend the base and when others can work from other locations for tasks such as online training, research, MDT administration.



MS Teams allows all teams to keep in touch with colleagues and join virtual meetings. WCCIS allows easier access from all locations. Congestion in the office base has eased because less staff are working there daily. Easy access to identified hot desking and meeting space across each locality would support agile hybrid working for those without laptops and reduce unnecessary travel time and costs.



Anna, Kendi & Katie - Community Team



AGILE/HIBRID WORKING SCENARIOS

Surgical Medical Team



The Surgical Medical Team rotate across acute sites working in theatres, wards and outpatients. Jo and Nadia, who are part of the team, continue to be based on just one site for most of their day and heavily rely on accessing CWS, emails and other clinical software for support. During the pandemic, they have undertaken a number of



non-face-to-face outpatient appointments and use dictation.

They need to maintain regular contact with their clinical director, service managers and other colleagues working across the Health Board and in external organisations. The team meets for departmental and MDT meetings to discuss work and patients. They are also responsible for supervising junior doctors.



The team have laptops so they are able to work from any location. They are also able to work at the Grange University Hospital in the agile space as there is access to private office spaces/single rooms so the team are able have confidential telephone conversations. They may undertake administrative work at the Local General Hospitals and have access to departmental desk space which they may share with others. At this space they have VPN tokens so that they can also access clinical software when they are on-call and at home. To ensure they are able to attend MDT meetings, they can either use an available office room or book space at a hospital site to join the meeting using MS Teams.

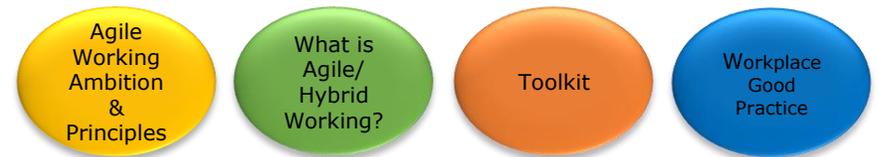


The team have agreed how they will communicate with each other across sites and have identified that a number of tasks, such as online training, research, administration and SPA time could be undertaken either on other sites or at home. To ensure there is always cover on sites, any home working is undertaken on a rotational basis within their team.

MS Teams allows the team to keep in touch with colleagues and join virtual meetings. Suitably equipped meeting rooms could facilitate improved participation in MDT meetings or other patient discussions either face-to-face or via MS Teams.



Jo & Nadia - Surgical Medical Team





Finance Officer

Phoebe works in a busy finance team based in Llanfrechfa Grange Portacabins. She tends to spend most of her day undertaking tasks using IT systems such as Oracle, writing reports, creating complex spreadsheets and databases alongside dealing with queries from colleagues. She must be able to contact her team and manager and have access to information and systems.



Phoebe would prefer to work at her base all week other than when she may have to visit sites for face-to-face meetings. Her manager is supportive of agile/hybrid working and the rest of the team either rotate their time between their base, home or work on other sites. The team have developed principles for when specific financial processes and procedures require all of the team to attend the office at the same time so that they can work together.

Phoebe needs access to Oracle, departmental folders and often needs to contact colleagues. She uses MS teams for ad hoc meetings or when she wishes to discuss finance queries with colleagues. The team have access to each other's calendars so they can identify where each member of the team is based in the spirit of lone working. The team have agreed ground rules which support effective communication, induction and supervision for new members of the team.



In future, Phoebe would require her own designated desk in the department's allocated space because she spends most of the time there. Other colleagues do not have sole designated desk each as they spend 2 to 3 days each week at home or working at other sites. On occasions when all the team need to meet at the base, they use other designated departmental agile desks or pre-book desks or rooms. This reduces the space that the team requires and ensures ongoing collaboration and connection.



Phoebe – Finance Officer



Workplace Good Practice Background & Purpose

- This document has been developed following feedback from three Agile Working Staff surveys. The acceleration of agile working during the Covid-19 pandemic has profoundly changed the way that we work and where we work from. This has provided us with a strategic agenda of creating our working environment into a space that supports agile working.
- This document provides a blueprint for the organisation to adopt when creating new spaces or when the existing estate are being reviewed and / or redeveloped into agile working spaces.



The Agile Working Space

The feedback we have received from our staff provides key information on how our working environment should be structured to support our workforce to fully embrace the agile working concept across our estates and include:

- **Hot desks** to provide freedom to staff to work when, where and when they chose.
- **Assigned** person specific spaces for staff who can only work from one area, who are predominantly office based.
- **Quiet space** to undertake private and confidential work.
- **Team Talk** break away space to meet and have team meetings.
- **Wellbeing** to support reflection, relax and recharge.
- **Skills training** to support staff training, learning and development.
- **IT** appropriate to support working from multiple places.
- **Accessible** workplaces to ensure inclusivity.
- **Health and Safe Working environment** with appropriate space, ventilation, clean and appropriate temperature and ventilation.
- **Welfare Facilities** to ensure the right number of toilets, washbasins, drinking water and accessible rest and meal facilities are available.



Agile Working Space Examples



image source: <http://www.entrawood.co.za>

The picture below showcases a good example of agile working which includes, hot desking, assigned workstations, quiet and private areas, team talk/break away areas and wellbeing/private and skills training.



Examples of Supporting Agile Space

Further examples of supporting agile spaces are illustrated below:



Minimum Workplace Standards

It is recognised that when redesigning existing estate that the creation of all these desired areas may not be possible within the footprint. Therefore, to aid the re-design of our estate, a set of minimum and enhanced standards have been agreed. The minimum standards to be adopted when creating an agile space must include:

Available IT, internet and Wi-Fi.

An assessment of a suitable number of **Assigned Desks** based on *departmental needs if required.*

Mixture of **Hot Desks and Assigned Desks**, leaving space for **Quiet, Team Talk** and **Wellbeing** areas.

Hot Desks only leaving space for **Quiet, Team Talk** and **Wellbeing** areas.

Access to **Quiet spaces** (dependant on other available options on the premises).

Access to **Team Talk**, break away space to meet and have team meetings (dependant on other available options on the premises).

Access to **Wellbeing** to support, reflection, relax and recharge (dependant on other available options on the premises).

Where the space does not allow for separate **Quiet, Team Talk or Wellbeing** spaces then this should be merged and utilised on a flexible basis (dependant on other available options on the premises).



Minimum Workplace Standards continued

Space should be designed to be accessible and designed to meet safe working practices i.e. disabilities.

Office furniture should be varied to support adjustability / special adaptations.

Chairs should include ergonomic designs and meet DSE requirements.

Electronic booking systems for shared areas should be in place.

Appropriate accessible welfare facilities (toilets, washbasins, drinking water, kitchens).

Safe workspace, well maintained equipment, no obstructions, windows that can open.

Appropriate temperature between 22 – 26 degrees Celsius.

Storage for personal items.



Enhanced Workplace Standards

In addition to the minimum standards, where there is an opportunity to do so enhanced standards to support agile working should be considered, these are:

Skills training areas

Showering / changing facilities to support infection control and sustainable travel.

Environmental Controls - adjustable temperature and lighting.

Additional rest facilities in line with the Rest and Facilities Charter.

Storage areas for bikes in line with the sustainable travel plan.

Agile Working Ambition & Principles

What is Agile/Hybrid Working?

Toolkit

Workplace Good Practice



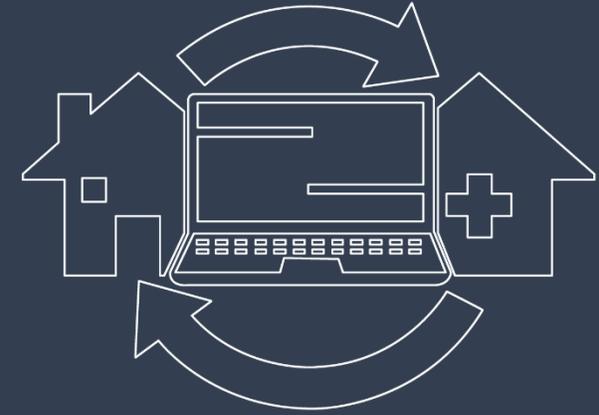
**We really hope that you
found this Agile Working
Framework useful**

If you have any feedback on this Toolkit, or ideas about other advice/resources to include, please don't hesitate to contact

ABB.AgileHybridWorking@wales.nhs.uk

– we'd love to hear from you

Thank you & have a great day!





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Aneurin Bevan University Health Board
People and Culture Committee
Tuesday 20 September 2022
Agenda Item: 2.9

Aneurin Bevan University Health Board

More Than Just Words Plan – 2022-2027

Executive Summary

Following the launch of the More Than Just Words (MTJW) plan for 2022-2027 by Welsh Government on 02 August 2022, this paper provides the People & Culture Committee with key information from the MTJW plan and recommendations to ensure the Health Board is compliant.

The new MTJW plan is the fourth plan published by Welsh Government and follows previous plans published in 2012, 2016 and 2019. The new plan aims to address areas that require development and build upon the successes of previous plans. The new MTJW plan has identified three key themes which have clear aims and objectives as well as the actions required. The themes are:

- Theme 1 – Welsh language planning and policies data
- Theme 2 – Supporting and developing the Welsh language skills of the current and future workforce
- Theme 3 – Sharing best practice and an enabling approach

Appendix 1 provides a breakdown of the aims and objectives as well as the associated actions under each theme.

The Health Board have a number of policies that address the actions outlined within the new MTJW plan, however, application of these policies is not consistent throughout the organisation.

This paper recommends a number of actions for the People & Culture Committee to consider, some of which will be completed by the Welsh Language Unit to address those areas where there is no policy or process in place to ensure compliance. The other actions are centred around the use of data analysis to ensure current policies and processes are embedded and applied throughout divisions. This data will ensure the Health Board is able to report on the specific targets outlined within the MTJW plan.

The People & Culture Committee is asked to note the contents of this paper and to approve the key actions that have been identified. The undertaking of these actions will ensure that the Health Board will be in a position to meet the objectives of the MTJW plan 2022-2027.

The People & Culture Committee is asked to:

Approve the Report

✓

Discuss and Provide Views		
Receive the Report for Assurance/Compliance		
Note the Report for Information Only		
Executive Sponsor: Sarah Simmonds, Director of Workforce & OD		
Report Author: Geraint Scott, Head of Welsh Language Unit		
Report Received consideration and supported by :		
Executive Team 25 August 2022	✓	Committee of the Board [Committee Name]
Date of the Report: 18 August 2022		
Supplementary Papers Attached:		
Appendix 1 – Overview of key aims, outcomes and associated actions of More Than Just Words Framework.		
Appendix 2 – Health Board data on Welsh language ESR compliance.		
Appendix 3 – Data on Welsh requirements of jobs advertised		

Purpose of the Report
<p>This paper has been produced following the launch of the MTJW Plan 2022-2027 on 02 August 2022. The plan produced by Welsh Government is the fourth MTJW plan created. The plan indicates the actions that need to be enacted in order to achieve the outcomes noted within the plan.</p> <p>This paper provides the People & Culture Committee with key information from the MTJW plan and recommendations to ensure the Health Board is compliant. The paper also outlines the actions to be undertaken by the Welsh Language Unit as well as defined actions and data that will be required from the divisions.</p>

Background and Context
<p>In January 2011, Welsh Government established an independent Steering Group to develop a strategic framework for promoting Welsh language in Health, Social Services and Social Care. The original MTJW plan was published in November 2012. Two follow-on strategic frameworks were published in 2016 and 2019 aimed for a more integrated approach with one single action plan for both sectors.</p> <p>The reviews and evaluations of the previous frameworks suggest that the framework has gained more traction in Social Care than in Health. The first review concluded that although progress had been made in relation to each of the seven objectives, not one of them could be considered to have been fully delivered. By placing the principle of the active offer at the heart of its strategic aims, MTJW had conveyed the importance of Welsh language service provision not only as a right or a choice, but as an essential need for many Welsh speakers.</p> <p>The new MTJW plan launched on 02 August 2022 outlines three key themes, aims, objectives and the associated actions required. Appendix 1 provides an overview of the key aims, objectives, and associated actions in relation to the new framework.</p>

Assessment and Conclusion

The actions outlined in the MTJW framework have identified a number of areas that require action. Importantly in most cases policies, strategies and processes have been created and are in place within the Health Board but their implementation is not applied consistently. A series of actions have been identified to ensure that the Health Board is compliant with the aims and objectives of the MTJW plan. The actions if enacted will provide a high level of assurance that the Health Board is conforming in relation to the MTJW plan.

The **key actions for the Welsh Language Unit** are as follows:

- **Produce an animation/training module around 'courtesy level' Welsh which can form part of new staff induction training and be accessed by existing staff.** All staff will need to view and confirm they have received the training.

As an action in the framework, all staff must attain 'Cymraeg Cwrteisi' which is a basic level of Welsh by 2027. Although different Health Boards define this in different ways, the animation/training module will address this required action within Aneurin Bevan University Health Board.

Visual markers around the Active Offer have been produced and are available to all staff and divisions. These include posters, lanyards and badges for individual staff to identify Welsh speakers who are able to support our service users with Welsh linguistic needs.

Training is available and is being developed at all levels to ensure that new and existing staff have the opportunity to understand the principles and implications of the MTJW framework. The training is being developed by the Welsh Language Unit in conjunction with the 'More Than Just Words' Forum which covers Health and Social Care.

- **Link with Coleg Cymraeg Cenedlaethol to gain access to the network of Welsh language course providers.** Staff have the opportunity to undertake a number of learning pathways, free of charge, including learning Welsh or developing their acquired skills.

Using this relationship, the Health Board can gain access to those studying in Health and Social Care, partially or fully, through the medium of Welsh.

- **Continue to monitor and promote ESR compliance in relation to Welsh language.**

As at the end of July 2022, ESR compliance was 66%, which is an increase of 15% since the same time last year. **Appendix 2** provides the latest Health Board compliance as a whole and is broken down by division. The Welsh Unit have developed a Microsoft form to assist staff struggling with competencies and since the form has been introduced, compliance rates have gradually started to increase. [Welsh Language Self-Assessed ESR Competencies \(office.com\)](#)

- **Expand on roadshows and audits to raise awareness and monitor progress in relation to visual displays and signage.**

- **Connect recruitment managers with key stakeholders in order to maximise the recruitment of Welsh speaking staff.** The Health Board's [Bilingual skills strategy](#) and the [Recruitment Flowchart](#) cover the relevant areas within the MTJW plan. Workshop sessions have been offered and delivered by the Welsh Language Unit. Key messages from the MTJW plan are:

- Ensuring that the gaps in current provision are identified when recruiting for new or vacant roles.
- Where Welsh language skills are identified as being essential for a role, the advert also clearly identifies the level of Welsh language skills require (basic, conversational or fluent).

Appendix 3 identifies the data for jobs advertised over the past three financial years. At present, there is no mechanism to collect data that notes the proportion of roles that are identified as Welsh "desirable or essential" and the appointment of staff with those skills.

- **Continue to develop and deliver careers workshops and materials in Welsh for prospective employees currently still in education.**

The **key actions for all divisions** are centred around the collection and sharing of data so that shortcomings or gaps in provisions are identified. By collecting data, the Health Board can identify areas of risk and put corrective measures in place where necessary.

- **Each Division shall appoint a senior member of staff who holds responsibility for reporting on Welsh Language.**
- **Clear KPI's will be established for each division to report on with support and guidance provided by the Welsh Language Unit:**
 - ESR compliance within division.
 - Number of vacancies advertised with Welsh "essential and desirable" (as a percentage of all vacancies advertised).
 - Welsh language skills of appointees where a job role has been identified as "essential and desirable."
 - Welsh training undertaken by staff within the division.
 - Translation rates for the division.

The Welsh Language Unit will create new data dashboards if dashboards do not already exist. The unit will report on this data at the Welsh Language Strategic Group and data will be available across the Health Board.

Recommendation

The People & Culture Committee is asked to note the contents of this paper and to approve the key actions that have been identified. The undertaking of these actions will ensure that the Health Board will be in a position to meet the objectives of the MTJW plan 2022-2027.

Supporting Assessment and Additional Information	
<p>Risk Assessment (including links to Risk Register)</p>	<p>A number of the actions referenced within the MTJW plan are linked to standards set out by the Welsh Language Commissioner.</p> <p>Each instance of non-compliance within the Welsh Language Standards that is identified has the potential to result in a fine of £5k.</p> <p>Aside from the monetary fine, an investigation would also result in countless hours of staff time being lost to dealing with the investigation.</p> <p>All investigations carried out by the Welsh Language Commissioner are publicly available leading to potential reputational damage for the Health Board.</p>
<p>Financial Assessment, including Value for Money</p>	<p>There are no cost implications to any of the recommendations outlined within this paper. The policies required to implement the recommendations have already been created but they are not currently being implemented throughout the divisions of the Health Board.</p> <p>A data dashboard is already in place to monitor the targets that relate to ESR and competencies of staff. In relation to recruitment, a data dashboard will be created to ensure the progress on actions and targets can be assessed.</p>
<p>Quality, Safety and Patient Experience Assessment</p>	<p>Feedback has been received from various engagement opportunities that the 'Active Offer' is not consistently made through the Health Board and therefore their needs are not always being met.</p> <p>Dip sampling by the Welsh language unit also shows that the procedures introduced are not always being implemented.</p>
<p>Equality and Diversity Impact Assessment (including child impact assessment)</p>	<p>EQIA completed and available if required.</p>
<p>Health and Care Standards</p>	<p>Welsh language is an integral aspect across the Health and Care Standards and specifically the Standards relating to 'People's Rights', 'Communicating Effectively' and 'Dignified Care'</p>
<p>Link to Integrated Medium Term Plan/Corporate Objectives</p>	<p>Within the IMTP there is a section relating to the Welsh Language which identifies our current priorities.</p>

<p>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</p>	<p>The work detailed, spans across the five ways of working, specifically 'A Wales of vibrant culture and Welsh Language' along with ABUHB wellbeing.</p> <p>Objective 6: 'Promote a diverse workforce able to express their cultural heritage, with opportunities to learn and use Welsh in the workplace'.</p>
	<p>Long Term – The annual population survey shows that the percentage of the population covered by ABUHB, that identify themselves as Welsh speakers is growing year on year. On this basis the demand on the Health Board to increase its ability to deliver through the medium of Welsh will continue to increase. This aligns with the Cymraeg 2050 target outlined by Welsh Government.</p>
	<p>Integration – This work supports the wellbeing goals of our partners.</p>
	<p>Involvement – The Health Board will continue to engage with the Welsh Speaking community across the region to understand their experiences as well as communicating our plans. We also engage with our future workforce to ensure we are the employer of choice for the Welsh speaking youth within the community.</p>
	<p>Collaboration – The Health Board work continuously with other public service and third sector partners to share knowledge, skills, understanding and resources. The Welsh language forums meet regularly to facilitate this. We also sit within the Gwent Workforce Board with 'Welsh Language' as a standing agenda item.</p>
	<p>Prevention – The continued development and increase in efficiency in relation to the delivery of Welsh Language Services will improve patient experience and outcomes for Welsh speaking patients.</p>
<p>Glossary of New Terms</p>	<p>The 'Active Offer' refers to a Welsh language service being offered to a patient without the need for them to ask for it. It is the key objective of the Welsh Language Strategic Plan 'More than Just Words'.</p>
<p>Public Interest</p>	<p>There is no reason why this paper cannot be published.</p>

Appendix 1 - Overview of key aims, outcomes and associated actions of More Than Just Words Framework 2022

The actions set out in the plan aim to help delivery on these aims including embedding a cultural change, that supports an increase in the use of Welsh over the reporting period of five years.

The creation of a Wales of vibrant culture and thriving Welsh language is clearly set out in the Well-being of Future Generations (Wales) Act.

Leadership

Leadership is key for the successful implementation of More than just words. Strong leadership is required to underpin the actions to transform Welsh language provision for the future, creating a culture where people feel empowered to use the Welsh language each day at work, delivered within the compassionate leadership principles. Cultural change happens through co-production and collaboration from Board to ward.

Key Aims

- Embed a healthy culture of belonging for the Welsh language in health and social care and to deliver the aims and principles of More than just words.
- To demonstrate evidence of leadership at all levels to support the use of Welsh to deliver quality services and improved outcomes for all individuals.

Action	Accountability	Timeline short term – by 2023, Medium term – by 2025 Long term – by 2027
Personal performance objectives to ensure delivery of More than just words so that the Active Offer is embedded in annual objectives of sector leaders, cascaded through the organisation.	All bodies	Short

Action	Accountability	Timeline short term – by 2023, Medium term – by 2025 Long term – by 2027
Bolster language awareness courses so that everything we say about Cymraeg contributes to the strategy, building on the training and positive narrative outlined in the plan	WG/HEIW/SCW	Short to medium
Leaders to take part in WG’s Leading in a bilingual Country Programme. A values-based programme to understand the possible impact of our work on our language- and to use levers we have to increase its use.	WG	Medium Term with appointment process during the first 12 months

Outcomes

- Underpin the Active Offer focussing on Welsh language in practice to transform user experience.
- Normalise Active Offer and Welsh language across the NHS with clear lines of accountability.

Theme 1 – Welsh language planning and policies data

Key Aims

- Identify and collect data and views of individuals that will provide us with the understanding and evidence base to support policy decisions and monitor progress
- Welsh planning requirements are understood and are embedded in guidance and policy

Action	Accountability	Timeline short term – by 2023, Medium term – by 2025 Long term – by 2027
Identify and develop research to strengthen understanding and knowledge based on experiences of Welsh speakers accessing and receiving services to support evidence-based policy.	WG/Universities/ Citizens Voice Body for health and social care	Medium Term
Develop tools to support mainstreaming Welsh language considerations into planning and policies especially in the priority areas.	WG/Health and social care bodies	Long Term
National planning guidance for health and social care is clear on Welsh language planning requirements, implementation and measuring delivery of outputs. This to include IMTPs and regional population needs assessments.	WG	Short Term
Agreed national framework for collection and collation of data on the language skills of all staff working in Health and Social Care.	HEIW/SCW/ DHCW. Health and social care bodies including primary care contractors	Medium Term

Action	Accountability	Timeline short term – by 2023, Medium term – by 2025 Long term – by 2027
Annual report prepared by an appropriate body to bring together the data relating to the health and social care workforce.	HEIW/SCW Health and social care bodies	Short/ Medium Term
<p>Action 30 of the 'Healthcare and Social Care Workforce Strategy' – to develop workforce planning guidance for Welsh language skills identification and development in the health and social care workforce is progressed at the earliest opportunity. This should consider the required number of staff with Welsh language skills and the nature of those skills in different health and social care contexts within the priority areas of need identified</p> <p>Guidance then to be used as part of annual workforce planning by health boards et al.</p>	HEIW / SCW	Short Term
Importance of the Active Offer in planning and delivering quality services to be included in the guidance and reporting requirements for the Duty of Quality and refreshed health and care standards. This includes reframing and broadening the existing duty of quality on NHS bodies.	WG	Short Term

Action	Accountability	Timeline short term – by 2023, Medium term – by 2025 Long term – by 2027
Importance of the Welsh language in planning and to delivery to be included as a cross cutting theme within the revised National Outcomes Framework and progress reports to be incorporated into the development of the More than just words accountability arrangements including the dashboard.	WG	Medium Term

Outcomes

- Greater understanding and awareness of effective service planning and delivery to embed the Active Offer.
- Delivering the Active Offer is an integral part of service quality and delivery across health and social care settings in Wales.

Theme 2 – Supporting and developing the Welsh language skills of the current and future workforce

Key Aims

- Understand, anticipate and plan to meet the Welsh language needs of health and social care students, our workforce and ultimately patients and people in receipt of care and support across Wales as we move forward.
- Supporting our workforce to deliver care using the Welsh language as a fundamental principle which must underpin every area of this Workforce Strategy

Current Workforce

Action	Accountability	Timeline short term – by 2023, Medium term – by 2025 Long term – by 2027
Identify workforce skills gaps in key areas and develop plans to address them.	Health and social care bodies	Medium Term
All NHS and social care colleagues to follow a language awareness course explaining the importance of Cymraeg in service delivery.	Health and social care bodies	Medium Term
National Centre for Learning Welsh to develop further their plans to offer Welsh training to health and social care sectors. Employers to support staff confidence to use their Welsh in the workplace.	WG/ National Centre for Learning Welsh	Medium Term
Organisations to define the level of Welsh language skills required in all job adverts.	Health and social care bodies	Medium Term (Guidance developed in short term)

Action	Accountability	Timeline short term – by 2023, Medium term – by 2025 Long term – by 2027
Introduction of minimum ‘courtesy’ level Welsh skills for staff. All staff working in Health and social care should have this level by the end of this plan.	Health and social care bodies	Short and Long term
Development and implementation of a targeted Welsh language training and workforce strategy – initially focussing on gaps in More than just words key priority areas.	Health and social care bodies	Medium Term
National awareness and promotion campaign to make staff aware of the positive difference learning and using Welsh makes to the services they provide.	WG / SCW / HEIW	Medium Term

Future Workforce

Action	Accountability	Timeline short term – by 2023, Medium term – by 2025 Long term – by 2027
Welsh language opportunities to be actively promoted by partners when discussing careers in Health and Social Care utilising	Careers Wales/ HEIW / SCW	

Action	Accountability	Timeline short term – by 2023, Medium term – by 2025 Long term – by 2027
Tregyrfa (Careersville) and through roadshows engaging with young people.		
HEIW, HEFCW and SCW to monitor the numbers of bilingual students being trained in health and social care each year in line with the agreed framework and publish the data.	HEIW / HEFCW and SCW	Short Term
Welsh Government monitors number of bilingual learners and apprentices undertaking health and social care courses.	WG	Short Term
HEIW / SCW to work with universities in Wales and Coleg Cymraeg Cenedlaethol to identify any courses that do not reach the agreed benchmark of allowing student to study at least a third of their health and social care courses in Welsh and take appropriate action.	HEIW/ SCW/ Coleg Cymraeg Cenedlaethol	Short Term
Welsh Government consider incentives for students undertaking elements of their course in Welsh, similar to those offered in education.	WG	Short Term

Action	Accountability	Timeline short term – by 2023, Medium term – by 2025 Long term – by 2027
Possible expansion of the 'Doctoriaid Yfory' scheme which supports prospective students to apply to medical school to include all health and social care professions where the application process for university is competitive.	WG	
Every health and social care training provider in Wales prepare a medium-term plan on developing Welsh language awareness and bilingual skills of their students.	Training providers	Short Term
Welsh Government review plans developed under Action 30 of the Health and Social Care Workforce Strategy and take appropriate action to support the development of bilingual teaching capacity.	WG	Short Term
Coleg Cymraeg Genedlaethol to undertake a review of bilingual provision in Health and social care across FE and apprenticeship sector making recommendations to further steps needed to develop skills for level 2 and 3 learners.	Coleg Cymraeg Cenedlaethol	Medium Term

Outcomes

- Increased Welsh language capacity across workforce to meet the language needs of individuals.
- Increased Welsh language capacity amongst new entrants within the health and social care workforce.

Theme 3 – Sharing best practice and an enabling approach

Key aims

- Work together with the whole sector to make sure that we design systems bilingually and with Welsh-speaking service users
- Identify pockets of good practice, sharing them to influence and enable a more system wide enabling approach.

Action	Accountability	Timeline short term – by 2023, Medium term – by 2025 Long term – by 2027
Collate and share examples of good practice accessible across the sector utilising existing portals and hubs.	WG Welsh Language Officers	Short Term
Software procured or designed must give the best possible bilingual user experience.	DHCW	Short Term
Provide structure and resources to support More than just words regional forums and professional networks to have space to learn and share best practice on consistency of care across communities with particular	WG Chairs of regional forums, clinical networks, Royal Colleges British association of social workers	Medium Term

Action	Accountability	Timeline short term – by 2023, Medium term – by 2025 Long term – by 2027
attention to integration of health and social care.		
Welsh language Executive Leads and Welsh Language Officers meet nationally to share best practice to ensure a consistent approach on key issues and develop initiatives to celebrate success including promoting More than just words within existing awards and accolade schemes.	WG Health and Social Care bodies	Short Term
Survey with primary care providers to understand the impact Welsh language duties have had in delivering the Active Offer. Identifying and providing advice for Executive Directors of Primary Care to enhance and progress services in Welsh, working closely with the clusters.	Health Board and Primary Care Clusters	Medium Term
Develop Welsh language diagnostic assessments and resources to support Welsh speakers in identified areas.	WG	Long Term
Visual markers such as badges and lanyards and signage to convey where we have Welsh speakers but also shows that the use of	WG / DHCW / Health and social care	Short Term

Action	Accountability	Timeline short term – by 2023, Medium term – by 2025 Long term – by 2027
Welsh is a 'normal' everyday part of our working life.		
Continued refinement of Welsh language capabilities of information systems. Ensure that apps being developed such as the NHS Wales App support the vision of the plan.	WG / DHCW	Medium Term
Development of dictionary resources, high standard terminological corpus, language memory systems and practical tools to support staff to use their Welsh skills.	WG / Health and social care bodies	Short Term – Joint working approaches on developing standard term Long Term – Health and social care terminological corpus
Work with those who inspect and drive quality improvement to ensure the Active Offer is part of their work.	Regulation and Inspection Bodies	Medium Term

Outcomes

- Individuals will receive a consistent Active Offer across health and social care leading to better user / patient experience and improved outcomes across Wales.

Appendix 2 - Health Board data on Welsh Language ESR compliance

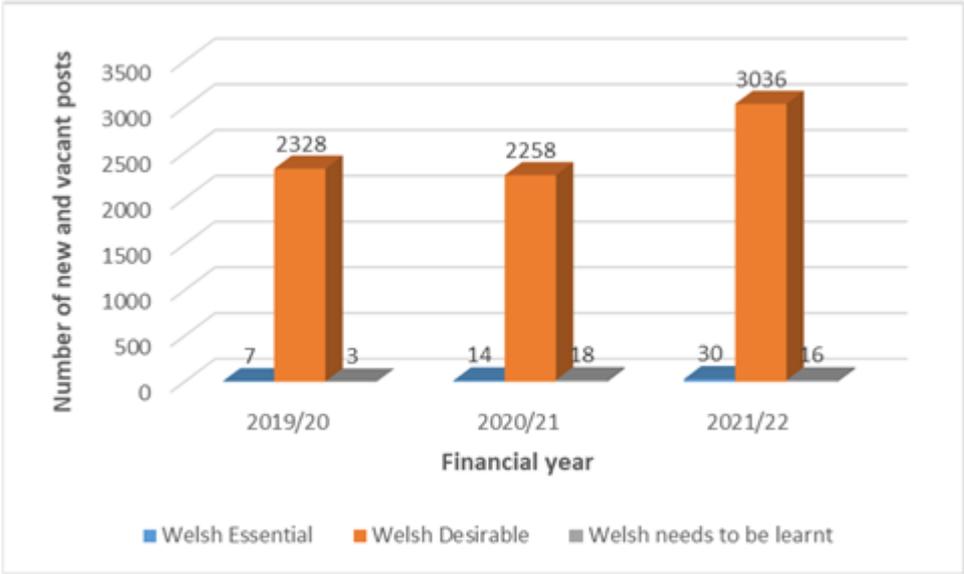
Chart 1 – Health Board compliance level as of July 2022

Org L1	NHS LANG Listening/Speaking Welsh	NHS LANG Reading Welsh	NHS LANG Writing Welsh
040 Aneurin Bevan University Health Board	66.69%	66.06%	65.62%

Chart 2 – Data broken down by Divisions

Org L4	NHS LANG Listening/Speaking Welsh	NHS LANG Reading Welsh	NHS LANG Writing Welsh
040 ABCI	100.00%	100.00%	100.00%
040 CHIEF EXECUTIVE/NON-EXECUTIVE	37.50%	35.00%	35.00%
040 CONTINUING HEALTH & FUNDED NURSING CARE	48.95%	49.25%	49.25%
040 DIRECTOR OF CORPORATE GOVERNANCE	75.00%	75.00%	75.00%
040 DIRECTOR OF OPERATIONS	46.56%	45.80%	45.80%
040 DIRECTOR OF PUBLIC HEALTH	70.77%	70.00%	69.23%
040 FACILITIES DIVISION	75.57%	75.57%	75.43%
040 FAMILY & THERAPIES DIVISION	70.63%	69.80%	69.09%
040 FINANCE DIRECTOR	78.15%	78.99%	77.31%
040 MEDICAL DIRECTOR	40.00%	37.78%	37.78%
040 MEDICINE	58.90%	58.31%	57.99%
040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION	66.12%	65.24%	64.96%
040 NURSE DIRECTOR	65.31%	62.24%	63.27%
040 PLANNING & DIGITAL / ICT	86.12%	85.96%	85.65%
040 PRIMARY CARE & COMMUNITY SERVICES	64.90%	64.24%	63.64%
040 PRIMARY, COMMUNITY & MENTAL HEALTH	46.15%	46.15%	46.15%
040 SCHEDULED CARE	63.84%	63.05%	62.60%
040 THERAPIES & HEALTH SCIENCES DIRECTOR	89.86%	89.86%	90.58%
040 URGENT CARE	56.17%	55.46%	54.92%
040 WORKFORCE & ORGANISATIONAL DEVELOPMENT	77.30%	77.30%	75.89%

Appendix 3 – Data on Welsh requirements of jobs advertised





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Aneurin Bevan University Health Board
People and Culture Committee
Tuesday 20 September 2022
Agenda Item: 3.1

Aneurin Bevan University Health Board

‘Taking Care of the Carers’ - How NHS bodies supported staff wellbeing during the COVID-19 pandemic – Management Response Update

Executive Summary

A paper went to the Audit, Finance and Risk Committee on 03 February 2022 with the management responses to the recommendations contained within the Audit Wales report ‘Taking Care of the Carers’. The Committee were asked to discuss and provide views on these management responses. As an outcome, the paper was also shared for information with the People and Culture Committee on 14 April 2022. This updated paper provides the People and Culture Committee with assurance that the recommendations contained with the report have since been completed.

At the end of November 2021, Audit Wales published ‘Taking Care of the Carers’ which was a national report summarising its findings on the actions NHS bodies in Wales have taken to support staff wellbeing during the pandemic. To accompany the report, a checklist of questions was provided to support Health Boards to assure themselves of their progress for this important area of work.

The report contained recommendations for both NHS bodies and the Welsh Government. As with other Audit Wales reports, the Health Board were asked to consider the recommendations and prepare a management response, to be shared with Audit Wales and Board Committees and included in the audit recommendation tracking processes.

The recommendations arising from the report are:

- Retaining a strong focus on staff wellbeing
- Considering workforce issues in recovery plans
- Evaluating the effectiveness and impact of the staff wellbeing offer
- Enhancing collaborative approaches to supporting staff wellbeing
- Providing continued assurance to boards and committees
- Building on local and national staff engagement arrangements
- Evaluating the national staff wellbeing offer
- Evaluating the All-Wales COVID-19 Workforce Risk Assessment Tool

The Health Board’s management responses to the recommendations are provided in **Appendix 1**.

The People & Culture Committee is asked to: (please tick as appropriate)

Approve the Report

Discuss and Provide Views

Receive the Report for Assurance/Compliance	
Note the Report for Information Only	✓
Executive Sponsor: Sarah Simmonds, Director of Workforce and OD	
Report Author: Adrian Neal, Head of Employee Wellbeing; Peter Brown, Assistant Director of Workforce & OD	
Report Received consideration and supported by :	
Executive Team	Committee of the Board [Committee Name] People & Culture Committee
Date of the Report: 06 September 2022	
Supplementary Papers Attached: Appendix 1 – Management response to recommendations	

Purpose of the Report
This update paper provides the People and Culture Committee with the completed management responses to the recommendations contained within the Audit Wales report 'Taking Care of the Carers'.

Background and Context
<p>At the end of November 2021, Audit Wales published 'Taking Care of the Carers' which was a national report summarising its findings on the actions NHS bodies in Wales have taken to support staff wellbeing during the pandemic. To accompany the report, a checklist of questions was provided to support Health Boards to assure themselves of their progress for this important area of work.</p> <p>The report contained recommendations for both NHS bodies and the Welsh Government. As with other Audit Wales reports, the Health Board were asked to consider the recommendations and prepare a management response, to be shared with Audit Wales and Board Committees and included in the audit recommendation tracking processes.</p> <p>The recommendations arising from the report are:</p> <ul style="list-style-type: none"> • Retaining a strong focus on staff wellbeing • Considering workforce issues in recovery plans • Evaluating the effectiveness and impact of the staff wellbeing offer • Enhancing collaborative approaches to supporting staff wellbeing • Providing continued assurance to boards and committees • Building on local and national staff engagement arrangements • Evaluating the national staff wellbeing offer • Evaluating the All-Wales COVID-19 Workforce Risk Assessment Tool <p>The Health Board's management responses to the recommendations (all of which are complete) are provided in Appendix 1.</p>

Assessment and Conclusion

Health Board staff at all levels have shown and continue to show tremendous resilience, adaptability, and dedication throughout the pandemic. However, they have also experienced significant physical and mental pressures due to the unprecedented challenges caused by the crisis.

The NHS in Wales was already facing a number of challenges relating to staff wellbeing prior to the pandemic. However, the unprecedented scale and impact of the COVID-19 pandemic brought the importance of supporting staff wellbeing into even sharper focus.

The Health Board along with all other NHS bodies in Wales have placed a strong focus on staff wellbeing throughout the COVID-19 pandemic. At the outset of the crisis, the organisation moved quickly to enhance their existing employee assistance arrangements and to put additional measures in place to support the physical health and mental wellbeing of their staff, as much as possible, during the pandemic.

The wellbeing of our staff continues to be our top priority. The consequences of the pandemic on our staff are evidenced through an increase in fatigue, occupational burnout and psychological health issues. The Health Board will continue to develop its evidence based medium to long term strategy by continuing to:

- Identify and respond to the psychological health needs of our staff by strengthening our current reactive well-being service.
- Developing systematic and proactive ways of supporting teams to identify and address symptomatic causes of poor wellbeing.
- Investing in innovation to both support recovery and creating workplaces where positive employee experience is prioritised.

We continue to review our current approach through responding to the needs of staff expressed through our regular wellbeing surveys and deep dives. In addition, we will work with services to implement new integrated psychological wellbeing roles, peer support networks as well as evaluating our innovative psychological trauma therapy pathway and strengthening staff networks such as our Menopause Cafes and providing additional support for long covid and those experiencing stress, anxiety and depression, including those absent from work due to poor psychological health.

Recommendation

The People and Culture Committee are asked to accept the report and note the completion of the recommendations.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)

The risk of insufficiently supporting and investing in the wellbeing of our workforce will compromise the delivery of the University Health Boards IMTP and Clinical Future Programme.

Financial Assessment, including Value for Money	Linked to the Workforce and Financial Framework in the Integrated Medium-Term Plan and the overarching workforce and efficiency agenda.
Quality, Safety and Patient Experience Assessment	The paper recognises the evidence that employee experience shapes patient experience and therefore employee well-being initiatives support the quality, safety and patient experience agenda.
Equality and Diversity Impact Assessment (including child impact assessment)	Any actions are and will be Equality Impact assessed.
Health and Care Standards	Positive employee well-being is linked to Standard 7 Staff & Resources
Link to Integrated Medium Term Plan/Corporate Objectives	Employee engagement and well-being is an explicit priority in the Health Board's IMTP.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Long Term – Employee engagement and well-being is an investment in the future ways of working for a sustainable workforce.
	Integration – Working closely with internal partners and staff
	Involvement – As above
	Collaboration – As above
	Prevention – The effective support to improve the experience of our staff and therefore our patient experience
Glossary of New Terms	N/A
Public Interest	There is no reason why the report cannot be published.

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		<p>COVID and ended in March 2022. It was discontinued because of existing pressures within OT. The work was supported and funded by the Post COVID Recovery Service. OT welcome referrals into its core COVID Recovery Service and are partnering with GP Cluster areas to ensure colleagues are effectively signposted to the service. Moreover, OT have a specific Long COVID page on the Health Board intranet to raise awareness of self-management. The service are also developing an Arts-based project for staff with Long COVID to assist their wellbeing.</p>	Completed	Peter Carr
R2	<p>Considering workforce issues in recovery plans NHS bodies should ensure their recovery plans are based on a full and thorough consideration of all relevant workforce implications to ensure there is adequate capacity and capability in place to address the challenges and opportunities associated with recovering services. NHS bodies should also ensure they consider the wider legacy issues around staff wellbeing associated with the pandemic response to ensure they have sufficient capacity and capability to maintain safe, effective,</p>	<p>Our recovery workforce plans have been developed and completed based on a realistic approach to assessing workforce availability and supply. The organisation has factored in workforce supply assumptions including high levels of absence rates, taking into account the impact of COVID isolation requirements, including predicted seasonal variations. We continue to assess capacity and supply demands and restraints within our service recovery plans through monitoring vacancies, recruitment, turnover, and anticipated requirements for variable pay. Recovery plans and</p>	Completed	Sarah Simmonds

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
	<p>and high-quality healthcare in the medium to long term.</p>	<p>investment in additional workforce required is reviewed and assessed at a service level through a series of demand and capacity meetings and supported by the Recovery Group Chaired by the Assistant Director of Finance. An agency reduction plan was also approved by Executive Team in June 2022.</p> <p>We monitor staff wellbeing through additional metrics such as the regular (four monthly) health board wide Wellbeing Survey which are reported to Executive Team and People and Culture Committee this survey now has over 16,000 individual responses which is informing the unfolding understanding of the wellbeing needs of our workforce including recovery. From a psychosocial wellbeing perspective there is no agreed NHS wide definition of 'recovery', as such the Health Board will need to develop its own considering its own unique needs. In addition, we regularly monitor Working Time Directive and support flexible working options for staff as well as advocating agile/hybrid which support staff wellbeing.</p> <p>Continuing to respond to the pandemic continues to be a day-to-day reality for our workforce and the services they support, which continues to have a direct impact on all services.</p>	<p>Completed</p>	<p>Sarah Simmonds</p>

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
R3	<p>Evaluating the effectiveness and impact of the staff wellbeing offer</p> <p>NHS bodies should seek to reflect on their experiences of supporting staff wellbeing during the pandemic by evaluating fully the effectiveness and impact of their local packages of support in order to: (a) consider what worked well and what did not work so well; (b) understand its impact on staff wellbeing; (c) identify what they would do differently during another crisis; and, (d) establish which services, programmes, initiatives, and approaches introduced during the pandemic should be retained or reshaped to ensure staff continue to be supported throughout the recovery period and beyond. NHS bodies should ensure that staff are fully engaged and involved in the evaluation process.</p>	<p>Evaluation of wellbeing initiatives is carried out as part of routine good practice where practicable.</p> <p>The Employee Psychological Therapy Service outcome data is evaluated as are group interventions such as Schwartz Rounds. ‘Deep dive’ assessments of wellbeing within teams / wards / departments are becoming increasingly common place. These assessments provide rich baseline data to use to evaluate subsequent interventions though we must be very careful in making assumptions around causality in a complex and highly stressed clinical services where problems will be multifaceted, intertwined and there will always be multiple, equally coherent potential interventions which could be used.</p> <p>Importantly our use of CORE as a primary tool to assess clinical need and outcome of interventions in our Psychological Therapy Service has indicated an increase in both clinical severity and risk at assessment. Our CORE scores at assessment now closely resemble those found in populations accessing secondary mental health services such as Community Mental Health Teams.</p> <p>Recently developed Trauma Pathway (within the Psychological Therapy Service) has now been evaluated and found to have very positive</p>	Completed	Sarah Simmonds

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		<p>outcomes (>90% recovery rate) and compares very well with comparable services in NHS England.</p> <p>The team regularly engage in reviews where what others found helpful is discussed and shared. To support this process a new electronic satisfaction survey has been developed and launched. This survey is for all staff who have receive support from our Psychological Therapy Service - regardless of the specific pathway. Return rates for the satisfaction survey have increased from 19% (old paper-based survey) to over 60% allowing us a much more detailed understanding of the initiatives they have experienced.</p> <p>A quality assurance framework tool has been developed and piloted with HEIW and will be incorporated into a larger tool as part of a PhD project in collaboration with Cardiff Metropolitan University. In the event of Welsh Government supporting our service development bid there are also plans for Cardiff Metropolitan University to provide external expertise in the system wide evaluation of the Well-being Centre of Excellence.</p>		

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
R4	<p>Enhancing collaborative approaches to supporting staff wellbeing</p> <p>NHS bodies should, through the National Health and Wellbeing Network and/or other relevant national groups and fora, continue to collaborate to ensure there is adequate capacity and expertise to support specific staff wellbeing requirements in specialist areas, such as psychotherapy, as well as to maximise opportunities to share learning and resources in respect of more general approaches to staff wellbeing.</p>	<p>We continue to be very active in working collaboratively regionally and nationally. The Head of Well-being has chaired the Task & Finish Group of the Welsh Government sponsored and recently launched the ESR located 'Wellbeing Conversation Guide'.</p> <p>Employee well-being staff are involved in a number of national initiatives, bodies, and work programmes including the 'All Wales Wellbeing Network' and 'Better working relationships Task and Finish group' (as well as the evaluation subgroup).</p> <p>The Head of the Employee Wellbeing service is also involved in the 'One Voice' an NHS (UK) professionals collaborative focused on improved working conditions and wellbeing. This group has representation from all major professional bodies, including NHS England.</p> <p>The proposed Wellbeing Centre of Excellence has collaborative approaches as an integral component. The Health Board continues to develop this model within current resources and seeks recurring funding opportunities.</p>	Completed	Sarah Simmonds

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		<p>The wellbeing service is also involved in national research projects / work streams in collaboration with local academic partners (Cardiff University and Cardiff Metropolitan University).</p> <p>The Wellbeing service has recently (5th July 2022) launched its 'Avoidable Employee Harm Programme – with the "Looking after the people and the process" training day in collaboration with colleagues from operational HR. This programme will be developed across ABUHB and then across the public sector in Wales.</p>		
R5	<p>Providing continued assurance to boards and committees NHS bodies should continue to provide regular and ongoing assurance to their Boards and relevant committees on all applicable matters relating to staff wellbeing. In doing so, NHS bodies should avoid only providing a general description of the programmes, services, initiatives, and approaches they have in place to support staff wellbeing. They should also provide assurance that these programmes, services, initiatives, and approaches are having the desired effect on staff wellbeing and deliver value for money. Furthermore, all NHS bodies should ensure their Boards maintain effective oversight of key workforce performance</p>	<p>Wellbeing and OD plans, outcomes and reviews are regularly reported to Executive Team, People and Culture Committee and Board as required. Existing and proposed initiatives are regularly and openly shared with senior leadership, Trade Unions and professional leads as are evaluations of said initiatives e.g., the newly established trauma pathway, and results of the quarterly wellbeing survey. In addition, see below R6 which describes the #PeopleFirst project.</p> <p>The Board is updated on workforce performance indicators and initiatives through the People & Culture Committee and through an Employee Wellbeing Dashboard which is regularly shared with performance data.</p>	Completed	Sarah Simmonds

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
	<p>indicators – this does not happen in all organisations at present.</p>	<p>Regular two-way engagement with the Trade Unions and the Local Negotiating Committee which has been an intrinsic part of the Health Board’s approach throughout the pandemic to support staff and enabled any concerns raised to be resolved quickly.</p>		
<p>R6</p>	<p>Building on local and national staff engagement arrangements NHS bodies should seek to build on existing local and national workforce engagement arrangements to ensure staff have continued opportunities to highlight their needs and share their views, particularly on issues relating to recovering, restarting, and resetting services. NHS bodies should ensure these arrangements support meaningful engagement with underrepresented staff groups, such as ethnic minority staff.</p>	<p>The Health Board has initiated an innovative 12-month+ engagement programme called “#PeopleFirst, #CynnalCynnefin, reconnecting our workforce”.</p> <p>The origins are within the values of the Health Board and is a collaborative programme delivered by Wellbeing, OD and the Executive Board. The programme aims to re-connect staff to each other, to managers and senior leaders to empower them to raise and solve local problems locally, raise concerns to a higher level and offer the experience of feeling heard.</p> <p>Phase one is complete which was to create a comms strategy. Phase two was an executive engagement strategy which official closed on 1st</p>	<p>Completed</p>	<p>Sarah Simmonds</p>

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		<p>February 2022 but continues informally with Execs being hosted on wards within primary and secondary settings. Within this, 150 issues were raised and triaged and over 200 staff were consulted. We are currently in phase 3 engaging with DMTs and local teams to problem solve their daily performance and wellbeing issues. Phase 3 will be reviewed at the end of 2022.</p> <p>https://aneurinbevanwellbeing.co.uk/peoplefirst</p> <p>From January 2022, equality-based staff networks have been in operation, acting as a permanent support system. These groups feed into the current Advisory Groups on Race and LGBTQ+ with the addition of Disability and Neurodiversity. The aim is that membership of these networks will provide a further safe space for under-represented and marginalised staff to raise concerns.</p> <p>As per the response to R5, the ongoing engagement with Trade Unions and the Local Negotiating Committee supports the Health Board commitment to meaningful engagement with all staff groups.</p>	Completed	Sarah Simmonds

Please indicate below how the Board Members Checklist will be used to inform debate within your organisation

